LETTERS TO THE EDITOR

Preference is given to letters commenting on contributions published recently in the *JRSM*. They should not exceed 300 words and should be typed double spaced

Prevention of post-traumatic stress disorder

It is not clear, when Martin Deahl asserts that 'primary prevention techniques have not been evaluated in randomized controlled trials' (October 1998; *JRSM*, 531–533), whether he is referring to the primary prevention of post-traumatic stress specifically, or psychiatric disorder in general. While still rare, such research into primary prevention of other psychiatric disorder does exist—for example, an educational package designed to prevent eating disorders amongst adolescent girls[1]. This study found that dietary restriction was greater at follow-up amongst the girls who received the primary prevention package than in the controls, prompting the authors to ask whether primary prevention might do more harm than good.

The lesson repeatedly found from reviews of primary prevention research[2] is that, if the package is designed to prevent a specific disorder (for example, post-traumatic stress disorder) this is not as helpful as interventions tailored to raise the general mental health of the targeted population. Yet Dr Deahl does not explicitly advocate mental health promotion, and appears to be focusing his arguments instead on specific primary prevention of PTSD.

There are many reasons why health promotion, which is a more general attempt to improve fitness and so prevent a gamut of disorders, is likely to be more effective than specific prevention measures, which aim only to reduce the incidence of a particular disorder. One is that exposure to stress renders a person more vulnerable to various ills, not just one. Another reason is that vulnerability to illness is the end-result of many different pathways of interaction between personality, background and experience, which primary prevention is ill-placed to anticipate precisely. Coping skills are a repertoire, contrasting ones being needed at different times; also, the ability to appraise which are needed, and when, is vital. So education in just one or two coping skills is unlikely to be of real benefit. Indeed any coping skill used inappropriately could do more harm than good.

This was perhaps what the group who evaluated the eating disorder prevention package found; merely educating people about a specific illness may still not teach them all they need to know about how not to get it. So preventing post-traumatic stress may entail more than just educating high-risk groups about anxiety and trauma, but should also perhaps include messages about mental health promotion in general.

The danger, reflected in Dr Deahl's paper, lies in excessive emphasis on specific prevention of post-traumatic stress. An Australian prevention package[3] consisted of distributing a pocket card on which the acronym TRAUMA was used as a mnemonic for education about PTSD symptoms, but not much else was imparted about more general mental health promotion.

Having sounded this warning, I must add that Dr Deahl is one of the few psychiatrists far-sighted and courageous enough to begin openly discussing primary prevention as the better solution to mental health problems in communities, rather than remaining locked into treatment models, as the rest of psychiatry still seems to be.

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1 Carter JC, Stewart AD, Dunn VJ, Fairburn CG. Primary prevention of eating disorders: might it do more harm than good? *Int J Eating Disord* 1997;**22**:167–72

2 Jenkins R, Bedirhan Ustun T. *Preventing Mental Illness: Mental Health Promotion in Primary Care.* Chichester; John Wiley, 1998

3 Meldrum L, Raphael B. *Trauma Information Card.* Monel Print, Department of Psychiatry, University of Queensland, 1994

Thrombosis in airline passengers

With reference to the editorial by Professor Forbes and Dr Johnston (November 1998 *JRSM*, pp. 565–566) it is hard to quantify pulmonary embolism in airline passengers, since the embolus may not manifest itself until some time after disembarkation when the passenger may have travelled to some far-flung place. Neither passenger nor general practitioner may link the incident with the flight; and, even if the link is made, there seems to be no method for reporting and collating the information. Furthermore, the Office for National Statistics is not inclined to accept deep vein thrombosis as the necessary pathological antecedent of pulmonary embolism, and when death is certified due to pulmonary embolism an external cause is seldom specified—except perhaps surgical operation.

Forbes and Johnston recommend avoidance of dehydration for those at high risk. Work done at the RAF Institute of Aviation Medicine suggests that dehydration in flight is peripheral, with little change in intracellular fluid balance (Bagshaw M, personal communication); thus, consumption of large amounts of fluid, currently advised to reduce the incidence of deep vein thrombosis in air travellers, can lead to diuresis which is then counterproductive.

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Dog bites to the face

I agree with Mr Javaid and colleagues that dog bites to the face are best managed by primary repair (August 1998 *JRSM*, pp. 414–416). At Gloucester Accident Unit during 1973–1974 I treated three cases of dog bites to the upper lip, fairly deep, wide and involving the superficial muscle layer. The wounds could not be closed by ordinary suturing. After prophylactic Penidural and tetanus toxoid all three were treated within three to four hours of injury by primary application of a Wolfe graft taken from the front of the forearm. Healing occurred without any secondary infection within ten to fourteen days with 100% graft uptake. One patient seven years later developed slight bowing of the upper lip and was referred to Frenchay Hospital, Bristol, for further treatment.

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Interactive television and the NHS

Few would disagree with Dr McLaren and Professor Wootton's conclusions that telemedicine requires close evaluation before incorporation in the National Health Service (October 1998 *JRSM*, pp. 510–511)—though in relation to economic evaluations there have been particular difficulties in achieving precise costings on small-scale experimental services. What did surprise us in the editorial was a reference to our own