CORRESPONDENCE

PAGE 383

Drs Johnstone, Macmillian and Crow Reply

Sir: We limited our age range to 15–70 years largely for practical reasons. Our collaborators like ourselves generally only see patients within that range and furthermore a study which involved a 2-year follow up while the patients continued on drug regimes with stated minimum doses would have been associated with additional difficulties in the very young and the elderly. The three patients excluded from the trial on the grounds of age consisted of a 14 year old male, a 71 year old female, and a 73 year old female. The 37 patients aged 40 or over on admission consisted of 22 females and 15 males. The trial eligible patient aged between 60 and 65 who was not a trial entrant was a 65 year old lady who did not wish to participate in the trial. She would have been very welcome to do so but her refusal meant that there was no-one over the age of 60 to be included in the randomisation process.

Eve C. Johnstone
J. Fiona Macmillan
T. J. Crow

Clinical Research Centre,
Watford Road,
Harrow, Middlesex HA1 3UJ

Alcohol Related Problems in Ethnic Minorities

Sir: We read with interest Dr King’s paper on at-risk drinking among general practice attenders (Journal, May 1986, 148, 533–540). We were interested to find that there were significantly more Irish and Scots among the at-risk drinkers but were surprised to note that no Asians seemed to fall into the at-risk group. This was in spite of the fact that 28% of the screened population had a country of birth outside the United Kingdom. We have recently looked at the differences in morbidity patterns between Asians and non-Asians with a diagnosis of alcoholic liver disease at the Royal Free Hospital (Banerjee et al, 1986). Our results showed that of the 852 biopsies performed showing alcoholic liver disease between January 1978 and November 1984, 58 (6.8%) were from Asian patients. This is a higher percentage than one would expect when corrected for the percentage of Asians in the population.

Previous studies have suggested that there are differences in alcohol sensitivity between different ethnic groups (Chan, 1986; Ewing et al, 1974). In addition, it has also been shown that drinking patterns vary between different ethnic groups (Caetano, 1984). We suggest, therefore, that Asians are a high-risk group for alcohol related problems (Balaharan et al, 1984) and the apparent low incidence of alcohol related problems in surveys may be due to socio-cultural taboos which result in under-referral to the patient’s local general practitioner.

Arpan Banerjee
S. S. Virdee

The Royal Free Hospital,
Pond Street, London NW3 2QG

References


Hypomania Following Cognitive Therapy

Sir: We enjoyed reading the letter from Drs Hughes & McKane (Journal, March 1986, 148, 344). They suggest that the patient we describe is typical of a bipolar affective disorder developing in middle life. However, continued assessments of this patient for two years after involvement in the research study have shown no further episodes of affective disturbance. This might be expected in a patient with an initial diagnosis of dysthymia, which in DSM-III terms is a low grade depressive disturbance that is rarely associated with bipolar affective disorder. We were also excited by their hypothesis that the filling in of numerous questionnaires may induce mania. An examination of the data from our study reveals 120 patient-years of questionnaire administration but no other case report proves a hypothesis, it is reasonable to conclude that the
confirmed in six additional patients. These findings under
concentrations. This poor relationship between plasma
completely unrelated either to dose or to plasma neuroleptic
schizophrenics there was no simple relationship between
clinical improvement. However, due to the small number
Simpson Rating Scale (Simpson & Angus, 1970), were
dopamine receptor binding activity (n = 11, r = 0.76) similar
in doses of between 1.5 and 60 mg per day according to
clinical judgement. No other neuroleptic or psychotropic
medication was prescribed. We found a significant linear
relationship between daily dose of haloperidol and plasma
medication was prescribed. We found a significant linear
relationship between daily dose of haloperidol and plasma
dopamine receptor binding activity (n = 11, r = 0.76) similar
to that reported by Krkska et al. In three patients who were
intensively investigated over a 4-6 week period there was a
marked clinical improvement, as assessed on the CPRS
rating scale (Asberg et al., 1978). We found a direct relation
measurements in Psychiatric Patients
Sir: We read with interest the report by Krkska et al.,
causing between 15 and 1000 neuroleptic units per
litre (1 NUI/l equivalent to 1 nmol/l haloperidol).
In contrast to Krkska et al., who investigated patients on
long-term therapy, we are investigating the application of
this assay to the management of acute schizophrenia and
have so far studied nine patients. All our patients were pre-
viously untreated, fitted the RDC criteria for schizophrenia
(Spitzer et al., 1975), and were treated with haloperidol
in doses of between 1.5 and 60 mg per day according to
clinical judgement. No other neuroleptic or psychotropic
medication was prescribed. We found a significant linear
relationship between daily dose of haloperidol and plasma
dopamine receptor binding activity (n = 11, r = 0.76) similar
to that reported by Krkska et al. In three patients who were
intensively investigated over a 4-6 week period there was a
marked clinical improvement, as assessed on the CPRS
rating scale (Asberg et al., 1978). We found a direct relation-
ship between dopamine receptor binding activity, dose and
clinical improvement. However, due to the small number of
patients, statistical significance could not be reached.
This improvement was obtained on doses of between 9 and
20 mg/day haloperidol, which achieved plasma neuroleptic
concentrations of 14-48 NUI/.
Extrapyramidal side-effects, as assessed using the
Simpson Rating Scale (Simpson & Angus, 1970), were
completely unrelated either to dose or to plasma neuroleptic
concentrations. This poor relationship between plasma
neuroleptic activity and extra-pyramidal side-effects was
confirmed in six additional patients. These findings under-
line the conclusion reached by Krkska et al., that for chronic
schizophrenics there was no simple relationship between
plasma neuroleptic concentrations and side-effects. It is
interesting that side-effects seem to be so poorly related to

