

Diseases that divide a continent

The same complaint will receive a variety of diagnoses and prescriptions across Europe

A 20-year-old woman suffering from tiredness, headaches, dizziness, poor sleep, heart palpitations and general ill-health who consults her doctor will be treated differently in different European countries.

If she lives in Dover her doctor will probably diagnose anxiety or depression, and prescribe either an antidepressant, or refer her for counselling. If she lives in Calais, then she is likely to be given a minor tranquilliser and homeopathic treatment. If she visits a doctor in Dortmund, however, he will most likely diagnose a "myocardial insufficiency", or low blood pressure — a physical rather than a mental-health problem. She may receive small doses of a cardiac drug such as digoxin, and be referred for physical therapy such as massage.

Writing in the current issue of the *British Medical Journal* two Dutch psychiatrists, Dr Jim van Os and Dr Jan Neeleman draw attention to the extraordinary diversity in diagnosis, prescriptions and legislation in European psychiatric practices.

The French have double the alcohol-related problems that we do (but then they consume twice as much alcohol). More baffling is the suicide rate in Hungary, which is five times higher than in the UK. One possible explanation is that Hungarian doctors are not very successful in detecting depression.

Such differences are backed up by data, collected by the Office of Health Economics, which record the 20 most frequent diagnoses, and the 20 most frequently used prescriptions in general practices across the EC. Antidepressants are popular in Britain, but do not make the top 20 in France or Germany. The French will probably prescribe minor tranquillisers.

Dr van Os and Dr Neeleman also found dramatic differences in attitudes to drug addiction. Some countries see it as a disease, others as criminal behaviour, and others as a lifestyle. Possession of drugs with a view to use is largely decriminalised in Holland and Spain, but not in Britain, Finland or Ireland, where it can lead to a prison sentence. Methadone, a substitute for heroin, is used for drug maintenance programmes in Holland, and for heroin withdrawal in this country, but it is little used in France and is almost unknown in Scandinavia and Eastern Europe.

Perhaps the most disturbing difference relates to attitudes. In Britain prevention of suicide remains one of the fundamental goals of psychiatric care. Both the law and professional opinion is opposed to euthanasia. In Holland, however, although euthanasia is illegal, a blind eye can be turned to what is not an uncommon procedure.

While the Channel Tunnel may bring us closer to Europe, vast differences remain in medicine and psychiatry despite the moves to harmonise them.

DR SIMON WESSELY

● The author is Senior Lecturer at the Institute of Psychiatry.

**GET IN
YOUR
CLIENTS
POCKET.**

If you want your
company's name in
your clients pocket
phone 0582 422 793
or fax 0582 456 097
122941

