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CORRESPONDENCE

We may shorten letters to the editor unless the authors specifically state that we may not. This is so that we can offer our readers as wide a selection of letters as possible. We receive so many letters each week that we have to omit some of them. Letters must be typed with double spacing between lines and must be signed personally by all their authors, who should include their degrees. Letters critical of a paper may be sent to the authors of the paper so that their reply may appear in the same issue.

Correspondents should present their references in the Vancouver style (see examples in these columns). In particular, the names and initials of all authors must be given unless there are more than six, when only the first three should be given, followed by et al; and the first and last page numbers of articles and chapters should be included.

Doctors, drugs, and the DHSS

SIR,—The government recently announced in parliament that from 1 April 1985 it was going to limit the range of drugs available for prescription in the NHS (17 November, p 1388). I expect the British Medical Association to take up the issues of freedom of the right of doctors to prescribe and the interference with health service practice without prior consultation. From the point of view of medical practice, however, I wish to draw attention to three important consequences that the advisers to the Minister of Health on this important issue clearly failed to take into account.

Firstly, the one daytime tranquilliser to be left available on the NHS is diazepam. This is none other than Valium in disguise, and it is the one benzodiazepine about which there has been the most controversy. We are then to offer our patients only "Valium" if they belong to the National Health Service, but others, private patients, will have a choice. Many patients already on benzodiazepines will refuse to be switched to Valium and will have sudden withdrawal from their benzodiazepine, and the consequence in terms of morbidity may be high.

Secondly, benzodiazepine sedatives and tranquillisers are used not only for the treatment of psychiatric conditions. They are used as premedication in surgery, and they find wide use in neurological practice, in the management of, among other conditions, spasticity and epilepsy. Epilepsy, in particular, responds to certain relatively selective benzodiazepines that are not now to be available to NHS patients. Again, are we to withdraw our epileptic patients who are controlled on benzodiazepine anticonvulsants? Many patients with epilepsy are unemployed, and it is not clear to me how the formulators of this policy envisage that they should be able to continue with their anticonvulsant medication, which in many cases is required over several years.

Finally, from the point of view of psychiatric practice it is easy to see how the proposed restrictions will lead to the increased prescription once again of barbiturates for sedation and tranquillisation. The consequences of this do not have to be underlined. Furthermore, I would predict an increase in the prescription of antidepressant drugs, particularly of the tricyclic variety, and major tranquillisers such as the phenothiazines for the management of minor neurotic conditions, which at present are often treated with benzodiazepine sedatives. The consequence of this may well be not only increased morbidity when drugs are taken in overdose (as with tricyclic antidepressants) but also a number of patients receiving low dose neuroleptic therapy for extended periods, which will ultimately lead to an epidemic of drug induced extrapyramidal disorders.

I hope that all these consequences will be brought to the attention of those who seek to impair treatment under the National Health Service by these proposals.

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SIR,—The recent statement by the Secretary of State for Social Services on the proposed limitation of prescribable products under the NHS within certain therapeutic groups must raise concern among those who treat children. While we are not opposed in principle to the concept of restricted prescribing, we note with alarm that the proposals take no account of preparations specifically formulated for use in children. We are also disappointed to note