

- DEPARTMENT OF HEALTH (1983) *Mental Health Act 1983*. London: HMSO.
- PEAY, J. (1989) *Tribunals on Trial*. Oxford: Oxford University Press.
- (1995) The challenge of individual rights. Mental health review tribunals. *British Journal of Psychiatry*, **166**, 417–420.
- ROBERTS, J. (1991) Problems of review and discharge: is tribunal necessary? *Journal of the Royal Society of Health*, *June*, 111–113.
- WESSELY, S. & BLUMENTHAL, S. (1994) Patterns of delay in mental health review tribunals. London: HMSO.
- WEBSTER, L. & DEAN, C. (1989) The working of the 1983 Mental Health Act: the experience of patients, relatives, psychiatrists, general practitioners and social workers involved in compulsory admission. *Psychiatric Bulletin*, **13**, 477–479.
- WOOD, J. (1993) Reform of the Mental Health Act 1983—an effective tribunal system? *British Journal of Psychiatry*, **162**, 14–22.

H. CRIMLISK

Bethlem & Maudsley NHS Trust

M. PHELAN

*PRISM, Institute of Psychiatry
London SE5 8AF***ECT seizure threshold**

SIR: Tobiansky & Lloyd (1995) may be correct that they have described an idiosyncratic effect of fluoxetine on seizure threshold, but their case report did not contain sufficient information to assess the validity of their suggestion.

Seizure threshold fluctuates with time and was not itself measured in their report, but inferred from seizure length. The relationship between seizure threshold and seizure duration is complex and non-linear (Enns, 1993). Seizure length is affected by several factors in addition to concomitant psychotropic drug treatment, chiefly the dose of induction agent, itself a seizure-shortening drug (Miller *et al*, 1985), and other aspects of anaesthetic technique (Collins & Scott, 1995). Only if all these factors were standard would it be appropriate to suggest a putative seizure-lengthening effect of fluoxetine.

- COLLINS, I. & SCOTT, A. I. F. (1995) Anaesthetic technique in the practice of ECT (Letter). *British Journal of Psychiatry*, **166**, 118–119.
- ENNS, M. W. (1993) Seizure duration and seizure threshold. *Convulsive Therapy*, **9**, 130–131.
- MILLER, A. L., *et al* (1985) Factors affecting amnesia, seizure duration, and efficacy in ECT. *American Journal of Psychiatry*, **142**, 692–696.
- TOBIANSKY, R. I. & LLOYD, G. G. (1995) ECT seizure threshold and fluoxetine (Letter). *British Journal of Psychiatry*, **166**, 263.

A.I.F. SCOTT

*Royal Edinburgh Hospital
Edinburgh EH10 5HF***The Chinese classification of mental disorders**

SIR: Cooper provided a useful overview of the DSM-IV and ICD-10 (Cooper, 1995) but it is

worth noting that China, which makes up some one-fifth of the world's population, has its own classification, called the Chinese Classification of Mental Disorders (CCMD). Its latest version, called the CCMD-2-R (2nd edition, revised), is published in January 1995 (Chinese Medical Association and Nanjing Medical University, 1995).

The CCMD-2-R is the result of several revisions, drafting, consultations, and field tests. It classifies mental disorders into 10 broad groups based on both aetiology and symptomatology. Much like the quick reference to the DSM-IV, it is published in Chinese in the form of a handbook of 238 pages. Costing only 6 *yuan* (about US \$0.7) per copy, it contains operationalised diagnostic criteria for nearly all listed categories, and “crosswalks” to ICD-9 as well as ICD-10 codes for the same/similar conditions.

In devising the CCMD-2-R, Chinese psychiatrists have attempted to conform with international classification on the one hand, and to maintain a nosology with Chinese cultural characteristics on the other. Some Chinese psychiatrists feel that the CCMD-2-R is redundant because the ICD-10 (which is available in Chinese) is a comprehensive system that will not only serve them well, but also facilitate both inter-speciality and international exchange. But it appears that most Chinese psychiatrists believe that the CCMD-2-R has distinct advantages, such as brevity, the inclusion of culture-distinctive categories (e.g. *koro* (unipolar mania), *shenjing shuairuo*, and *qigong* (induced mental disorder), and the exclusion of diagnostic entities felt not to be suitable for use in China (e.g. pathological gambling, excessive sexual drive, and somatoform disorders) or without sufficient empirical basis (e.g. schizotypal disorder). The terms “neurosis” and “hysterical psychosis” continue to be used. Future revision of the CCMD-2-R is to be expected.

Sartorius noted that “a classification is a way of seeing the world at a point in time” (WHO 1992, vii). From this perspective, the CCMD-2-R is a useful avenue for understanding the Chinese mind as well as the contemporary Chinese social world. It may also provide valuable contrasts with the ICD-10 and DSM-IV as we move towards a truly international classification of mental disorders.

- COOPER, J. (1995) On the publication of the *Diagnostic and Statistical Manual of Mental Disorders: Fourth Edition (DSM-IV)*. *British Journal of Psychiatry*, **166**, 4–8.
- CHINESE MEDICAL ASSOCIATION AND NANJING MEDICAL UNIVERSITY (1995) *Chinese Classification of Mental Disorders*, second edition, revised (CCMD-2-R). Dong Nan University Press.