columns

sorely missed, and there is no glossary of terms, which is a minor inconvenience.

For the introductory reader, there are not many up-to-date books available that can easily match the breadth and reasonable depth of coverage aimed for by this book. It achieves splendidly its aims which in the editor's words, are 'to offer state-of-the art, evidence-based reviews of salient clinical issues and research needs in the many areas falling under the rubric of the term "insomnia"'. The book deserves a wide readership, and as it is budget-priced, should get it.

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miscellany

DARE: the Drug-Induced Arrhythmia Risk Evaluation Study

Ventricular arrhythmias due to psychiatric and other drugs can cause life-threatening events that are usually due to prolongation of cardiac repolarisation, Torsades de Pointes (TdP) and ventricular fibrillation (VF). These events have generated public and medical concern due to their unpredictability and the lack of understanding of their epidemiological and clinical significance. Drugs such as thioridazine and droperidol have been withdrawn from the market because of this side-effect.

The DARE Study is a collaboration between St George's Hospital (London) and the Drug Safety Research Unit (DSRU) (Southampton), funded by the British Heart Foundation. The lead researchers are Professors A. J. Camm and S. A. Shakir. The study was launched officially on July 1 2003 and will run for 5 years.

The study's principal aims and components are: (1) an epidemiological study to systematically document and follow up incident cases in England, comparing them with controls – the relative risk of predisposing clinical factors will be calculated and both epidemiological cohorts will be described and the outcomes compared; (2) a genetic study to analyse blood samples from cases and controls for mutations and polymorphisms of the cardiac sodium and potassium ion channel genes implicated in the Long QT and Brugada syndromes. We hypothesise that there is a significant association of genotype with drug-induced arrhythmia.

We expect that the predictability and awareness of the condition will thus be increased and result in safer prescribing and drug development.

The study will rely on recruiting patients (cases) who have had a proarrhythmic event via psychiatrists and hospital physicians in England. **Inclusion criteria** will be **at least one of the following**, diagnosed as secondary to therapeutic drugs administration or drug overdose:

- Documented TdP, VF or non-polymorphic ventricular tachycardia
- Exacerbation of an already existent ventricular arrhythmia
- Severe drug-induced QT prolongation (QTc interval $\geqslant$500 ms)
- Moderate drug-induced QT prolongation (QTc interval $\geqslant$450 ms (male) or $\geqslant$470 ms (female)) ***and*** a clinical history of syncope or presyncope.

An information pack will be provided to all psychiatrists interested in participating in this study. The pack will include 'consent to contact cards' for both the patient and psychiatrist, to briefly complete and return to the DSRU. This is all that will be required and we will address any local research ethics committee issues that may arise. If the patient permits contact to be made then a Research Nurse will arrange to visit him or her at home to discuss the study further and obtain consent. A questionnaire will be completed and an ECG and blood sample taken if the patient consents. The patient will also be asked to separately consent to access to their hospital and general practice medical notes.

We would be delighted to provide further details to interested health professionals, and are keen to visit any interested units in order to make a brief presentation. Please contact us on (023) 8040 8615, dare@dsru.org, or via www.dsru.org for further details, or if you feel that you may have a patient meeting the inclusion criteria.

forthcoming events

The Third Annual UK Meeting for those with a special interest in **Psychodermatology** will be held at The Medical Society of London, Chandos Street, London, W1 9EB on Thursday, 27 January 2005 from 1.30 (coffee) to 5.30 p.m. (wine). For programme details please contact sharon.singh@chelwest.nhs.uk. Tel 020 8746 8170.

The British Neuropsychiatry Association (BNPA) would like to announce their next meeting which will be held at the Institute of Child Health in London on 9–11 February 2005. The programme is as follows. Day 1: Dementia – from Local to Global (in collaboration with Institute of Social Psychiatry). Day 2: The Neuropsychiatry of the Dementias, Catatonia. Day 3: Adult outcome of Asperger's Syndrome and ADHD. For further information please contact: Gwen Cutmore, BNPA Conference Secretary, Landbreach Boatyard, Chelmer Terrace, Maldon, Essex, CM9 5HT. Tel/fax 01621 843334; e-mail gwen.cutmore@lineone.net.; website http://www.bnpa.org.uk.

The World Psychiatry Association (WPA) would like to announce the **XIII World Congress Of Psychiatry** to be held in Cairo, Egypt on 10–15 September 2005. The WPA World Congress is a major event that takes place every three years in different geographical parts of the world. This is the first time that a WPA World Congress will take place in Africa. This scientific meeting will highlight the recent advances in neurosciences and the admixture of culture in shaping the aetiology and management of mental patients. For further details please visit www.wpa-cairo2005.com (College's link-web: http://www.rcpsych.ac.uk/conferences/diary/index.htm#2005) or contact the event secretariat (tel +34 91 361 2600; fax +34 91 355 9208; e-mail secretariat@wpa-cairo.com).

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