studies suggest that the beliefs and values of people in lower socioeconomic groups, such as their tolerance and acceptance of the behavioural and social aspects of the disorder\textsuperscript{18} and their sense of low control or powerlessness,\textsuperscript{19} may help to explain the observed socioeconomic inequalities.

A “contact” study found that low social class at birth increased the duration of untreated psychosis.\textsuperscript{2} If, as we suspect, people with schizophrenia from lower social classes are not presenting to family doctors, those with the least financial resources and opportunities for employment may be the most exposed to the adverse effects of untreated psychosis. This delay may, at least partially, explain why people from lower social class have a less favourable outcome.\textsuperscript{3} Efforts to reduce the duration of untreated psychosis through earlier detection should be particularly focused on people in lower social classes. In addition, researchers should be careful to adjust for social class at birth if using age at first presentation as a measure of age at onset of schizophrenia.

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Contributors: EC and FM initiated and designed the study in collaboration with MB and NT. FM, NT, and PF did the statistical analyses. FM and MB collected and validated the data. FM, EC, NT, and CL wrote the first draft of the paper and all authors participated in the interpretation of the results and editing the paper. EC is the guarantor.

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Scotland (population 5.1 million), correcting for estimated age related prevalence.$^6$

**Methods and results**

The Scottish Morbidity Record for acute hospital discharges (SMR01)$^3$ was used to identify all episodes of trabeculectomy, including phaco-trabeculectomy (OPCS4 code C60.1) between 1989 and 1999. Data were also obtained on cataract operations and newer surgical procedures (argon laser trabeculoplasty and diode laser cyclophotocoagulation). Data derived from prescriptions from general practitioners in Scotland were analysed by categorising the data into the five classes of glaucoma treatment defined in the British National Formulary (section 11.6)—miotics, sympathomimetics, topical β blockers, carbonic anhydrase inhibitors, and prostaglandins—by cost and volume for 1994 to 1999 (the period for which data were available). Three drugs introduced after 1994—latanoprost, dorzolamide, and brimonidine—were analysed separately. The population likely to have glaucoma was estimated from census data, using a model based on published epidemiological data.$^5$

The annual number of trabeculectomies increased from 1292 in 1989 to 1855 in 1995 and then fell to 951 in 1999. Over the same period, cataract operations increased by 98%, from 10 049 to 19 981 per year. We also excluded argon laser trabeculoplasty and laser cyclophotocoagulation operations because only 144 and 64, respectively, were performed and the number varied considerably from year to year.

The number of items prescribed per 1000 patients with glaucoma increased from 7952 to 9930 (24.9%) between 1994 and 1999; this increase was higher than the general increase in prescribing (17.8%). Prescribing of topical β blockers increased by only 6.4%. The large increase in prescribing of new products was at the expense of older drugs—for example, there was a 47.7% fall in prescriptions for miotics. These changes resulted in a 61.5% increase in the cost of topical glaucoma treatments—by 1999 new drugs accounted for more than half of all this expenditure. Operation rates fell by 45.9%, from 46 per 1000 patients with glaucoma in 1994 to 24.8 per 1000 patients with glaucoma in 1999 (table).

Other indices of ophthalmic activity increased. The number of eye tests increased from a total of 614 447 in 1995 to 657 213 in 1999 (6.5%) and from 46 845 in 1995 to 57 894 in 1999 (23.6%) for patients with glaucoma or their relatives; the numbers of optometrists increased from 979 in 1995 to 1343 in 1999 (37.2%); and the whole time equivalent of ophthalmic surgeons increased from 167 in 1995 to 182 in 1999 (8.2%).

**Comment**

Three new classes of drugs used to treat glaucoma had a dramatic effect on the pattern of prescribing and the rate of operations in Scotland. It is unclear whether the new topical treatments are as effective as each other and, more importantly, whether they prevent, or just delay, the need for surgery. Statistics on other aspects of ophthalmic health care did not support the theory that changes in the detection of cases accounted for the reduction in glaucoma surgery, since the numbers of eye tests, optometrists and surgeons all increased in the study period.

Contributors: DNB was responsible for the original concept and developed this in collaboration with AB and MB. Analysis of the database was carried out by RC and JF, who also took part in the initial discussions on the study. The manuscript was drafted by DNB and modified following discussion with all other authors. DNB and MB are the guarantors of the study.

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