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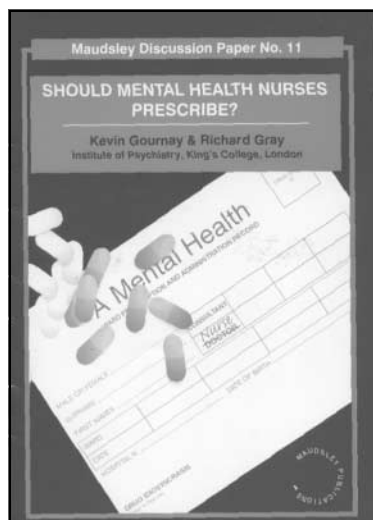
there is one minor quibble, it is that the focus is heavily on psychiatric trainees. Safety concerns all health professionals, of course, and the fundamental principles espoused in this pack could apply to many others in the NHS. One wonders if the College has the energy to re-work the material for a wider audience. If so, it could be a real money-spinner.

This minor point aside, *Safety in Psychiatry* reflects great credit on the College and those involved in its production. For anyone carrying responsibility for the safety of trainees, there can be only one message: buy, buy, buy!

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Maudsley Discussion Paper 11. Should Mental Health Nurses Prescribe?

By K. Gournay and R. Gray.
London: Institute of Psychiatry.
21 pp. 2001. £4.00 (pb).
ISBN: 0-9500289-4



This paper explores the context of mental health nurse prescribing and covers such considerations as rationale, supervision, training and evaluation. Although well researched and systematically argued, its perspective is medically orientated and this narrows the scope of the discussion.

The rationale is rightly argued from the basis of patient need; but it is from a public health and resource viewpoint, rather than the more compelling one of continuity of care. As in other areas of chronic disease management, the continuing contact of the nurse with the patient informs the process of prescription review and adjustment. Nurse involvement could alter the focus from treating patients pharmaceutically, to putting medication in the context of a care plan, which balances symptom control against side-effects.

A somewhat sweeping assumption is made against nurse prescribing through

citing the 'anti-medical' model adopted by some mental health nurses, thereby assuming they would be reluctant to prescribe. As for the medical profession, nursing has a code of practice that is subject to professional and legal accountability. Therefore, it is slightly presumptuous to consider that nurses would fail in their duty of care in prescribing to any greater degree than psychiatrists. The same principles apply to the rather convoluted discussions around which nurses should prescribe which drugs.

The paper only considers the role of community mental health nurses, ignoring the fact that this group comprises only 12% of qualified mental health nurses. The more urgent need for nurses to be able to initiate, titrate and alter medication often lies in the hospital or group home environment. It would be useful to consider these issues in relation to independent and/or supplementary prescribing, and the need for good collaborative working and robust shared-care arrangements.

The discussion around evaluation of the effectiveness of nurse prescribing suggests using randomised controlled trials. Although this method is often considered the gold standard of research, it may not evaluate adequately the finer points of prescribing practice or user satisfaction. Given the evidence base quoted in the paper on current prescribing efficacy by psychiatrists, it might be timely to consider robust evaluation of all prescribing for mental health patients, using both quantitative and qualitative methods.

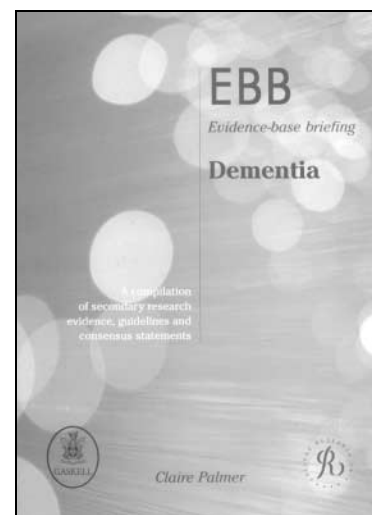
In conclusion, much of this paper has been superseded by recent events and this is its main weakness. The Government is moving fast on nurse prescribing. If this paper is to have any real impact on the current debate, it needs to link more directly with the mainstream to avoid being dragged along on the coat-tails of directives from the Department of Health.

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EBB Evidence-Base Briefing: Dementia. A Compilation of Secondary Research Evidence, Guidelines and Consensus Statements

By Claire Palmer. London: Gaskell.
1999. 96 pp. £15.00 (pb).
ISBN: 1-901242-35-8

Pursuing best practice in our brave new world of evidence-based medicine demands considerable personal effort to find out 'what is known'. As an old age psychiatrist, and regular searcher of the



literature online, I was intrigued by the notion of a book that compiles the evidence-base for dementia. Searching online for evidence from my desk at work, the answer has always been 'too much' to get hold of and at the same time 'too little' that is relevant to my own practice. The central concept of this book is that the author, working within the College Research Unit, searches for evidence (of vastly differing qualities) and lays it out in a way that enables scrutiny. The book sets out its search methodology clearly, cites its sources and then presents 'the evidence' with references and an attempt to weigh its importance. The book's remit is to compile secondary research evidence, not primary studies and papers. Therefore, it is a rather sad reflection on the paucity of the evidence, that so much of it is the national guidelines of the College or the American Psychiatric Association, or evidence-based guidelines relying on studies of moderate quality or poorer, rather than systematic reviews and critically appraised research summaries. This is not the fault of the author, who has done a creditable job to pull these dry guidelines together. But the larger point is that the College and its publishing arm, Gaskell, have missed an opportunity with this type of static publication. The same material together with the hugely useful website links and critical appraisal resources should be accessible on the College website or on CD-ROM, even at a cost. Searching would be easier, links to other resources would be enhanced and the search could be as contemporary as the day you access the site (not as old as September 1998). The shame is that, for all the author's hard work, the book is now way out of date. The idea of an evidence-based briefing is a good one because of the approach, but not in this format. Does the book help reduce the personal effort required to get on top of the evidence? Not really.

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