columns

clozapine is that it is largely based on studies involving patients known to be resistant to treatment with conventional neuroleptics. Greater effectiveness in this context may merely be a reflection of effectiveness in a different client group. Equally, conventional neuroleptics would be almost bound to do better in a group of patients unresponsive to clozapine. Furthermore, there is now evidence that clozapine has no advantage over conventional neuroleptics in unselected patients with first episodes (Lieberman *et al*, 2001).

This is not to say that the clozapine lacks utility in people unresponsive to other medication, but it does bear on the claim that it should be a first-use drug.

LIEBERMAN, J. A., PHILLIPS, M., KONG, I. *et al* (2001) Efficacy and safety of clozapine versus chlorpromazine in first episode psychosis: results of a 52-week randomized double-blind trial. Abstracts of the VIIIth International Congress on Schizophrenia Research, April 2001. *Schizophrenia Research*, **49**, special issue.

Paul Bebbington & John Geddes

Mind Odyssey Indeed

Sir: Wednesday 25 July was an unusual day with such a series of coincidences (or was it what Jungians would call synchronicity?), that I thought readers of the *Bulletin* might also find it of interest. The day certainly illustrated aspects of my College work, linked to 'Science and Caring', the 'Mind Odyssey' and to the 'Changing Minds' combat stigma campaign.

I had had lunch with Nicholas Kenyon, the Director of the BBC 'Proms', at a small restaurant behind the Albert Hall. The meeting was arranged at short notice, although I had written perhaps 6 months before to search for links between the 2001 Mind Odyssey and this particular cultural event.

During the abbreviated lunch and prior to a special meeting of the Court of Electors to discuss "who regulates?", I searched for overlap interests between the purpose of the Mind Odyssey and the organisation and themes of the promenade concerts.

We discussed around the subject of music and musicians and creativity and mental disorder, and some interesting ideas emerged. Who would write an introduction to the Proms programme for next year, making these links? Those composers who had psychiatric disorder, how would they now be treated in a community mental health service? Could there be a Mind Odyssey Prom? (Answer: probably not.) Was there a possibility that Guy Woolfenden's piece commissioned by the College and performed at the Annual Meeting might be included in a Prom concert next year? (Answer: unlikely.)

It was a nice lunch and friendly conversation. I said that I was planning to come to the Prom that evening to hear the European premier of a new piece, *Seeing*, by Christopher Rouse. The concert was a sell out but Nicholas Kenyon found a place for me in his private party overlooking the orchestra! In the socialising before the concert I was introduced to the composer. He explained that the source of his inspiration came from reflecting on Robert Schumann's short life, who spent his final years in an asylum with untreated depression, and a well-known rock guitarist who had schizophrenia. The programme note said that Rouse's music was acclaimed as "among the most intriguing orchestral music now being written".

Christopher Rouse himself wrote "How do people with mental illness 'see' – not in the purely ocular sense, but rather in the psychological and spiritual sense? How do they interpret what they see? And how can a representation of those images be translated into sound? Seeing does not 'take a stand' upon mental illness as a social cause; rather, I wish to concern myself with the tragic toll such afflictions can take upon individual persons and those who care for them."

The music, the man and the commentary had said it all. The 'Proms' and the College had come momentarily together, albeit briefly.

John Cox, President, Royal College of Psychiatrists

Conspiracy of silence? Telling patients with schizophrenia their diagnosis

Sir: We were interested to read the report by Clafferty *et al* (*Psychiatric Bulletin*, September 2001, **25**, 336–339). Although some psychiatrists avoid giving an accurate diagnosis of schizophrenia, we would disagree with their main conclusion that psychiatrists collude with a conspiracy of silence. They found 89% of psychiatrists disclose a diagnosis of schizophrenia if it is a recurrent episode, compared to 59% for a first episode. As 20% of patients only have a single episode of psychosis this discrepancy may reflect concern about misleading patients. The diagnosis of schizophrenia implies a long-standing disability, with marked implications for the patient's sense of identity, employment and relationships. With this in mind, we can understand why some psychiatrists would only use the term schizophrenia when the prognosis is clearer.

A striking finding in this paper was that less than half of psychiatrists would tell their patients about a diagnosis of dementia (significantly lower than for other mental illnesses). This is in contrast to the consistent finding that most patients with dementia wish to know their diagnosis (Holroyd *et al*, 1996; Erde *et al*, 1988; Jha *et al*, 2001). This is the only survey published since the National Institute for Clinical Excellence approval of cholinesterase inhibitors for Alzheimer's disease. If the findings are applicable to Alzheimer's disease as well as to dementia as a whole, this would imply that patients are denied treatment for their condition purely because of reticence among psychiatrists to tell them their diagnosis. It seems the main conspiracy of silence is not in schizophrenia but in dementia.

ERDE, E., NADAL, E. & SCHOLL, T. (1988) On truth telling and the diagnosis of Alzheimer's disease. *Journal of Family Practice*, **26**, 401–406.

HOLROYD, S., SNUSTAD, D. & CHALIFOUX, Z. (1996) Attitudes of older adults on being told the diagnosis of Alzheimer's disease. *Journal of the American Geriatric Society*, **44**, 400–403.

JHA, A., TABET, N. & ORRELL, M. (2001) To tell or not to tell – comparison of older patients' reaction to their diagnosis of dementia and depression. *International Journal of Geriatric Psychiatry*, **16**, 879–885.

Rebecca Wild, Specialist Registrar in Old Age Psychiatry, Department of Old Age Psychiatry, Meadowbrooke Unit, Stott Lane, Salford, Manchester M6 8DD, **Tor Pettit**, Specialist Registrar in General Adult and Old Age Psychiatry

Special interest sessions in public health

Sir: Specialist registrars in psychiatry should consider spending their special interest sessions doing a placement in a public health department. I have just completed a placement, 1 day per week for 6 months, and found it a very valuable addition to my training.

Although particularly useful for those training in substance misuse, there are benefits to be gained in the broader remits of training. My placement was based around the writing of a formal report, which taught me a great deal about data sources, needs assessment and service organisation. The necessary literature searches and liaison with colleagues increased my knowledge of my own speciality.

I also gained good management experience, and enhanced my IT skills. It was useful to appreciate a different and wider viewpoint on the health service and appreciate the positive impact that public health has to offer on mental health service planning.

I am happy to give further details of my experience to interested colleagues, who may wish to arrange their own placement.

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