
Letter from the Editor

Andrew Sims

Here begins the fourth volume of *Advances in Psychiatric Treatment*. Are psychiatrists any better informed, wiser, more understanding or more empathic as a result of its publication? It is difficult to know without burdening the readership with yet another questionnaire, and some of the above qualities are noticeably difficult to measure.

If one reads the published articles one cannot help learning something not known previously. As Editor I read every word, and I have learnt a lot that previously I did not know, but retaining the information is a different matter.

This issue contains correspondence. We would welcome more. It need not be complimentary to the journal or to our authors. In particular we would like to receive suggestions for topics you wish to have discussed in the articles.

Professor Gethin Morgan, Director of Continuing Professional Development at the College, recently asked for comments about the College's CPD programme. I do not know whether he received any positive letters concerning this journal, but I was referred some that were critical. These followed two main themes: Why do we have to pay for and receive a journal which is suitable only for trainees? Why are there not more articles in my particular speciality of psychiatry? These comments are, of course, mutually incompatible. I suspect the first respondent may not have read the contents of *APT* as it is clearly more directed at the needs of consultants than trainees. The second criticism is justifiable and we are attempting to address it.

In this issue there are four articles on child and adolescent psychiatry, so we will probably receive criticisms from old age psychiatrists. We consider that for every article specifically directed to one of the sub-specialities of psychiatry, there are several which are relevant to all consultant psychiatrists, including that sub-speciality, on more general aspects of treatment, running a clinical service and the work of a practising psychiatrist.

It would be good to foster more general debate, perhaps in the correspondence column, on the work of a consultant. For example, to what extent is your practice being impeded by economic considerations and how much control are you able to exert in changing this? As one instance, and many others could be given (please do not think that I am advertising) donepezil costs less than £1000 per annum per person and would probably be required by any individual for two to three years; it is quite probably effective in many cases in delaying deterioration in early Alzheimer's disease. If we were discussing a new pharmacological treatment for renal disease or surgery for liver disease with as good a success rate, would there be the slightest hesitation among doctors and management in instigating that treatment? I doubt it. Do we, as psychiatrists, believe strongly enough in the treatment that we give and do we shout loudly enough on behalf of the individuals in our care?

I am not going to go through the contents of this issue and introduce each author and article in potted form – that would be patronising to both you and the authors. However, I do want to welcome the first article in *APT* based upon the College Research Unit's clinical guidelines initiative. Preparation of evidence-based guidelines is an arduous and lengthy process and we are hoping that this present procedure of publishing a consultant-friendly article in *APT* in addition to the formal publication as a College report will become established practice. Again, it would be very interesting to receive your comments, both on the notion of the College entering into practice guidelines at all and also on publishing such articles in *APT* format in this journal.

Finally, to revert once more to the matter of producing material required for different psychiatric specialities. One solution would be a relatively small expansion in size of *APT* to allow perhaps two more articles to be devoted to psychiatric specialities in each issue. Would you support this?