

Correspondence

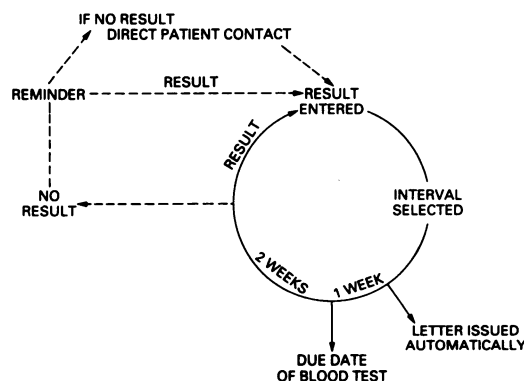
A computerised lithium clinic diary system

DEAR SIRS

The concept of a centralised register of patients maintained on lithium was adopted in order to ensure regular monitoring and reliable recording of serum lithium levels. Early identification of defaulters is made simple so that appropriate reminders may be sent or more direct follow up undertaken as required. Computerisation of such a recording and management system has obvious advantages. It has been possible to achieve a high degree of automation in respect of patient notification of due blood tests, and staff notification of defaulters.

The system essentially uses a 'loop' mechanism. Upon entry of a serum lithium result, the operator selects an interval varying from one to eight weeks when the next test is due. From this interval the computer selects the next due date and a letter is issued automatically approximately one week prior to that date, allowing the patient time to attend for blood sampling. The computer then 'waits' for the result to be entered, allowing two weeks 'grace' from the due date of blood sampling. If no result is entered by that time the user is made aware and a reminder letter issued.

The system may be represented diagrammatically as illustrated.



The diary system was developed through collaboration between clinician and computer programmer and now comfortably serves a district of approximately 200,000. Indeed the facility remains somewhat underused and could easily manage a population of lithium takers from a much larger district. It has obviated the need for tedious and time consuming manual recording, patient notification and organisation of records.

The system is designed to run on any IBM compatible machine, using dBase for programming environment. Due to the confidential nature of the information stored the system is password protected and so access is strictly limited to authorised users. Simplicity of operation has been a key factor in the programme development. Thus, day to day tasks such as input of results, changes to client data, the issuing of letters and identification of defaulters, are effected from a simple 'on-screen' menu.

Routine operations are carried out on a daily basis by medical secretaries, on average taking about ten minutes. An historical record of all information is kept automatically, which in the longer term will have useful research applications.

Staff training in all aspects of the programme operation took no more than one day. The system has now been successfully in operation for approximately six months, appears to be well understood and accepted by the patients concerned and is providing highly advantageous in terms of ongoing clinical management.

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Assessment of parasuicide

DEAR SIRS

I would like to point out to trainees embarking on the assessment of parasuicide that there are alternatives to Dr Flanigan's philosophy (*Bulletin*, July 1988, 12, 284-285) which they may find more rewarding.

I agree with Dr Flanigan that only a small proportion of parasuicides have clear-cut mental illness. Of the rest, however, many have depressive