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Greetings survey

There has been little research into psychiatric patients' preferences in beginning their interaction with a psychiatrist. In general, doctors and medical students are encouraged to shake hands with the patient, address them by name and introduce themselves. A survey on patient expectations for greetings has been reported by Makoul *et al*.[1] We present here a similar survey involving psychiatric out-patients.

We invited individuals attending out-patient appointments in adult and old age clinics to fill in a tick-box questionnaire comprising four questions about specific greeting behaviours.

1. Would you prefer to be addressed by your first name, last name or it does not matter?
2. Would you prefer the doctor to shake your hand or not?
3. Should doctors introduce themselves using their first name, last name, both names, and/or as a doctor?
4. Would you want the doctor to explain their role in your healthcare?

All responses were analysed for content.

Overall, 98 responses were obtained at the end of a month, 70 from the under-65 age group (range 19–64 years old, mean age 44.3 years) and 28 from the over-65 group (range 65–94 years old, mean age 76 years); 50% of responders under 65-years-old and 64% of over 65-years-old were female.

On the question of how the person prefers to be addressed, 91% wanted their first name to be used when greeted, the figures being similar for older and younger patients; 20 did not comment. With regard to shaking hands, 86% wanted the physician to shake their hand during the greeting, with a stronger preference among older people; 44 did not comment. Further, the majority (68%) preferred the doctor to introduce themselves as a doctor and with their first and last name; 21 did not comment. Almost all respondents (98%) wanted an explanation of the doctor's role in healthcare; 17 did not comment.

The figures in our study are similar to those found by Makoul *et al*[1] and show that psychiatric out-patients wish to be treated similarly to those attending any other general medical clinic. However, the stigma and potential dangerousness of encounters with psychiatric patients may prevent doctors from treating them so and needs to be addressed in training.

Psychiatric interviews involve a potentially intense emotional experience. With respect to shaking hands, the importance of being sensitive to non-verbal cues is paramount. At least at first contact, we must use patients' first and last names to assure identification and perhaps subsequently ask about patients' preferred from of address. A comfortable form of introduction for doctors would be to introduce themselves fully at least the first time. Explaining our role is an essential component of introduction, and avoids patient confusion and anxiety at the outset. All of the above may vary depending on culture and ethnicity, and perhaps the different circumstances when we interview patients. However, greetings constitute an important part of establishing the therapeutic relationship with patients and as such need appropriate attention.

1 Makoul G, Zick A, Green M. An evidence-based perspective on greetings in medical encounters. *Arch Intern Med* 2007; **167**: 1172–6.

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Antipsychotic prescription trends according to ethnicity

The UK is ethnically very diverse.[1] It has been shown that individuals from Black and minority ethnic groups have poorer self-reported experiences of pathways in mental health and worse outcomes.[2] The National Institute for Health and Clinical Excellence (NICE) guidelines for anti-psychotics state that individuals on conventional antipsychotics who do not tolerate the side-effects or whose symptoms are not controlled should be switched to atypical agents.[3] The Department of Health recommendations state that prescribing for Black and minority ethnic patients should be audited on a yearly basis to ensure that prescribing discrepancies between ethnicities continue to fall.[4]

Bolton, in Greater Manchester, has a total population of 261 037, of which Asians represent the largest ethnic minority (8.5%).[1] We examined whether there was significant difference in the proportion of Asian patients switched from typical to atypical antipsychotics compared with White patients. We also looked at the reasons for these switches and at adherence to NICE guidelines.

A total of 178 patients were studied through retrospective case-note analysis. All Asian patients with a diagnosis of psychotic disorder were selected from the open referral list in a Bolton mental health unit. To ensure they were initially on a conventional antipsychotic, we selected patients that had onset of illness prior to the advent of clozapine (the first atypical antipsychotic) in 1990. Overall, 36 Asian patients were eligible for inclusion in the study and a total of 72 similar White patients were then randomly selected for comparison.

There was no significant difference in the proportion of Asian patients switched to atypical antipsychotics (where indicated) compared with the proportion of White patients ($P = 0.489$, 95% CI −0.042 to 0.42). Most switches in medication were made due to poor tolerability than ineffectiveness, but this was not significantly different between the two groups ($P = 0.577$, 95% CI −0.056 to 0.491). Documentation of tolerability was 100% for the Asian group and 97% for the White group; documentation of effectiveness of antipsychotic treatment was 100% for both groups.

There is indication of equity in prescribing and adherence to NICE guidelines for both Asian and White patients in Bolton, Greater Manchester. This is encouraging given the difficulty that Black and minority ethnic groups experience with outcomes in healthcare. However, this particular study would need replication on a larger scale to establish national