- 47 Meyer JM, Koro CE. The effects of antipsychotic therapy on serum lipids: a comprehensive review. Schizophr Res 2004: 70: 1–17.
- 48 Marder SR, Essock SM, Miller AL, Buchanan RW, Casey DE, Davis JM, et al. Physical health monitoring of patients with schizophrenia. Am J Psychiatry 2004; 161: 1334–49.
- **49** Brown S, Inskip H, Barraclough B. Causes of the excess mortality of schizophrenia. *Br J Psychiatry* 2000; **177**: 212–7.
- 50 Lichtermann D, Ekelund J, Pukkala E, Tanskanen A, Lonnqvist J. Incidence of cancer among persons with schizophrenia and their relatives. Arch Gen Psychiatry 2001; 58: 573–8.
- 51 Zwar N, Richmond R, Borland R, Peters M, Stilman S, Litt J, et al. Smoking cessation Pharmacotherapy: An Update for Health Professionals. Royal Australian College of General Practitioners, 2007.
- 52 Department of Health. Choosing Health: Making Healthier Choices Easier. Department of Health, 2004.

- 53 David SP, Brown RA, Papandonatos GD, Kahler CW, Lloyd-Richardson EE, Munafo MR, et al. Pharmacogenetic clinical trial of sustained-release bupropion for smoking cessation. *Nicotine Tob Res* 2007; 9: 821–33.
- 54 Lerman C, Jepson C, Wileyto EP, Epstein LH, Rukstalis M, Patterson F, et al. Role of functional genetic variation in the dopamine D2 receptor (DRD2) in response to bupropion and nicotine replacement therapy for tobacco dependence: results of two randomized clinical trials. Neuropsychopharmacology 2006; 31: 231–42.
- 55 Shearer J, Shanahan M. Cost effectiveness analysis of smoking cessation interventions. *Aust N Z J Public Health* 2006; **30**: 428–34.
- 56 Cornuz J, Pinget C, Gilbert A, Paccaud F. Cost-effectiveness analysis of the first-line therapies for nicotine dependence. Eur J Clin Pharmacol 2003; 59: 201–6
- 57 Bertram MY, Lim SS, Wallace AL, Vos T. Costs and benefits of smoking cessation aids: making a case for public reimbursement of nicotine replacement therapy in Australia. *Tob Control* 2007; 16: 255–60.



## From patient to service user

## **David Brunskill**

For doctors, trained and privileged to accept varying degrees of responsibility for another's health problems, changing the terms can feel like a loss of personal identity for both parties. Recovery-oriented practice highlights the importance of the language we use and its relationship to personal meaning, and has much to offer.

However, its scope can make a cow-catcher on the front of a road train look discriminating. If we discard traditional language, do we risk terminally betraying our medical roots and their values? Would doing so not simply confirm the perceived divisions between mental and physical health, and inadvertently compound stigma?

The British Journal of Psychiatry (2010) 196, 353. doi: 10.1192/bjp.196.5.353