

The article by Bellhouse *et al* has provided a useful practical aid to clinicians in the assessment of capacity. However, we now look to the Government for a legislative framework within which to practice these skills.

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Psychiatry and treatment adherence in the renal unit

Phipps & Turkington (2001) gave a good overview of the range of psychological difficulties experienced by patients in a renal unit. However, there was one important omission; non-adherence to treatment. Non-adherence to dietary and fluid restrictions by patients receiving dialysis is well recognised and non-adherence to immunosuppressant medication following transplantation is now being seen as a major problem. There are several studies showing that at least 20% of all transplant recipients omit some of their immunosuppressants and that non-adherence is a leading cause of premature transplant failure (Schweizer *et al*, 1990). Adherence research in patients with renal and other chronic conditions has indicated the importance of health beliefs (Horne, 1998) and mental state (Bunzel & Laederach-Hofmann, 2000) in determining adherence, yet renal staff are likely to have received little, if any, training in the assessment of such areas. Non-adherence to treatment is thus a field in which psychological intervention is likely to make a

positive impact and is therefore an area that requires further attention by liaison psychiatrists.

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Authors' reply: We thank Janet Butler for her correspondence regarding our recent article. She highlights the importance of non-adherence both for dialysis and transplant patients, with the potential consequences that may arise from this. This issue was discussed in our paper in relation to psychological adjustment and denial (De-Nour & Czaczkes, 1972), and the impact of adjustment disorder on physical outcome (House, 1989). The references given by the author give readers the opportunity to focus in more detail on the research relating to adherence and we are grateful to her for this. In relation to improving adherence in renal patients we would stress the importance of a fully informed, collaborative relationship between patient and physician in relation to the emergence and monitoring of medication side-effects. This can be supplemented by cognitive-behavioural therapy techniques aimed at ameliorating dysfunctional attitudes in relation to excessive needs for control, entitlement and achievement. Such strategies could be taught to renal staff on a workshop basis.

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