PRACTICE OBSERVED

Sex Problems in Practice

Training and referral

Institute of Psychosexual Medicine, Margaret Pyke Centre, and Brook Advisory Centres

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Institute of Psychosexual Medicine

The Institute of Psychosexual Medicine offers training to doctors to improve their skills with patients who in everyday practice seek help with sexual difficulties or related marital or psychosomatic problems, either openly or in the guise of other symptoms. Doctors who are suitable for this training thus work in general practice, family planning, community medicine, gynaecology, venereology, or psychiatry. The training aims to increase skill rather than knowledge, and the method of training is concerned with practice rather than theory. We do not try to change doctors into psychotherapists, but try rather to develop skills for managing psychosomatic problems.

BASIC TRAINING COURSES

Ten to 12 doctors meet fortnightly for two hours in terms of six sessions for two years. They treat their own patients from the start and report on their clinical consultations in continuing case discussions. These are supervised by a leader who is accredited by the institute. The cases that are discussed are contraceptive problems; gynaecological or venereological

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problems with a psychosomatic element; requests for abortion or for sterilisation in men and women; menopausal and fertility problems; and difficulties with consummation, ejaculation, orgasm, and sexual enjoyment. They include problems of "sexual dysfunction" that have not responded to "behavioural" methods in the medical setting.

At the end of this course most doctors are able to diagnose these problems and know which ones require more skilled treatment. They also know what problems they can treat in their own clinical setting and in the time available.

When a group of doctors want to meet together for this purpose the institute will provide an accredited leader for them in most areas of the United Kingdom. Some 50 doctors are now accredited as leaders.

ADVANCED TRAINING

Doctors who seek to make this field a special interest, and who show aptitude, may be recommended by their basic seminar leader to proceed to further training as specialists in psychosexual medicine. After this—usually five years' training in all—they may offer themselves for examination by panel and if successful are awarded the institute's Certificate of Competence in Psychosexual Medicine. A doctor so qualified is competent to accept referrals from other practitioners and agencies. There are now about 400 doctors qualified throughout the United Kingdom, and a few in other parts of the world. A register of these doctors, including information about fees and clinics, etc., is kept for those wanting to make referrals by the Referrals Secretary, 10 Peterswood Hill, Ware, Herts.

It will be seen that the institute is not a place but a nationwide organisation of doctors who can offer training or who are

One-day programme

The introductory one-day programme is usually as follows:

- 9.30-10.30 The presentation of psychosocial problems.
- 10.30-11.30 Part 1: Sexuality and communication—Chernick.
- 11.30-12.30 Part 2: Sexual dysfunction—Masters and Johnson.
- 12.30-1.30 Lunch—Masters and Johnson.
- 1.30-2.30 Part 3: The Institute of Psychosexual Medicine, the analysis, Balint method.
- 2.30-3.30 Part 4: Behavioural, including Masters and Johnson technique.
- 3.30-4.30 Part 5: Background psychiatric lecture including gender identity, autogynephilia, etc.
- 4.30-5.00 QUESTIONS.
- 5.00-5.30 MEASURES: Small groups of 12 hold a 1-hour seminar with trained leader.

made to attend before the accreditation panel of the Institute of Psychosexual Medicine, and if "passed" the doctor is accredited to take psychosocial clinics.

The Margaret Pyke Centre is at 15 Battemans Buildings, London W1, adjoining the Hospital for Women, Soho Square, and makes no charge for psychosocial counselling appointments. It is directed by Mr John Guillebaud, consultant in obstetrics and gynaecology.

Brook Advisory Centres

BACKGROUND OF THE ORGANISATION

In the early 1960s, Helen Brook, who was a worker with the Family Planning Association (FPA) that there were no facilities available for the unmarried or non-engaged woman or man to obtain contraception. She recognised the distress this could lead to, and being unable to persuade the FPA to change its policy at that time, she set up a separate organisation in 1964 to meet this need. Starting from a single clinic held in the attic of Marie Stopes House, there are now 17 centres, unevenly distributed around the country that saw 58 000 clients in 1979. The clinics all support the aims of Brook Advisory Centres—that is, the "prevention and mitigation of the suffering caused by unwanted pregnancy and abortion, by educating young persons in matters of sex and contraception, and developing among them a sense of responsibility in regard to sexual behaviour."

