specifically mentioned experimentation. These specific fears about the videotaping process were decatastrophised. After repeated reviewing, such references accounted for all areas that had previously appeared incomprehensible. Subsequent sessions had clear foci incorporating the sleep disturbance and stressful circumstances as a rationale to explain his symptoms. This may have contributed to a rapid improvement allowing him to be sent on extended leave from hospital within three weeks.

There are few references in the literature to therapeutic interventions for schizophrenic thought disorder (Birchwood *et al*, 1988). Yet such disorder is common and profoundly interferes with communication. It is a source of frustration to both patients and clinicians. Harrow & Prosen (1978) demonstrated in a controlled manner that over 90% of intermingled material in schizophrenic thought disorder seemed to relate in some way to patients' personal experiences; this would therefore seem pertinent data for collaborative work between patient and therapist. Using audio and videotape for interviews may assist in clarifying the antecedents of psychotic breakdown from seemingly incomprehensible material. This is a crucial step in the process of cognitive therapy with these patients.

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Anabolic steroid use outside competition

SIR: Previous correspondence has indicated the widespread use of anabolic steroids among athletes, alerting practitioners to their willingness to try new drugs offered by friends, and suggesting that anabolic steroid abuse as an aetiological factor should be suspected and objectively monitored (Choi & Parrott, 1989). My own personal experience reinforces this warning. For several years I have trained regularly in busy gyms in Edinburgh, and during this time I have become aware of the surprising extent of anabolic steroid use at levels of ability and attainment far removed from the top class competitive arenas traditionally associated with drug abuse in sport (Williamson, 1991).

It is clear to me that the vast majority of anabolic steroid consumption occurs at 'grass roots' level among individuals never destined to compete, nor even aspiring to, but simply taking the drugs in order to improve their strength and physique. Contrary to the experience of Drs Choi & Parrott, I have been astonished at the frank openness with which athletes have discussed their drug abuse. I too have been horrified to hear of misguided advice leading to, for example, ingestion of oestrogen antagonists in the belief that they are anabolic steroids, or salt tablets and aspirin to raise blood pressure and 'thin the blood' before a workout in the belief that this will force more blood into the muscles and give a better 'pump'. The recognition that anabolic steroid use is far more widespread than previously appreciated is also occurring in the USA (Yesalis *et al*, 1989), where it is now estimated that over one million people currently use anabolic steroids. Particularly worrying for Edinburgh practitioners, in the light of the high incidence of HIV infection among intravenous drug abusers in this city, is the news that athletes have caught AIDS from injecting anabolic steroids with infected needles (Sklarek *et al*, 1984).

As psychiatrists, we should be concerned at news of the epidemic growth of anabolic steroid use in this country in the light of recent reports of a high incidence of aggression and frank psychiatric symptoms (Pope & Katz, 1988), and also dependency (Yesalis *et al*, 1989) among steroid users. Perhaps we shall soon be including urine 'dope tests' among our routine investigations for organic precipitants of psychiatric illness. I am planning further research on this unique group of individuals.

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