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# Correspondence

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## Doses of carbamazepine and valproate in bipolar affective disorder

Sir: Taylor & Duncan (*Psychiatric Bulletin*, April 1997, **21**, 221–223) make clinical recommendations for dosing regimen and plasma levels of carbamazepine and sodium valproate in bipolar affective disorders based on a Medline search. We believe that there are three areas in which this paper is inadequate.

First, the authors did not detail key words, search strategy or years of search. Whether or not the search was limited to English was not defined. This clearly detracts from the validity of the paper. The lack of a detailed methodology means that the literature search that they have carried out could not be easily reproduced by an independent researcher.

Second, although heterogeneity of treatment response is mentioned in the discussion, no attempt is made to explore the reasons for the variability in results between studies or validate the comparison of treatment responses between subtypes of bipolar disorder such as acute mania, rapid-cycling bipolar and cyclothymia. Study design is not discussed and short-term open studies appear to be given equal weighting to double-blind studies. For example, equal weight is given to the information gleaned from the five double-blind studies concerned with the use of carbamazepine and the presumably open studies of valproate.

Third, there are intrinsic difficulties associated with Medline searches (Adams *et al*, 1994). To provide a complete systematic review of current research findings a Medline search would need to be supplemented by extensive hand searching. Relying solely on Medline searches will miss a large body of published literature including conference abstracts, 'grey' literature and dissertations. Unpublished data, bearing in mind a bias against 'negative' studies, will not be included in the review. There is no indication that any hand searching or supplementary information gathering was used in this study.

While this paper addresses an interesting and important area, we advise that its conclusions must only be regarded as preliminary in light of these methodological shortcomings.

ADAMS, O. E., POWER, A., FREDERICK, K. *et al* (1994) An investigation of the adequacy of MedLine Searches for randomised control trials (RCTs) of the efficacy of mental health care. *Psychological Medicine*, **24**, 741–748.

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**Authors' reply:** This article was intended to be a brief review of the literature pertaining to the use of carbamazepine and valproate in bipolar disorder. An exhaustive critique was considered inappropriate for a practice-orientated journal such as the *Bulletin*.

Nevertheless, our search of the literature was broad. The Drug Information Centre at the Maudsley has a large library of drug-related references and we have ready access to Medline, PsychLit, and Micromedex. Moreover, members of the department visit all major conferences (American Psychiatric Association, European College of Neuropsychopharmacology, British Association for Psychopharmacology, Biological Psychiatry) and collect details of posters and abstracts. We examine the reference sections of all papers on file and then retrieve other relevant reports. As a consequence, our Medline searches usually only reveal that we have on file all Medline-referenced papers and many more besides.

Our search could not be reproduced by an independent researcher. This is partly because we did not specify search terms, but also because searches are time-dependent. In addition, our hand search was, as already described, extensive and was, by definition, not systematic or reproducible.

We reviewed studies for which full trial details were available. Our intention was to question normal prescribing practice for which there is virtually no support in the literature. The conclusions we drew are evidence-based, but preliminary, given the restricted nature of our article. We contend, however, that our conclusions are more cogent than current, unsupported dose recommendations.

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## Financial implications of Calman changes in psychiatry

Sir: I am writing to highlight the discrepancy in the pay structure for trainees in psychiatry as a result of the Calman changes in postgraduate training. Presently there is a dichotomy among