

Mrs Joyce McDougall referred to psychic change being intimately involved with the patient's ability to regress, in which each step allows for a new "surprise", a new discovery. She also emphasised that there are pre-verbal gestures and body expressions that affect both patient and analyst. "All analysts are also psychological survivors; the patients help to promote psychic changes in the analyst too, which in turn promotes psychoanalysis itself."

Of the many workshops, the one about training concerned a topic that affects us all. How much evaluation of standards takes place? How much are trainees allowed to participate in their educational systems? Why not allow different theories to be taught if the students required it? Fear of chaos if

pluralism was to be permitted might stifle creativity in the trainees. A new model of training more tolerant of change and variety, without infantilising the trainees, is required. There was a feeling that there should be more sharing of educational and scientific activities between a training analysis and candidates. An increase in research and an academic university-type atmosphere is also to be encouraged in analytic institutions.

Dr Etchegoyen, in his closing address, gave a thorough historical perspective of thought and psychic change. He also expressed his preference for clinical presentations at conferences, rather than high level academic discussions. He emphasised that the *fundamental* issue is to get in touch with the patient's feelings.

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## Correspondence

### *Are your case-notes perfect?*

DEAR SIRS

Dr Cunningham has stated that the "perfect case-notes" should serve four main functions – informative, legal, communicative and storage of information. (*Psychiatric Bulletin*, 1991, 15, 672-674.)

As part of our regular medical audit we looked at the accuracy of documenting important symptoms of depression in the notes of 20 patients admitted to our hospital with an ICD diagnosis of manic depression – depressed type (296.1). We identified 13 symptoms commonly used to make such a diagnosis. The figures in brackets indicate the percentage of notes in which the symptom is clearly stated as being present or absent. These symptoms included: depressed mood (100%), anhedonia (64%), appetite disturbance (75%), weight change (55%), sleep disturbance (84%), lack of energy (30%), psychomotor agitation/retardation (40%), suicidal ideation (75%), poor concentration (75%), ideas of guilt (40%), diurnal variation in mood (50%), hallucinations (90%) and delusions (85%).

Also, previous episodes of hypomania/mania were documented only in 15% of the notes. Level of nursing observation on admission was clearly stated in only 65% of the notes and severity of depression was stated in only 26%. Our small study has important implications. Firstly, from a medico-legal point it is important that the notes clearly state the admitting doctors' initial assessment of suicide risk and also the level of nursing observation appropriate.

The draft copy of ICD-10 (WHO, 1990) requires for a diagnosis of a depressive episode there has to be the presence of three cardinal symptoms – depressed mood, anhedonia and lack of energy. In the 20 notes we were unable to give them ICD-10 diagnoses as basic information in the notes was lacking. We are sure that the junior doctors elicit this information but it appears that this is not always put into writing.

During our meeting we discussed the feasibility of the admitting doctors filling in a depression checklist. We concluded that this would impede the clinical interview. The results of the audit have been circulated to the junior doctors and we will do a follow-up audit in due course.

P. L. HUCKLE  
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### Reference

WORLD HEALTH ORGANIZATION (1990) ICD-10 1990 draft of Chapter V. *Mental and Behavioural Disorders*. F00-F99. Geneva: WHO.

DEAR SIRS

Dr Cunningham's article on the audit of case-notes identified several areas which necessitate improvement and suggested a strategy to reinforce the findings. The use of Care Plans (Holman, 1989) would provide an objective focus and means of updating the notes and recording management decisions. The recent change in the law which provides patients, at their request, with access to records written manually