were on the real thing may have unconsciously demonstrated their faith and loyalty by remaining well. They are unlikely to have excluded themselves from the trial by owning up, as the Scandinavian researchers expected.

But this does not explain the magical benefits we still see from lithium today, when it is just one treatment among many, used at levels which hardly produce side-effects. The 50-year old Cinderella should be allowed to go to the ball in peace; she has already outlived many of her critics.

BAASTRUP, P. C., POULSON, J. C., SCHOU, M. *et al* (1970) Prophylactic lithium double blind discontinuation in manic depressive disorders. *Lancet*, *ii*, 326–330.

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GP monitoring of lithium levels

SIR: Lithium has a well established place in the treatment of psychiatric disorders, but the most appropriate setting for lithium supervision has been a matter of debate. Given the increasing tendency for GPs to take responsibility for such matters, I undertook a study of lithium monitoring standards in GP and psychiatric out-patient settings.

The computerised record of all serum lithium estimations in south Manchester during a ten month period in 1994 was examined. Two groups of patients were compared; those who had two or more levels done by GPs and none in out-patients ($n=94$) and those who had two or more levels done in out-patients but none by GPs ($n=140$).

There were no significant differences between the groups in numbers of intervals between tests greater than 90 days (OPD 182/390 *v.* GP 112/264) or 180 days (OPD 30/390 *v.* GP 21/264). Although there was a non-significant trend towards higher lithium levels in the GP group (lithium $\geqslant 1{\cdot}1$mmol/l OPD 15/542 *v.* GP 19/363) the proportion of results above the therapeutic range was lower than both GP and hospital monitored patients in the studies of Masterton *et al* (1988) and Kehoe & Mander (1992).

GP monitoring of lithium levels is commonplace in south Manchester, and there is little evidence from examination of current practice to suggest this is inappropriate.

KEHOE, R. F. & MANDER, A. J. (1992) Lithium treatment: prescribing and monitoring habits in hospital and general practice. *British Medical Journal*, **304**, 552–554.

MASTERTON, G., WARNER, M. & ROXBURGH, B. (1988) Supervising lithium. A comparison of a lithium clinic, psychiatric out-patient clinics and general practice. *British Journal of Psychiatry*, **152**, 535–538.

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Long-term treatment with clozapine in schizophrenia

SIR: Avnon & Rabinowitz (1995) in an article on clozapine and neuroleptic resistant schizophrenia observe that "some patients experience a vacuum in the absence of delusions and hallucinations" and conclude that their success was due to a multi-family group to help with the patients' anxieties on entering the real world.

We have been running such a group for over five years and an audit on the families' perceptions of the changes since their relatives began clozapine produced some unexpected results. There was anxiety expressed by the families about their relative entering the real world with their lack of necessary skills, social and otherwise, and this has been alluded to in the popular press as awakening. But in addition the families recognised that clozapine had produced significant change in the degree of affective warmth and that a return to the pre-clozapine days would be a major blow. This change in affective warmth may be the key to why those of us with large cohorts of clozapine patients see progressive changes with time as both the patient and the family become conditioned to the changes and to why Lindstrom (1988) in this 13 year study had 39% of his 96 patients in employment.

AVNON, M. & RABINOWITZ, J. (1995) Effectiveness of clozapine in hospitalised people with chronic neuroleptic resistant schizophrenia. *British Journal of Psychiatry*, **167**, 760–764.

LINDSTROM, L. H. (1988) The effect of long term treatment with clozapine in schizophrenia: A retrospective study in 96 patients treated with clozapine for up to 13 years. *Acta Psychiatrica Scandinavica*, **77**, 524–529.

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Psychological debriefing techniques

SIR: We were surprised that Busuttil *et al* (1995) chose to use the term psychological debriefing to describe some of the techniques used in their