FLUPENTHIXOL AND THE OUT-PATIENT MAINTENANCE TREATMENT OF SCHIZOPHRENIA

DEAR SIR,

The usefulness of fluphenazine depot injections in the maintenance treatment of schizophrenia is limited by the frequent occurrence of extrapyramidal symptoms and depression (1). Flupenthixol decanoate, a depot thiazanthene anti-depressant with anti-psychotic effects, is reported to be relatively free of these defects and effective in the in-patient treatment of schizophrenia (2). Over twenty months I have given intramuscular injections three-weekly in an average dose of 30 mg. (20–80 mg.) to 111 schizophrenics, 100 of whom continued as out-patients. Flupenthixol was effective in controlling schizophrenic symptoms in these out-patients, only two relapsing severely and eight mildly—and these were disturbed chronic paranoid patients. They tolerated it well (extra-pyramidal side effects were milder and less frequent (32 per cent) than with fluphenazine injections given over twenty months to 100 schizophrenics (3)). Severe akathisia occurred only once. Serial liver function tests were done on the first 55 patients, only one of whom—found to have Gilbert's syndrome—gave persistently abnormal results and he subsequently re-started the injections. One patient discontinued the drug because of persistent anergia. Another died suddenly of unknown causes. Eight out-patients, with two of whom the drug was stopped, became sufficiently depressed to warrant out-patient ECT or brief re-admission, but the occurrence of four cases of transient hypomania confirmed that it was not without anti-depressant effect. Forty per cent suffered side effects of any kind compared with 48 per cent of the fluphenazine out-patients.

Though its efficacy in severe chronic schizophrenia may be limited and depression is still troublesome, the reduction in severity and frequency of side effects with flupenthixol make it a popular drug with staff and schizophrenics alike, the latter therefore being more willing to attend the out-patient department and co-operate in treatment.

M. W. P. CARNEY.

382 Clifton Drive North,
St. Annes-on-Sea,
FY8 2PN, Lancs.

REFERENCES

1. ALARCON, R. DE, and CARNEY, M. W. P. (1969). *Brit. med. J.*, iii, 564–7.
2. HALL, P., and COLEMAN, J. (1972). *Brit. J. Psychiat.*, **122**, 241–2.
3. CARNEY. M. W. P. (1969). *Brit. med. J.*, *i*, 121–2.

AN OFFER OF EXCHANGE FROM U.S.A.

DEAR SIR,

I am an American psychiatrist, at present working at the Chief Neighbor Island Unit of Hawaii State Hospital (90 in-patients and out-patient work on the islands), and I would like to work for a year or two in England, either by taking an appointment in the usual way or, possibly, exchanging job and house in Hawaii with an English psychiatrist. I am 39 years of age and qualified as M.D. (Class A) in 1958 at Hahnemann Medical School, Philadelphia. Further detail of training and experience are available on request.

Any leads would be appreciated.

ROBERT BICKEL.

Hawaii State Hospital,
Kaneohe,
Hawaii 96744,
U.S.A.

FUTURE PSYCHIATRIC CARE: A NEW SPECIALIST SECTION?

DEAR SIR,

Management and treatment of psychiatric patients will have to be more community orientated as District General Hospitals establish or extend their already existing psychiatric units, and as psychiatric hospital accommodation is reduced over the ensuing years.

We have found that over 60 per cent of schizophrenics had some psychotic symptoms on discharge from hospital and about 20 per cent were still fairly severely affected. If to these figures are added the many more patients suffering from chronic affective illnesses, neuroses and personality disorders, the load presented to the psychiatric services outside hospital is quite considerable and poses a challenge which has never yet been adequately met by them.

With the contemplated gradual run-down of psychiatric hospital wards and the take over of a large part of their function by psychiatric units of District General Hospitals and with the latter's limited space necessitating a quick turnover of patients, the urgent need for adequate and efficient community facilities and services will become much greater in times to come.

It is essential, therefore, that appropriate planning is started jointly now by all involved authorities, which should encompass not only day hospital but also community establishments.

For these reasons I have advocated the extension and integration of the 'therapeutic community approach' with services outside hospital so that there may be a smooth transition of patients' management

and treatment from hospital to community. Such a scheme makes it imperative that the medical, nursing and social parts of the community services come under the direction of a psychiatrist. Furthermore, a well functioning and efficient community psychiatric set-up may well (perhaps) prevent one or other admission to hospital and reduce the number of crisis consultations overwhelming hospital clinics at present.

It is up to us psychiatrists to plan and prepare for this trend in psychiatric care, and with this in mind I would advocate the formation of a Specialist Section for 'Social and Community Psychiatry' within the Royal College of Psychiatrists to lend impetus to the re-orientation in psychiatric management and planning in the light of coming changes which should incorporate the care and supervision of the mentally disordered in the community in an overall therapeutic programme.

I would like to hear from anyone interested in forming such a Section and communications should be addressed to the undersigned.

U. P. SEIDEL, M.B., B.S., M.F.C.M., R.C.P., D.P.H., D.P.M.,
Principal Medical Officer for Mental Health and Community Psychiatrist
Mental Health Department, London Borough of Haringey, Tottenham Town Hall, London, N15 4RY.

BURDEN RESEARCH MEDAL AND PRIZE

DEAR SIR,

Entry for the Burden Research Medal and Prize is open to all registered medical practitioners who are working in the field of mental subnormality in the United Kingdom or Republic of Ireland.

The award for 1972, total value £250, may be presented at Stoke Park Hospital on or about 1 April 1973, for outstanding research work which has been published, accepted for publication or presented as a paper to a learned society during the three year period ending 31 December 1972.

Five copies of the paper or papers, with application form, should be submitted to the Secretary of the Burden Trust by 10 January 1973.

Further information and application forms are available from the Secretary, Burden Trust, 16 Orchard Street, Bristol, 1.

W. A. HEATON-WARD.

Stoke Park Hospital,
Stapleton,
Bristol, BS16 1QU.

Important Notices

THE ROYAL COLLEGE OF PSYCHIATRISTS

To those who were not members of the Royal Medico-Psychological Association but who may be entitled to apply for Foundation Membership of the Royal College of Psychiatrists: If you held a post of Consultant status in the National Health Service, or a post of equivalent status elsewhere, at the date of the inception of the College (16 June 1971) and wish to apply for Foundation Membership, you should send full details to the Secretary of the Royal College of Psychiatrists at Chandos House, Queen Anne Street, London, W1M 9LE, *NOT LATER THAN 15th JUNE 1973*. After that date Membership can be obtained only by passing the Membership Examination of the College.

THE MEMBERSHIP EXAMINATION AND PRELIMINARY TEST

DATES OF EXAMINATIONS

PRELIMINARY TEST: Monday 19 March 1973, and Monday 24 September 1973.

MEMBERSHIP EXAMINATION:

Written: 30 April 1973 and 29 October 1973.

Clinicals and Orals: Week commencing 28 May 1973 and week commencing 26 November 1973.

CLOSING DATES FOR RECEIPT OF ENTRIES

PRELIMINARY TEST:

March 1973: 19 January 1973

September 1973: 24 July 1973.

MEMBERSHIP EXAMINATION:

April/May 1973:

Complete—14 February 1973.

Involving exemptions—1 February 1973

October November 1973:

Complete—31 July 1973.

No exemptions.

EXEMPTIONS

For two years, and two years only, following the inception of the College (16 June 1971), candidates for the Membership Examination who possess certain

https://doi.org/10.1192/bjp.121.4.458-b Published online by Cambridge University Press