

WHAT CLOTHES SHOULD PSYCHIATRISTS WEAR FOR WORK?

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Aims: The aims of this study were to identify patients' and psychiatrists' attitudes about what styles of dress are appropriate for a psychiatrist to wear for work.

Method: Questionnaire sent to all junior and senior psychiatrists at three hospitals. This questionnaire consisted of 6 colour photographs of the same male or same female doctor (male photosets were sent to male doctors, female photosets to female doctors) in clothes of varying formality ranging from suit to T-shirt with jeans. In one photo the doctor wore a white coat. A questionnaire using the same photo set was offered to all psychiatric inpatients in one teaching hospital. Doctors and patients were asked to state which one photograph was most suitable for consultants to wear for work, and which was most suitable for junior psychiatrists.

Results: Of the 86 psychiatrists sent the questionnaire, 69 (80%) replied of whom 49% were consultants and 51% trainees. Sixty-seven percent of the sample felt consultant psychiatrists should wear a suit, 23% preferred a shirt and tie with smart trousers for men and a blouse and smart skirt for women, 7% chose a shirt without a tie for men or a blouse with trousers for women and 3% favoured T-shirts. None preferred white coats. The preferred style of dress of trainees was shirt and tie with smart trousers for men and blouse and smart skirt for women (69%). Sixteen percent favoured a shirt without a tie for men or blouse and trousers for women. Only 7% of doctors felt junior staff should wear a suit for work and none preferred white coats. There were no significant differences in attitudes in terms of sex or rank of the doctor.

Of the 63 eligible inpatients, 49 (78%) agreed to be interviewed (mean age = 40, 63% female). For consultants, 37% of patients preferred a suit, 27% preferred a white coat, 14% chose a shirt and tie or formal blouse and 12% stated that a T-shirt was the most appropriate dress. For junior psychiatrists, 35% of patients preferred a shirt and tie with smart trousers for men and blouse and smart skirt for women, 27% chose white coats, 22% favoured a shirt without a tie for men or blouse and trousers for women and 12% preferred a T-shirt. Only 4% wanted junior psychiatrists to wear a suit for work.

Conclusions: The psychiatrists we sampled had conservative standards of dress, although our observation is that this is not always maintained in reality. Most patients want their doctors, especially consultants, to dress smartly but do not want junior doctors to wear suits. A striking proportion of patients preferred white coats.

BODY-ORIENTED THERAPY IN PSYCHIATRY: AN EMPIRICAL STUDY ON 70 IN-PATIENTS

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Objective: Body-orientated therapy has by now been accepted and implemented as part of a multidimensional therapeutical concept in many psychiatric clinics. However, the increasing number of theoretical concepts and clinical practice contrast with a relative lack of empirical data proving its benefits. The aim of our study is to investigate the effects of body-orientated therapy in psychiatric in-patients.

Method: 70 consecutive in-patients were investigated on admission and after four weeks of therapy with five standardized questionnaires assessing a) general aspects of mood, feeling of vitality, somatic complaints etc, b) specific attitudes and beliefs with regard to their body and its functioning, and c) psychopathology. The patients taking part

in concomitant body-orientated therapy (n = 38) were compared with those not taking part (n = 32).

Results: The two groups did not differ with regard to sex (48 women, 22 men), age (mean age 42 years), and main diagnosis (37 patients with depressive and 27 with neurotic disorders according to ICD 10). Almost all patients (n = 63) received psychopharmacological treatment. The patients taking part in concomitant body-orientated therapy demonstrated a significantly better therapeutical course than those not taking part (p < 0.05). The general aspects of mood, feeling of vitality, and somatic complaints were influenced to a greater extent than the specific attitudes towards their body. All patients showed a significant improvement of psychopathology (p < 0.001). Differences between depressive and neurotic patients were neglectable.

Conclusion: Our findings point towards a beneficial effect of concomitant body-orientated therapy in psychiatric in-patients. However, with regard to the design of our study, the results cannot be interpreted in a monocausal way. The question why general aspects are more affected than the specific body-related topics especially needs to be raised. In conclusion, our study supports a broad indication of body-orientated therapy in a multi-dimensional psychiatric concept and should stimulate further studies to elucidate the specific effects of this therapy.

A PILOT STUDY TO COMPARE COMPLIANCE AGAINST SIDE EFFECTS, DRUGS AND ATTITUDE

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Compliance of medication has been a cause for major concern in psychiatric patients. Non-compliance of medication in psychiatric patients could range from 15–63%. This is a matter of importance as it has implications on the quality and the cost of continued care. A group of 66 patients, who fulfilled the criteria for a psychiatric disorder according to the ICD-10 classification were analysed in this study. A subgroup of 42 patients who suffered from an affective disorder were analysed independently.

Compliance of medication ensures patients well being and prevention of frequent admissions. However compliance has been shown to be affected by attitude of patients towards the medication although this study failed to replicate this. It has also been suggested that compliance is not affected by patient's understanding of medication but the subjective attitude of patients. The study compared the compliance in the whole group as well as in the subgroup who suffered an affective disorder (depression).

Analysis of the results using chi square tests showed significance within the affective disorder subgroup where patient compliance with medication was found to be independent of the number of drugs prescribed. Statistical significance in other factors listed above may not have been reached due to the small sample size. Therefore a study with a larger sample size is now being planned.

A STUDY OF KHAT INDUCED PSYCHOSIS

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Aims: This study aims to highlight epidemiology, clinical outline and prognosis of Khat induced psychosis.

Methods: Khat is a plant legally purchased through major European capitals from East African communities where the plant originates. In the literature there are 12 cases of Khat induced psychosis that have been reported in scientific references and journals. We report four new cases which were treated in our hospital and then studied and analysed the total 16 case reports.