total plasma neuroleptic dopamine blocking "activity" as
measured in a radioreceptor assay. This may be because the
assay measures only the total plasma concentration of
"active" drug in vitro rather than reflecting dopamine
blocking activity in brain in vivo. Another major problem
with the use of this technique is that dopamine receptor
binding activity may differ from one neuroleptic to another
by several orders of magnitude despite equivalent clinical
effects. The results are therefore meaningless if the patient is
on more than one neuroleptic drug at the same time, a
situation which persists frequently in clinical practice.
Although a number of early reports indicated that
radioreceptor assays showed promise, more recent
work has been equivocal (Dahl, 1986). It is likely that
such assays offer very little advantage over alternative
techniques, e.g., gas and liquid chromatography
which are capable of measuring parent drugs as well
as metabolites which may have activities on different
neurotransmitter systems. Much more work is
required before dopamine blocking radioreceptor
assays can offer any useful information in the
management of schizophrenic patients.
MARY BUCKLEY
Academic Department of Psychiatry,
University of Birmingham B15 2TH
ROBIN BRAITHWAITE
Regional Laboratory for Toxicology,
Dudley Road Hospital, Birmingham

References
Asberg, M., Montgomery, S. A., Perris, C. et al. (1978) A
comprehensive psychopathological rating scale, Acta Psychiatrica
Scandinavica Suppl. 271, 5-27.
clinical utility, Clinical Pharmacokinetics 11, 36-61.
Lader, R. S. (1980) A radioreceptor assay for neuroleptic drugs in
plasma, Journal ofImmunassay: 1, 57-75.
Spitzer, R. L., Endicott, J. & Robins, E. (1975) Preliminary report of the
reliability of research diagnostic criteria applied to psychiatric
case records in predictability. In Psychopharmacology Preclinical and Clinical Correlations, (eds. A. Sudilovsky,
Simpson, G. M. & Angus, J. W. S. (1970) A rating scale for extra-
pyramidal effects, Acta Psychiatrica Scandinavica Suppl. 212,
11-19

Neuroleptic Malignant Syndrome
Sir: In their recent review of the neuroleptic malignant
syndrome (NMS) Drs Abbott & Loizon (Journal,
January 1986, 148, 47-51) recommended sodium
dantrolene and bromocriptine as the best treatment
options for this syndrome. We wish to suggest the
possible use of electro-convulsive treatment (ECT) in
NMS in addition to these treatment modalities.
Case Report: We recently treated a patient who presented a
NMS which improved with ECT. This 23 year old male
schizophrenic patient developed NMS on the fourth day

https://doi.org/10.1192/bjp.149.3.383b Published online by Cambridge University Press