Practical ways of alleviating auditory hallucinations

Hazel E Nelson, Sian Thrasher,
Thomas R E Barnes

Academic Unit, Charing
Cross and Westminster
Medical School, Horton
Hospital, Epsom, Surrey
KT19 8PZ
Hazel E Nelson, PhD,
principal clinical psychologist
Sian Thrasher, BSc, graduate
psychologist
Thomas R E Barnes, MD,
senior lecturer

Correspondence to:
Dr Nelson.

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In selected patients auditory hallucinations have been found to respond to several non-pharmacological interventions,¹ among the simplest of which are the use of an ear plug,² the use of a personal cassette recorder,³ and various vocalisation tasks.⁴ We evaluated the acceptability and efficacy of these interventions in patients with chronic schizophrenia.

Patients, methods, and results

We studied 20 consecutive patients with chronic schizophrenia (17 inpatients and three outpatients) who had been referred for non-pharmacological treatment of persistent auditory hallucinations. All were receiving maintenance treatment with antipsychotic drugs.

We tested three treatments: (a) ear plugs—the patient inserted a wax ear plug into one ear; (b) subvocal counting—the patient repeated a simple number sequence (for example, 1 2 3, 1 2 3, . . .) under his or her breath; and (c) a personal cassette player—the patient listened to music through the headphones of a portable cassette player. (Patients could use the cassette player for pleasure as well as for treatment, and it was made clear that keeping the player was not contingent on its use or success as a treatment.) The treatments were introduced separately in the order ear plug, subvocal counting, and cassette player. The patients were advised to use each treatment during the week after its introduction whenever the voices became troublesome. The effects of the treatment were evaluated from the patient's subjective report. At regular follow up appointments (at least monthly) we noted whether the patient continued to use any of the treatments to alleviate the hallucinations.

The table shows the immediate effects of the treatments and their long term use. All three patients who refused any treatment described their hallucinations as unpleasant in content but of great significance. One patient stopped treatment with the cassette player when his voices threatened him for trying to stop them. Only one patient reported that none of the treatments was effective. In most cases the beneficial effects of

treatment were limited to the period of use and shortly thereafter. Five patients, however, reported a more general effect of treatment on the frequency or intrusiveness of their hallucinations; two of these said that the hallucinations disappeared completely for several months after they used the ear plug.

Immediate effectiveness and long term use of treatments in 20 cases

	One or more treatments	Ear plug	Subvocal counting	Cassette player
Patients attempting treatment	17	13	8	15
Patients reporting some immediate beneficial effects	16	8	5	14
Patients using treatment long term	11	4	2	7

Comment

The cassette player was the most popular and effective treatment, but headphones may restrict social interaction and are not always socially appropriate. Although wearing an ear plug was preferred by fewer patients, it has the advantage of being compatible with any other activity. Subvocal counting was the least popular treatment; an easier subvocal task for future use may be singing quietly to oneself. The cassette player and ear plugs probably involve two processes important for relieving auditory hallucinations¹—namely, shifting attention and reducing anxiety—and subvocal counting may work by disrupting the subvocal activity that is concomitant with the voices. Whatever the theoretical arguments, auditory hallucinations can be a persistent and distressing symptom so these simple, cheap, and practical ways of alleviating them may be useful adjuncts to antipsychotic drugs. That they are non-invasive and carry no risk of adverse reactions or side effects are additional attractions.

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Quality of prescribing of intravenous antibiotics in a district general hospital

Miles Denton, Marina S Morgan, Ruth R White

Department of
Microbiology, Walton
Hospital, Liverpool
L9 1AE
Miles Denton, BM, senior
house officer
Marina S Morgan, MB,
registrar
Ruth R White, MB, senior
registrar

Correspondence to:
Dr M Denton, Department
of Microbiology, Old
Medical School, Leeds
LS2 9JT.

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The number of patients being admitted to hospitals is increasing and treatment is becoming more intensive. In one study the use of intravenous cannulas increased by 150% from 1981 to 1989 yet junior medical staffing levels increased by only 8% over the same period.¹ Thus junior medical staff are spending more of their time performing procedures relating to intravenous treatment, and it has been suggested that hours and conditions could be improved by redistributing some of these tasks to non-medical staff, as is practised in many European countries.² We carried out a survey to

assess the participation of nursing staff in giving intravenous antibiotics and the effect this had on quality of prescribing.

Patients, methods, and results

The survey was carried out over one complete week during winter 1989-90 in a district general hospital with 570 beds distributed among 10 disciplines, including a supraregional referral centre for neurosciences and two intensive therapy units. Data were collected by three junior microbiology staff, in collaboration with pharmacy staff, on all inpatients who had been prescribed intravenous antibiotics. The staff recorded the drug prescribed, its dose and frequency, the times it was due to be given (as stated on the prescription chart), the presence or absence of the signature of the person who gave each individual dose, and the discipline of the person who gave the drug. We then calculated the average times between doses for