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[As indicated in the January issue, this correspondence is now closed. The above letter was, however, received before this could be made known.—Eds.]

DANGERS OF FLUPHENAZINE

Dear Sir,

Although more informed comment will doubtless follow, we feel that Dr. West's letter (December 1970 p. 718) requires reply.

Firstly, it is probably scarcely necessary to point out that fluphenazine in oral form is by no means 'a new drug'—our own practical recollection takes us back to the early 1960s. The innovation is its availability as a sustained release phenothiazine. If, therefore, there is any doubt, it must be concerning the agents in which the injection is made available, the uncertainty of chemical interaction or the possibly altered form in which the compound becomes systemically available. As we understand it, this latter is likely to be a serum protein bound form rather than injection site release, but admittedly the situation is by no means certain.

Beyond this, however, over two years practical experience, and more recently an intensive period of in-patient study (which we hope, subsequently, to report in greater detail), have already confirmed for us the efficacy of such a slow release preparation where patient rejection is a cause for concern and when used in suitably selected cases. Our own impression confirms the occurrence of side-effects reported by Dr. West's references (with the possible exception of depression), but we feel this simply shows that we have been provided with a much more sophisticated tool than the manufacturers originally led us to believe, and that the problems of stabilization and maintenance call for considerable skill in establishing an effective yet trouble-free regime. Already, in a number of clinical cases which previously had developed clear patterns of hospital recidivism, the taking of such care has proved eminently worthwhile.

Being well aware of some cautionary reports, we would be the first to deprecate the use of long-term maintenance phenothiazines where this is avoidable and to stress the need for keeping such cases under continuous review. We feel, however, that one should also take cognisance of the small but increasing number of cases who, because of the advent of injectable phenothiazine, are remaining in the community as otherwise they would not have been able to do.

Of course, this comes back to Dr. West's original point, that relatively speaking the body of evidence is still small; but surely, beyond the utmost rigours of laboratory assessment and local trial, every drug ultimately has to stand the test of extended usage. Here particularly we are discussing a compound which has already brought much purposeful life to those who previously were denied it.

Like your correspondent, we await accumulating information, but on the facts already available we deplore the use of such an emotive phrase as 'thalidomide of the 70s' which seems to carry undertones of a regressive doctrine.

R. A. Townend.

Winterton Hospital,
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Ian C. A. Martin.

Darlington Memorial Hospital,
Darlington, Co. Durham.

Dear Sir,

At the present time there are two long-acting injectable phenothiazines (L.A.P.) available in the United Kingdom, Moditen enanthate (fluphenazine enanthate) and Modecate (fluphenazine decanoate). Both these preparations are metabolized in the body to free fluphenazine or fluphenazine hydrochloride. The pharmacological action is, therefore, identical to oral fluphenazine, a drug which has been in use for some years. It is essential to appreciate that there is no evidence that the specific action of fluphenazine differs from that of phenothiazines. The potential benefits of long-acting phenothiazines come from their duration of action, the mode of administration, and the associated administrative regime of management.

The side-effects of fluphenazine are shared by all other phenothiazines, although the sedative effects may vary. It is true that once injected the drug remains active for several weeks, but this need not increase the risks to the patient provided that care has been taken to stabilize the patient on oral medication *before* transfer to the long-acting injectable form. All the side-effects listed in Dr. West's letter are known to occur with oral phenothiazines. It is well recognized that only fifty per cent of out-patients take their medication regularly, and it is