The results are compatible with the free radical hypothesis of dyskinesia, which contributes to the low EFA levels seen in dyskinetic men. These abnormalities are present also in individuals who have not been exposed to neuroleptics and who have no psychiatric disorder. Furthermore, supplementation of the diet for 6 weeks with 10 g/day of concentrated fish oil (MaxEPA) resulted in significant amelioration of both schizophrenic symptoms and TD.

**THE RELATIONSHIP BETWEEN PLASMA FATTY ACID CONCENTRATIONS AND MOVEMENT DISORDERS**

A. Nilsson. Department of Clinical Neurosciences, Sahlgrenska University Hospital, Sweden; Karssduen Hospital, PI 4000, S-414 96 Katrineholm, Sweden

It has been postulated that dyskinesia may be attributable to the schizophrenic disease process rather than to its treatment. This is in line with the hypothesis that a putative organic vulnerability may cause dyskinesia to emerge even without exposure to neuroleptics. In the present general population survey of dyskinetic phenomena, no 'a priori' assumption was made of their cause.

Spontaneous and tardive dyskinesias were studied in a random population sample of 446 men, aged 59 years. Dyskinesia (AIMS-score of ≥ 2 in any body part) was seen in 15.1% (n = 74). Dyskinetic men had higher cigarette consumption, more psychiatric morbidity and they were more often exposed to neuroleptics. Dyskinesia was associated with several abnormalities in Essential Fatty Acid (EFA) concentrations in plasma, but the most consistent finding was low arachidonic acid (AA) levels in phospholipids, triglycerides and eicosapentenoic acid (EPA) in the normal diet, was associated with less severe schizophrenic symptoms and particularly less positive symptoms, as well as less tardive dyskinesia (TD).

In the present general population survey of dyskinetic phenomena, the hypothesis that a putative organic vulnerability may cause dyskinesia to emerge even without exposure to neuroleptics, but they also indicate that impaired conversion of LA to AA contributes to the low EFA levels seen in dyskinetic men.

**S59. Psychiatry and the media**

**Chairman: A Clare**

**‘MINDERS’ — A TV YEAR WITH A CMHIT**

Tom Burns. St. George's Hospital Medical Lung, London

Minders was a series of six programmes broadcast at prime time on BBC2 during May and June 1995 to an estimated audience of just under 2,000,000. Most of the programmes were for half an hour although two were extended. Most episodes focused on the experience of an individual patient centering on their contact with the mental health team. The programmes were ground-breaking in the way in which they obtained access to acute mental health crises, including police involvement in compulsory admissions and even the filming of an appeal tribunal against detention.

The reasons for agreeing to take part and the details of agreements between managers, staff and patients will be outlined. The mechanics and ethics of obtaining informed consent were complex. There were a whole series of complications which could not have been foreseen (e.g. dependency on the TV crew, family involvement and rights, differing staff responses and involvement of other patients).

**THE PSYCHIATRIST AS MEDIA INTERVIEWER — FINDING THE LIMITS**

Anthony Clare. Clinical Professor of Psychiatry, Trinity College, Dublin

The growing participation of professional psychiatrists within radio and television raises a number of important ethical questions concerning the limits of enquiry and the exploitation of subjects interviewed. Concerns regarding the abuse of psychiatric power and the devaluation of the image of psychiatry and psychiatrists are considered in this paper as are the similarities and differences between the roles and responsibilities of professional journalists and professional psychiatrists participating in the media. Questions considered include: Are psychiatrists justified in acting as interviewers in the public media? Is a degree of unacceptable manipulation involved in such interviews? How are appropriate limits set to both the content and the method of such interviews? In the light of this experience, the author, himself a psychiatrist who has participated within the British and Irish media for more than twenty years, puts forward certain guidelines which should govern the behaviour of psychiatrists.