qualified to carry out. Perhaps this is why, in our group transferred within a week, there was a higher incidence of referral from social workers and other professionals. The number of previous psychiatric admissions and age also seem to increase the risks of inappropriate referral.

Colgan & Philpot (1985), studied the routine use of physical investigations in elderly psychiatric patients and found abnormalities in up to 20%. Tench *et al* (1992), comparing pre and post-mortem diagnoses, found a prevalence of physical disorders in psychogeriatric patients similar to those in elderly patients in general hospital wards.

Inappropriate referrals of the physically ill to psychiatric hospitals is unfortunate and wasteful of resources and even lives. Our study suggests that one in 50, 2% of all admissions, fall into this category, if only those transferred within the first week are counted. With more care, such patients could be admitted at the outset to where they clearly need to be – the general hospital!

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References

COLGAN, J. & PHILPOT, M. (1985) The routine use of investigations in elderly psychotic patients. *Age and Ageing*, **14**, 163–167.

TENCH, D. W., BENBOW, E. W. & BENBOW, S. M. (1992) Do old age psychiatrists miss physical illness? *International Journal of Geriatric Psychiatry*, **7**, 713–718.

Dial 'M' for 'memory complaints'

DEAR SIRS

A local newspaper in the Mannheim area advertised a telephone hotline offering 'specialist information' on Alzheimer's disease (AD). Questions about patient care, therapy and perhaps recent developments in basic research were expected. The lines were busy for more than three hours and the 'experts' were surprised by the callers' response.

I received 16 calls. Twelve (two men, ten women) callers complained about unspecific and mild memory disturbances and feared developing AD. Their mean age was 55 years (range 49 to 65) and they described mild forgetfulness lasting from a couple of months up to seven years (mean 2.7 years). Eight of these 12 memory complainers had one or more relatives suffering from dementia, in six cases one parent had been affected. Most said that they were too embarrassed to discuss this problem with their doctors and most were afraid that their genetic risk of developing AD was 50% or higher.

Only four callers (two men, two women) with a mean age of 70 years (range 59 to 83) sought advice on patient management. No caller from the second group had an affected parent. Younger age together with the presence and number of affected relatives permitted the correct prediction of memory complaints in all but one of the cases. Four other 'experts' received a similar number of calls of the same nature (but they had forgotten to take notes).

We conclude that the fear of developing AD is a major concern of many people in late middle age with mild or imagined memory deficits and with relatives suffering from AD or other forms of dementia. There is a need for counselling these memory complainers and to offer information about the estimated relative risk of developing AD in comparison to the general population. It was our impression that popular descriptions of AD in the lay press may stir up fears by sensitising people for minor, benign deficits. O'Brien *et al* (1992) observed that a finding of clinical normality in memory complainers can be replicated at a follow-up examination in most cases, but that memory complainers have to be taken seriously because their risk to develop manifest dementia was slightly higher than in the general population. This underlines the need for diagnostic markers of AD which are reliable in the preclinical or very early stages of illness.

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Reference

O'BRIEN, J. T., BEATS, B., HILL, K., HOWERD, F. *et al* (1992) Do subjective memory complaints precede dementia? A three-year follow-up of patients with supposed 'benign senescent forgetfulness'. *International Journal of Geriatric Psychiatry*, **7**, 481–486

GP fundholding and psychiatric practice

DEAR SIRS

In his Keynote article (*Psychiatric Bulletin*, April 1993, **17**, 193–195), Andrew Sims has brought into focus the siting and nature of the contractual flaw in the GP fundholding scheme. It has been long predicted that the GP fundholding scheme was likely to harm the NHS by distorting priorities and undermining planning (Ford, 1990). However, the serious implications for multidisciplinary psychiatric health care delivery have been underestimated.

The freedom to refer people with psychological and psychiatric problems to individual professionals

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