All Brook Advisory Centres are autonomous and have developed according to local needs and demands and have had to make the best use of financial resources and personnel that are available, so it is not possible to describe a single pattern of treatment and organisation at all the centres. In the normal clinic sessions a great deal of counselling is undertaken by the clinic team that consists of receptionists, social workers, nurses, and doctors. The counselling may be about the need and choice of contraception, the choices of outcome of a pregnancy, and a variety of problems that may present as relationship problems, problems with parents, school, or work, or psychosocial problems that are interfering with the development or enjoyment of a sexual relationship. The latter may present during a routine clinic visit, or be the precipitating cause of a referral. Sometimes help can be offered during a routine session, but if more time is needed, an attempt is made to see the clients at a special session or refer them to a suitable agency for treatment.

TYPES OF PROBLEMS

As many of our clients are relatively young, and often at the start of a sexual relationship, we see a lot of early sexual anxiety about their feelings of guilt or inexperience, anxieties about their bodies and their function and attractiveness. They may present with non-consummation, dyspareunia, lack of libido, lack of arousal, or lack of sexual response. Boys and men may present as partners, but often present on their own because of

anxieties about their sexual performance, lack of libido, or problems with ejaculation or impotence. Although many will present with a sexual difficulty, invariably problems with their relationships, past or present, are at the root, and counselling that helps them to gain insight into their anxieties will often cause the sexual problem to be resolved.

PHILOSOPHY OF TREATMENT

The philosophy of the treatment varies according to the presenting patient and the patient's complaint, the trained staff who are available, and the financial position of the centre as to whether a psychosocial counselling service can be provided. Most of the doctors who counsel have had some training with the Institute of Psychosexual Medicine and provide brief focal psychotherapy of the type described above. Some have also had training in behavioural therapy and use this where it is appropriate. Some nurses have attended courses and seminars to develop their skills, and some social workers and psychologists have had further training in behavioural therapy, as well as develop their counselling techniques.

Selection of cases is important. We are not trained to do long-term psychotherapy, or to treat patients who are psychologically ill, and the patient should have a fair degree of motivation to participate in the treatment and undergo any change.

AVAILABILITY OF TREATMENT

There are centres in London, Bristol, Birmingham, Cambridge, Coventry, Liverpool, and Edinburgh. Referral is from within the clinic services, by letter from general practitioners, social services, probation and youth services, or self referral, by visit, phone call, or letter. Because of the limit to the service we can offer, most centres ask for an assessment interview with a social worker or counsellor to decide with the client whether we can offer them suitable treatment. Because of the pressure of numbers, we often have to refer to other agencies. Waiting time varies from one to two weeks to two to three months—which is not satisfactory for someone who has picked up courage to ask for help, and may be desperate. At some centres—for example, London and Bristol—there is a small charge of £3-£5 for a consultation. This does not cover the costs of the service but establishes the client's willingness to contribute and keep an appointment. It is waived in cases of hardship, or for students or those on social security.

TREATMENT OFFERED

The treatment that is offered varies from centre to centre. It may be brief, focal psychotherapy for an individual or couple. At Coventry co-therapy for couples with serious sexual and personality difficulties has been available in the past year. At Birmingham there is a well-organised multidisciplinary group of doctors, nurses, social workers, and psychologists who meet to discuss their work and develop their skills. A social worker sees clients initially for assessment and allocates them to an appropriate therapist. In Bristol there are no social workers in the team and counselling is done by doctors trained by the Institute of Psychosexual Medicine. Edinburgh has had to curtail its special psychosocial counselling services because of financial stringency, but some of the medical staff are continuing to train as therapists, and it is hoped that a fuller service may become possible.

In Liverpool the clinic has to be staffed by "volunteers" for a short session and is fully stretched counselling the young. There is no special psychosocial service yet, as there is no provision, but professional counselling is provided as part of the service, with referral of cases if necessary.

So far all Brook Advisory Centres offer no training for

qualified to treat in such settings and circumstances as its members work. About 1100 doctors have had some training. Since 1974 about half of the trainees have been general practitioners; the male:female ratio is now about 50:50.

