

100mg/l.⁴ The mechanism of death in these cases is usually ventricular fibrillation.⁵

Although caffeine overdose is not commonly seen in clinical practice, the medical literature documents a number of cases of caffeine-related fatality. In one case series, a 31 year old man was documented as having committed suicide with 100 caffeine tablets (100mg);⁵ this is equivalent to about 75 cups of coffee. His blood caffeine level was found to be 153mg/l. This level of consumption of coffee is obviously unlikely to occur in a short enough time span to raise blood caffeine to a dangerous level. However, with high-dose caffeine tablets, it is quite another matter.

The ease with which caffeine tablets can be purchased in such quantities in most European countries is a matter of concern. Caffeine tablets can be purchased with ease in high street chemists in large enough quantities to commit suicide. Indeed, it is not even necessary to set foot into the high street to acquire a potentially fatal quantity of caffeine tablets; several legitimate European internet sites sell tablets in strengths ranging from 50mg-500mg and the amount purchased is limited only by available stock. A lethal dose can be easily purchased for around €10. In less than five minutes of searching the internet, it was possible to find several Irish and British websites selling high-dose caffeine tablets in bulk including one selling bodybuilding supplements that offered 200mg tablets in tubs containing 400 tablets for the equivalent of under €30.⁶ This quantity is potentially sufficient for eight people to commit suicide.

Evidently, the majority of those people using caffeine tablets are not purchasing them to attempt suicide but, as with paracetamol, policies on the sales of such items have to be dictated by the risks to the most vulnerable group of potential purchasers even though, proportionately, they may be a tiny minority of those who buy them. The death of an 18 year student from Limerick in 2000 after consuming three cans of Red Bull before a basketball game prompted the Food Safety Promotion Board to issue guidelines⁷ about the use and labelling of caffeine-containing energy drinks in Ireland even though Red Bull was not shown to be responsible for the death in that case. It would, therefore, seem

sensible to at least begin to debate the issue with respect to caffeine tablets which potentially pose a much greater risk.

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Re: Impact of Ramadan on treatment of psychosis

Dear Editor – The authors of *Impact of Ramadan on treatment of Psychosis Ir J Psych Med 2007; 24(3): 119* describe a gentleman (Muslim) using the word 'Halal' in describing the permissibility of televisions. They state that the word 'Halal' is used only in describing food status and thus out of context. This is incorrect. The word 'Halal' is used to describe the general permissibility of any object. And there are some religious authorities who believe the use of televisions to be 'Haram' (forbidden). Therefore it would be not out of context for this man to use this word 'Halal' (allowable) or 'Haram' (forbidden), no more than it be more to use the word 'Allah' to describe God (as is detailed in the case report).

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Book Reviews

Skills-based learning for caring for a loved one with an eating disorder. The new Maudsley method

Treasure J, Smith G, Crane A. Routledge, 2007 (248pp). ISBN: 978 0 415 43158 3

One of the most difficult questions to answer from the public is what they can do when they know someone who has an eating disorder who is not in treatment or where they know someone with an eating disorder who is in treatment. In both cases the question is 'How can I help'?

It is now a great benefit to be able to make a positive recommendation. Professor Janet Treasure who took over from Professor Gerald Russell at the Maudsley and The Institute of Psychiatry would be one of the world's unquestioned authorities on eating disorders. Anything she has written would be sympathetic, helpful and reflect the current state of knowledge in the management of these disorders rather than as so often happens, being a pop psychology book where the author thinks they have invented the answer. Grainne Smith is a carer and brings a contribution from someone who might ask the question and Anna Crane is a medical student who had the disorder and not being cowed by stigma, has written about her experience in the *BMJ*.

The book is practical manual introducing a little theory,