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Dear Dr Miller,

As members of the Critical Psychiatry Network, we were disappointed by the conference committee's decision not to run the symposium entitled 'Re-evaluating antipsychotics- time to change practice?' We are writing to seek clarification of why that happened.

The symposium was set up to discuss recent research findings which suggest that long-term antipsychotic treatment is associated with some important physical and functional disadvantages. Lex Wunderink, lead researcher on the Dutch First Episode (FE) study, was lined up to speak about the first ever long-term follow up results of a randomised antipsychotic treatment trial, which revealed that maintenance treatment was associated with lower rates of social recovery than discontinuation. Robin Murray had agreed to talk on the accumulating imaging evidence that antipsychotics are associated with brain shrinkage and is well known for his psychosis research.

The subject is topical and we are confident that members of the College would have welcomed the opportunity to hear and question the speakers, especially Lex Wunderink, who is not based in the UK, and has not yet presented the Dutch study findings at a major meeting here to our knowledge. This study, coupled with the imaging data, suggest that there is a need for rethinking maintenance antipsychotic treatment, a practice which is routinely recommended and constitutes standard treatment for people with schizophrenia or psychotic disorders.

Patients, carers and members of the public also know about this research, and are understandably extremely concerned. They have every reason to be interested, and to ask how the profession is responding. We believe the profession has a responsibility to take a lead in developing new approaches to antipsychotic use, something that would provide an opportunity for working collaboratively with service users.

These were the reasons behind proposing the symposium. We appreciate there must have been many other interesting suggestions, but we find it difficult to believe that any subject is

more important than a discussion of evidence that sheds new light on one of psychiatry's most widely accepted treatment practices. We would therefore very much welcome clarification of the reasons behind the committee's decision.

In addition, since it appears that the topic will not be addressed at the annual meeting, we wondered if the College had thought about holding another event for the dissemination and discussion of this recent evidence and its clinical implications. If so, we would be happy to publicise the event to our colleagues and other members of CPN.

Yours sincerely,

Joanna Moncrieff, Hugh Middleton, Sami Timimi, Rhodri Huws, Philip Thomas, Alison Summers, Pat Bracken, Daniel Moldavsky, Navjyot Chhina, Eric Windgassen, Suman Fernando, Bob Johnson, James Rodger, Anna Ludvigsen, Aspa Paspali, Reza Hashim, Nihal Fernando, Chris Douglas, Jon Jureidini, Charles Whitfield, Carl Beuster, Brain Martindale, Cornelius Nevradakis, Peter Roots, Derek Summerfield, Begum Maitra, Tomasz Pierscionek, Prasanna da Silva, Rex Haigh, David Yeomans, Tim Knight, Daniela Moldavsky, Katrin Edelman, Graham Behr, Neil Wellappili