BACKGROUND

In 1974 the National Health Service accepted responsibility for family planning. The Family Planning Association, which had carried the administrative responsibility for psychosexual medicine, passed this training function to the senior doctors who had been doing the work, and they formed the institute. In the early 1950s "sex therapy" was unknown, and patients felt less free than now to ask for such help. Certain doctors in family planning found then that many patients chose this setting to seek sexual help. They had found that common sense and semidirective methods of teaching reassurance and giving advice was not enough for most patients and asked Dr Michael Balint to study these phenomena with them. From their pilot study with him existing clinical findings emerged, and Dr Tom Main, another psychoanalyst, accepted responsibility for furthering these studies. As the demand for training expanded he initiated and supervised a pyramid training scheme in which doctors with aptitude from the advanced groups—not, it should be emphasised, psychoanalysts—were trained in group methods to lead groups, making a nationwide training network feasible. Over the years several of these doctors have progressed to lead advanced seminars, and some supervise the training of new basic training leaders.

PHILOSOPHY OF TREATMENT

We find that when patients present to doctors—from whom they hope to get a combination of body care and understanding—their sexual problems are rarely purely physical or purely psychological and almost never a matter of mere physical performance or ignorance. They are usually caused by emotional factors, not always fully conscious, regarding their bodily performance and its confident desires. We find that the truly psychosomatic methods we have developed are particularly appropriate. We apply the insights of brief psychotherapy to the clinical events, including genital examination and the doctor-patient relationship, which are appropriate in the usual few minutes of the clinical encounter. We seek to help the patients to discover for themselves the nature of the uniquely individual blocks that have prevented them from enjoying and trusting their individual instincts with confidence and joy. The methods of treatment and of training are thus tailored to the person rather than to the parts of the body or to the performance. This is why the training may be useful to doctors who seek to treat a wider range of problems than merely sexual dysfunction—problems that occur in the life of an otherwise healthy person whose full potential is inhibited by stress factors that are not fully understood.

Requests for training or for advice about setting up new groups may be addressed to the Director of Training, 111 Harley Street, London W1N 1DG.

Margaret Pyke Centre

As part of the Middlesex Teaching Hospital's department of obstetrics and gynaecology the Margaret Pyke Centre, responsible to the Kensington, Chelsea, and Westminster Area Health Authorities, provides a service for family planning in all its aspects, including vasectomy, infertility, and artificial insemination. It also provides psychosocial medicine and trains doctors, medical students, and nurses. The centre has no rigid approach to or philosophy about patients' problems, and patients do not have to be married. Five or six doctors take the psychosexual

problem clinics. Appointments normally average half an hour to one hour.

Half the doctors are psychiatrists, predominantly with behavioural orientation, including the Masters-Johnson techniques, and do varying degrees of counselling per se, but do not do cotherapy/cojoint therapy—that is, there are no male and female doctor teams, but the doctor may see either one or both partners of a couple. The approach is more "directive" (telling people what to do) in essence and facilitates patients' understanding because the doctors, who are medically trained in the traditional and dogmatic manner, maintain the "expected" safe or authoritarian role with the patient.

The other three doctors are more analytical/Balint oriented and are members of the Institute of Psychosexual Medicine. The psychosexual discipline is non-directive; the importance of the doctor/patient relationship is studied, felt, and the emotions demonstrated, used, and observed by the doctor; and the subconscious aetiology of the problem is explored.

Unlike the conventional method of acquiring a patient's history using a rigid questionnaire, the doctor listens as much as possible to patients expressing their problems freely or notes the inability of patients to express themselves, and in this way picks up valuable leads in to the problem being presented.

PATIENTS

One or both partners of a couple may present, but work is mainly done with the person who is "complaining" rather than the partner who is "through" it, that is, the person who is complaining of emotional pain is treated, or, if both partners are complaining of pain, then both are treated together or separately. Patients from any source (including self-referral) have been accepted on to the long waiting lists and sometimes have had to wait up to six months for an appointment. This is unsatisfactory because, ideally, people should be seen as soon as possible when seeking help and when in acute pain and distress. Many of those offered appointments after delays of six months or more have never kept the appointments. Recently the policy has been changed, and consequently the Margaret Pyke Centre is now seeing only their own clinic patients complaining of sexual problems and these are cross-referred by the general clinic doctor. This is not to say, of course, that a patient referred by a general practitioner either by letter or telephone would not be considered for treatment if the prognosis was good and the patient had been screened as suitable for therapy.

