

a clinical viewpoint, it appears that relapse prevention strategies need to be pursued actively for the first few months following the completion of treatment.

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#### Blood Alcohol Survey in Patients with Self-Poisoning

**SIR:** One hundred and fifty-eight consecutive admissions for self-poisoning were studied for alcohol use in an Accident and Emergency Department. Forty-one per cent of the case population had blood alcohol present and 29 per cent had levels exceeding 17.4 mmol/l (80 mgm/100 ml) These findings are similar to those from a study by Holt *et al* (1980) of casualty attenders at a teaching district general hospital. Our results also showed that blood alcohol levels were higher in older patients (40+) ( $r=0.25$ ,  $P<0.01$ ) for both sexes. The association of sex with a weekday/weekend variable was significant ( $\chi^2=5.72$ ,  $df=1$ ,  $P<0.05$ ): higher blood alcohol levels were associated with female self-poisoners on weekdays and with male self-poisoners at weekends. Blood alcohol levels of women arriving during "risk" times (2200–0659 hours) were significantly higher than those of women arriving at the other times ( $t=3.45$ ,  $df=92$ ,  $P<0.001$ ). These variations between the sexes deserve further study.

The intoxicated patient presents a diagnostic challenge to the casualty officer since the contribution of alcohol to the clinical state may make the assessment critical, especially in self-poisoning cases. This also becomes important in the early evaluation and management of psychological distress. Although the association of alcohol intoxication and suicidal risk has been well documented (e.g., Barraclough *et al*, 1974), the extent of this association becomes ambiguous if information on the level of intoxication is obtained through self-report.

Our results alert us to the need for providing better psychiatric back-up services in the assessment and management of these patients. We may have to place greater emphasis on the subject of alcohol abuse and comprehensive assessment of self-poisoning cases in the training of junior physicians. Brief alcoholism questionnaires (Wanberg *et al*, 1979) may be used in selected cases where there is a suspicion of dependency. Immediate counselling or therapy, especially for self-poisoners with higher levels of neurotic symptomatology, should be arranged to tackle the alcohol abuse problem (Newsom-Smith & Hirsch, 1979). There is a strong case for integrating alcoholism treatment services with accident and emergency department services

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#### Schizophrenia and the Media

**SIR:** I write, as a retired psychiatrist, to suggest that psychiatrists could use and add to the present publicity on schizophrenia.

"The most disabling illness known to mankind" is how *The Times* referred to schizophrenia after months of informed articles and correspondence. "The most heart-rending assignment I have ever had. I could not believe that people in Britain lived like that today" said the producer of the recent Central Television programmes. "Top level neglect is a thriving concern" and "community care may be on the tip of every fashionable tongue, but prison care is a likelier fate" according to a *BMJ* review. Daily papers and popular journals carried tragic case-histories. Dr Thomas Bewley, our President, had a supporting letter in *The Times*, and he and Professor Wing and other distinguished psychiatrists were at