

trainees who have not been allocated a psychiatry job. We have found that acute hospital clinicians value the training provided by liaison psychiatry teams to trainee doctors.<sup>5</sup> Liaison psychiatrists are thus uniquely placed to take on foundation year trainees and be the gateway to psychiatry for an increasing number of trainees.

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### Minority report on violence risk assessment

The cover of the July 2011 issue of *The Psychiatrist* featured the unshaven face of a young man staring impassively back at the reader, with the caption 'Psychiatric Report', in what was an unmistakable parody of the publicity posters for Steven Spielberg's science-fiction neo-noir classic, *Minority Report*. The cover referred to two articles within about psychiatric report writing. We see similarities between the central idea of the film and those psychiatric reports that claim to estimate the risk of future violence.

Based on a short story by Philip K. Dick, *Minority Report* took us to Washington DC in 2054, a world where homicides can be prevented. A special police department, the Pre-Crime Unit, apprehends people before they commit a murder, based on the reports of three psychic 'pre-cogs'. Once identified by the pre-cogs, criminals-to-be are apprehended and permanently placed into a state of suspended animation. The story follows the plight of John Anderton, played by Tom Cruise, who discovers that he is about to be arrested for a murder he is sure he will never commit. The movie works because we empathise with Anderton as he realises the injustice of convicting people who have yet to commit a crime and struggles against both the particular error in prediction and sinister political opportunism based on fear of crime.

The Mental Health Act demands the detention of a person with a mental disorder if 'he ought to be so detained in the interests of his own health or safety or with a view to the protection of other persons [emphasis mine]' (Part II, Section 2 (2b)). Unfortunately, current psychiatric risk assessment, on which decisions to protect the public might be made, compare very poorly with the powers of the fictional pre-cogs.

In the most optimal circumstances, using the best instruments, a sensitivity and specificity of 80% might just be achieved.<sup>1</sup> If Pre-Crime had used risk assessment with this predictive power in the years before 2054, about 200 murders would still have occurred, 800 would have been prevented and 20 000 citizens of Washington DC (2% of the population) would have been needlessly frozen. In the film, Pre-Crime is eventually shut down, because even a single false positive is unacceptable to the Washingtonians of the future. Back in the real world, the Mental Health Act continues to demand that doctors make judgements about detention for the protection of others.

The false positive rate is a major problem with violence risk assessment in psychiatry and for mental health legislation that requires judgements about future harm. False positives waste resources, and lead to needless and unfair detention and excessive treatment.<sup>2</sup> True negatives can also be a problem if mental health law does not allow the treatment of those who cannot consent to it by virtue of incapacity, but who are not judged a threat to themselves or others.<sup>3</sup>

Moreover, there is no evidence that the application of risk assessment can offer adequate protection to the public.<sup>4</sup> Risk assessment, as it is currently practised in psychiatry, is so flawed that it should not be used as the basis for clinical decision-making or coercive treatment. Instead, treatment decisions should be made as they are in the rest of medicine, after discussing the risks and benefits of treatment with the patient or, in the case of those who lack capacity, be made in the patient's best interests, after discussion with a proxy decision maker.

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### Adult attention-deficit hyperactivity disorder – a very much real diagnosis

Moncrieff & Timimi<sup>1</sup> have challenged whether adult attention-deficit hyperactivity disorder (ADHD) exists as a discrete condition. They suggest that it is merely the medicalisation of ordinary human difficulties and that the diagnosis is being pushed by pharmaceutical companies who then make a tidy

profit. They point out the discrepancies between childhood ADHD and adult ADHD and based on this state that adult ADHD is not the same condition. Presumably they subscribe to the view that childhood ADHD suddenly disappears on the child's 18th birthday.

Attention-deficit hyperactivity disorder is a developmental disorder and symptoms change over time. Childhood and adulthood are characterised by differences in lifestyle, pressures, social and moral responsibilities – those of a 40-year-old are clearly very different to those of a child. A child who fails to do his homework will get a telling off or detention, whereas an adult who fails to produce a report to his employer on time may get passed over on promotion or even be made redundant in more extreme cases. The underlying condition is still there, the adult simply learns to cope with or hide it; medication may help them to cope. Drawing on evidence-based medicine, Moncrieff & Timimi report studies where there is no significant difference between stimulant drug and placebo in adult ADHD, yet individual experience has shown dramatic, positive and sustained benefit to the quality of life of individual patients and their ability to function.

The suggestion that adult ADHD is the medicalisation of various common difficulties is unreasonable. The persisting difficulties in ADHD are very much those of inattention and concentration rather than the overt hyperactivity seen in childhood ADHD and it is these very levels of inattention and concentration which have a huge impact on the ability of individuals with ADHD to function in the adult world.

Before the diagnosis and prescription of medication, one of us found it difficult to hold down a job, to hold more than one thought in their head, to remember important facts or to control exuberance in social settings. With the benefit of a diagnosis and stimulant medication, that same individual has built a successful career as a company director, is capable of functioning in noisy offices where he previously floundered and has the ability to focus and to react in a socially appropriate manner. This cannot be pure coincidence.

The fact that ADHD symptoms overlap with a number of other disorders does not negate the existence of the condition. There are symptoms overlapping in a number of psychiatric conditions but this does not lead us to be reductionist with our diagnoses. Indeed, to suggest that those with ADHD have personality disorders is doing them a great disservice. Adults who, after appropriate assessment, are diagnosed with adult ADHD and treated with stimulants have achieved stability in their lives and success in their academic endeavours,

employment and relationships which otherwise would never have been possible.

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### Authors' reply

In response to Tyrie & Knibbs, positive accounts of improvement and recovery from any disorder or difficulties are important and inspiring, but they cannot be taken as evidence for the efficacy of a particular treatment. The efficacy of treatments can only be established by randomised controlled trials, and these demonstrate that people taking stimulants for adult attention-deficit hyperactivity disorder do only slightly better than those taking a placebo in the short term and do no better in the long term. The effectiveness of a drug is then judged by balancing the gains against placebo, if there are any, with the adverse effects associated with the drug, as well as other considerations. Stimulants do have effects, of course. They are not inert. Low-dose stimulants modify behaviour in animals and humans alike, improving attention and focus on mundane tasks.<sup>1</sup> Animal studies also show that this effect is accompanied by a reduction in spontaneous exploratory behaviour, interest in the environment and social interaction.<sup>2,3</sup> Moreover, any initial effects may decline due to tolerance, which, although little investigated in the case of therapeutic stimulant use, is known to occur in response to most psychoactive substances.

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