Venous thromboembolism prophylaxis – beware of potential risks
Van Zyl et al’s study highlights the importance of increased awareness of venous thromboembolism (VTE) in mental health services for older people. However, it is also important to be aware of the risks of thromboprophylaxis within this setting. The authors claim that the incidence rates of VTE in older age mental health services were comparable with those in general hospitals. However, it does not follow from this that the same approaches for VTE screening and thromboprophylaxis used in general hospitals should be applied, particularly with respect to the risks of thrombocytopenia and bleeding from prophylactic low molecular weight heparin, which may be exacerbated in mental health in-patient settings, where the average length of stay is likely to be longer than in an acute medical unit.

Further evidence should be sought before such VTE prevention strategies are widely implemented in mental healthcare settings, lest they lead to patient harm.

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Diverse response from psychiatrists to CTOs
I thank Dr Lawton-Smith for his comments on our paper on community treatment orders (CTOs)1,2 I find it necessary, however, to emphasise that we never implied that all psychiatrists like the new CTOs. In fact, we merely pointed out that they have been used much more than the Department of Health anticipated. In that sense they have been popular with practising psychiatrists.

We are fully aware that many psychiatrists in England and Wales are uneasy with the legislation. I also agree that the recent Burns et al paper3 may well cause a reduction in CTOs used.

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The risk in risk assessment
Szmukler et al3 should be warmly congratulated on their clear, authoritative critique of the recent developments in the law of