MEDICAL EDUCATION

Medical education at the Margaret Pyke Centre is promoted to a substantial extent, and training in family planning and psychosexual medicine is offered to general practitioners, approved under section 63 with zero rating. There is an introductory one-day course that attempts to show the entire scope of psychosexual medicine but does not qualify a doctor to deal with sexual problems. It is intended to teach the doctor how to recognise sexual problems masquerading under many different guises, make known what alternative treatments are available, and assist interested doctors in "deciding" whether they would like to go on to further training to develop the skills of psychosexual therapy.

For those who wish to train, the Margaret Pyke Centre has a seminar training facility through the Institute of Psychosexual Medicine. This is a two-year junior seminar and subsequently a one to two-year senior or advanced seminar. A year equals three 12-week terms, each term consisting of six seminars held at 14-day intervals with a trained leader who is a doctor. After three to four years, during which time the doctor is expected to see "patients" and present sexual problem cases for discussion and study to the seminar, applications may be

general practitioners. Our work is largely clinical and expanding, and we try to make ongoing consultations available for the staff involved in the work and encourage them to attend clinical meetings, but training is provided by outside organisations.

The demand for help with psychosocial problems is enormous. Without careful selection of cases that are likely to respond to treatment the work of the centres would be swamped. But conversely, patients presenting at routine sessions with sexual problems and anxieties can often be helped dramatically with a short consultation of 10-15 minutes, particularly in the early stages if they are seen by trained, perceptive, and sympathetic staff, rather than needing referral to a "special clinic," and this is the type of treatment that is becoming more available in general practice as more doctors are becoming trained.

Brook Advisory Centres

Birmingham
9 York Road, Birmingham B16 9HX; 021-455 0491.
Aston Brook Centre (students only)
Student Health Centre, University of Aston, Gosta Green, Birmingham B4 7EP; 021-359 3611, ext 299.
Coventry Brook Centre
Top Floor, 8-10 Albert Street, Birmingham B4 7UD; 021-643 5341.
Handsworth Brook Centre
102 Handsworth Road, Handsworth, Birmingham B19 1DG; 021-554 7553.
Salfrey Brook Centre
1 Washwood Heath Road, Salfrey, Birmingham B8 1SH; 021-328 4544.

Bristol
Brook Advisory Centre (Avon)
21 Richmond Hill, Clifton, Bristol BS8 1BA; 0272 36657.

Cambridge
Cambridge Advisory Centre for Young People
53 Clarendon Street, Cambridge; 02233 55003.

Practice Research

Repeat prescribing for elderly patients

A J TULLOCH

"One of the first duties of the physician is to educate the masses not to take medicines."

Sir William Osler

In caring for patients when drug treatment is indicated a prescription is issued by the doctor that may be renewed if necessary at a later consultation. A repeat prescription, however, can be issued for chronic disorders without a consultation being made on every occasion. This is convenient to the patient and the doctor alike, but it may lead to drugs being issued for a long time without an appropriate review being made. Many such prescriptions are given to the elderly, and so I decided to

review my own repeat prescribing for patients aged 65 years or more to assess how appropriate the drug treatment was.

For this study a repeat prescription was one that had been issued at regular intervals (usually monthly) for more than three months and did not include occasional repeats given at long intervals—for example, to patients with periodic dyspepsia. The objectives of the study were (a) to analyse the drugs issued on repeat prescription to patients aged 65 years or more over six months; (b) to review the justification for treatment in each patient; (c) to estimate (i) the annual cost of repeat prescriptions in this group and (ii) the possible savings for the National Health Service if prescribing drugs that were no longer justifiable was stopped.

Practice and study population

The practice had almost 10 000 patients at the time of the study who were looked after by four partners and a trainee.

Bleicester, Oxford

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