Trial of Mefruside

Sir,—Drs. W. H. R. Auld and W. R. Murdoch (25 December 1971, p. 786) have clearly demonstrated the differing actions of mefruside and frusemide. The diuretic response to mefruside is similar to that of hydrochlorothiazide and other diuretics, whereas frusemide produces a more rapid diuresis for certain physical illnesses were originally offered, and it was felt that some attempt should be made to detect mental illness, a major public health problem, at such clinics. A short inventory of 13 items together with seven buffer items had been shown to distinguish effectively between normal people and psychiatric patients, regardless of diagnosis. A total of 4,319 people took this mental health test at the Rotherham screening clinics in 1966 and 1967. The value of the test results was investigated by means of a psychiatric interview and further personality assessment using the Minnesota Multiphasic Personality Inventory (M.M.P.I.). A high degree of agreement was found between the screening test results and these further investigations. In 1966 the clinic was organized on an open door principle and clients stopped around to choose the test they wished to take. This meant that known psychiatric patients were included. In 1967 the clinic was by appointment only and clients were asked about previous mental illness, and if the answer was in the affirmative the interview was excluded. The accuracy of the test was equally high on both occasions.

Mental health screening was also used in a country general practice multiple-screening clinic. On this occasion 961 clients took the mental health test. The test was again checked by the M.M.P.I. and the general practitioner's assessment. The validity was again found to be high, as in the Rotherham studies. The studies quoted above show that the problems involved in identifying false positives and false negatives. We found that the mental health test was most sensitive in registering conditions of anxiety, depression, and other mental symptoms, not surprisingly, uncovered a lower than expected rate of schizophrenia and psychopathic disorder.

It is sometimes suggested that screening for mental health is not a practical proposition. Nevertheless, the magnitude of the mental health problem is such that techniques should be investigated. The test referred to here is simple and cheap to use. It has been found to be useful in local authority and general practice multiple-screening clinics. In Rotherham county borough (population 100,000) procedures for certain physical illnesses were originally offered, and it was felt that some attempt should be made to detect mental illness, a major public health problem, at such clinics. A short inventory of 13 items together with seven buffer items had been shown to distinguish effectively between normal people and psychiatric patients, regardless of diagnosis.

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It is sometimes suggested that screening for mental health is not a practical proposition. Nevertheless, the magnitude of the mental health problem is such that techniques should be investigated. The test referred to here is simple and cheap to use. It has been found to be useful in local authority and general practice multiple-screening clinics involving over 5,000 subjects. Though agreeing with Eastwood that screening for psychiatric disorder remains in an experimental phase, we feel that in selected practices where there is sufficient enthusiasm psychiatric screening can be included.—We are, etc.,

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2 Kleinfield, G., German Medical Monthly, 1963, 8, 459.
5 Rast, E., and Bosl, J., Stoffwechsel, 1966, 2, 990.

Screening for Mental Disorder

Sir,—The leading article on this subject (25 December 1971, p. 763) describes the increasing interest being taken in psychiatric screening. Recently we have carried out mental health screening procedures in both local authority and general practice multiple-screening clinics. In Rotherham county borough (population 100,000) procedures for certain physical illnesses were originally offered, and it was felt that some attempt should be made to detect mental illness, a major public health problem, at such clinics. A short inventory of 13 items together with seven buffer items had been shown to distinguish effectively between normal people and psychiatric patients, regardless of diagnosis. A total of 4,319 people took this mental health test at the Rotherham screening clinics in 1966 and 1967. The value of the test results was investigated by means of a psychiatric interview and further personality assessment using the Minnesota Multiphasic Personality Inventory (M.M.P.I.). A high degree of agreement was found between the screening test results and these further investigations. In 1966 the clinic was organized on an open door principle and clients stopped around to choose the test they wished to take. This meant that known psychiatric patients were included. In 1967 the clinic was by appointment only and clients were asked about previous mental illness, and if the answer was in the affirmative the interview was excluded. The accuracy of the test was equally high on both occasions.

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2 Orme, J. D., British Medical Psycholo,

Hospital Advisory Service

Sir,—I am grateful to Sir Desmond Bonham Carter for the important points he has raised in his letter (18 December 1971, p. 746). I would like to thank him for his advocacy of advisory services generally. I agree with his comment that it is important that an advisory team should be regarded by those visited as one of "us" rather than view the consulting doctor as an external body. Equally I agree that one of the most valuable aspects of the advisory service is the stimulus it gives to critical self-examination and the opportunity to contribute to the general pool of experience and knowledge. I do not agree, however, with his proposal that the Hospital Advisory Service should become part of the Department of Health. I think there would be a