

Rates of reported bullying behaviours and differences by ethnic group and gender

	Overall bullying rate % (No)	Difference in bullying rate between black and Asian and white doctors % difference (95% CI)	Difference in bullying rate between female and male doctors % difference (95% CI)
Persistent attempts to belittle and undermine your work	40 (232/582)	+8 (0.98 to 2.03)	+9 (1.06 to 2.08)
Persistent unjustified criticism and monitoring of your work	37 (213/580)	1–5 (0.56 to 1.20)	+7 (0.95 to 1.87)
Persistent attempts to humiliate you in front of colleagues	34 (198/580)	+4 (0.82 to 1.73)	+13 (1.24 to 2.50)
Intimidatory use of discipline/competence procedures	17 (101/582)	+3 (0.76 to 1.92)	+5 (0.93 to 2.22)
Undermining your personal integrity	30 (174/578)	0 (0.66 to 1.45)	+16 (1.49 to 3.11)
Destructive innuendo and sarcasm	43 (250/581)	+3 (0.77 to 1.59)	+13 (1.14 to 2.22)
Verbal and non-verbal threats	18 (107/582)	+7 (0.96 to 2.33)	+4 (0.83 to 1.96)
Making inappropriate jokes about you	28 (160/582)	+9 (1.09 to 2.36)	+9 (1.07 to 2.26)
Persistent teasing	21 (122/582)	–4 (0.49 to 1.22)	0 (0.66 to 1.48)
Physical violence	0 (2/580)	–1 (–)	0 (–)
Violence to property	2 (10/580)	0 (0.43 to 5.62)	–3 (0.05 to 1.14)
Withholding necessary information from you	20 (114/580)	+6 (0.97 to 2.31)	–2 (0.58 to 1.32)
Freezing out/ignoring/excluding	31 (179/581)	+7 (0.94 to 2.01)	+2 (0.76 to 1.53)
Unreasonable refusal of applications for leave, training, or promotion	24 (142/582)	+12 (1.25 to 2.80)	–2 (0.62 to 1.34)
Undue pressure to produce work	39 (224/580)	+13 (1.78 to 2.43)	–1 (0.69 to 1.36)
Setting of impossible deadlines	31 (179/580)	+4 (0.82 to 1.80)	+1 (0.75 to 1.51)
Shifting goalposts without telling you	32 (188/582)	–2 (0.62 to 1.36)	+2 (0.77 to 1.55)
Constant undervaluing of your efforts	28 (164/582)	+2 (0.71 to 1.60)	+11 (1.20 to 2.51)
Persistent attempts to demoralise you	17 (96/580)	+4 (0.83 to 2.11)	+9 (1.22 to 3.05)
Removal of areas of responsibility without consultation	13 (73/580)	–2 (0.47 to 1.41)	–2 (0.49 to 1.31)
Discrimination on grounds of race or gender	15 (88/580)	+21 (2.74 to 7.10)	0 (0.59 to 1.50)

We should interpret these findings cautiously. The study relied on self reports of bullying, and a higher response rate would have been desirable. Nevertheless, the findings suggest that disturbingly high levels of bullying and mistreatment during training are part of many junior doctors' perceptions and experience.

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Drug points

Neuropsychiatric complications of nevirapine treatment

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Nevirapine is a non-nucleoside reverse transcriptase inhibitor used to reduce the viral load in HIV infection. Its side effects include hepatotoxicity, gastrointestinal symptoms, and dermatological reaction.¹ Efavirenz, another non-nucleoside reverse transcriptase inhibitor, has a similar structure to nevirapine and can cause insomnia and psychotic reactions.¹ We report three cases of neuropsychiatric sequelae to nevirapine in patients with HIV infection but no history of mental illness. Medline, Embase, and PsychLIT list no reported cases.

Within two weeks of starting nevirapine a 35 year old man developed low mood and had to stop working because of cognitive impairment and clouding of consciousness. He was admitted after taking an overdose of nevirapine and the treatment was stopped. Five days later, fearing that nursing staff would kill him, he leapt through a third floor window. As the temporal connection to his deterioration was unclear, nevirapine treatment was restarted. After a two week period of lucidity, he experienced a fluctuating course of impaired consciousness,

labiality of affect of treatment, and visual hallucinations. Nevirapine was withdrawn and within three weeks he was asymptomatic.

In another case, a 36 year old woman experienced delusions of persecution and infestation within two weeks of starting nevirapine treatment. Command hallucinations led to an impulsive suicide attempt. In a third case, a 42 year old woman developed persecutory delusions and depressive thoughts 10 days after starting nevirapine. Treatment with antipsychotic drugs was stopped in both of these cases after several weeks (risperidone, four weeks, and olanzapine, three weeks, respectively). Both patients remained asymptomatic, indicating that a degenerative process was not involved.

These three cases depict a delirium, an organic affective state, and an organic psychosis.² The time the patients started nevirapine treatment was clearly related to the evidence of symptoms, and all cases resolved on withdrawal of nevirapine. All cases were reported to the Committee on Safety of Medicines and the manufacturers.

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