tal policy or the lack of it may also be relevant. Anecdotally ward environment, culture and staffing levels may influence prescribing decisions. While Ito *et al.* did not assess environment or staffing levels, they did assess nursing attitude and found that nurses endorsing the statement that 'I would like to ask a psychiatrist to increase the current dosage or add another drug' significantly influenced prescribing.

Routine physical health monitoring of patients taking antipsychotic medication was poorly adhered to, especially at hospital two. It is possible that patient factors such as lack of patient cooperation may have influenced these figures,[16] but not to the degree noted, and the similarity in demography of patient characteristics would not account for the significant variation between hospitals. This level of monitoring is not consistent with the increasing awareness of the physical health consequences of serious mental illness[17] and potential psychotropic medication side-effects such as diabetes, cardiac arrhythmias, galactorrhoea and tardive dyskinesia. All hospitals fell below the standard obtained in a recent community sample.[18]

Conclusion

There is considerable variation in prescribing practice in the hospitals we audited. While some factors we identified, such as high dosage, polypharmacy and off-label prescribing, may be indicators of poor practice, poor record keeping precluded further analysis. Another putative quality indicator is monitoring rates for atypical antipsychotics. Paradoxically, we found that the hospital with the greatest use of atypical antipsychotics had the poorest monitoring rate.

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