



# THE BRITISH JOURNAL OF PSYCHIATRY

June 1996

Vol. 168

## Editorials

- Psychiatrists and the community. A case of cognitive dissonance? *K. Jones* 667  
Comorbidity or consanguinity. *P. Tyrer* 669

## Papers

- Incidence of mental disorders in the Finnish UKKI study. *V. Lehtinen, J. Veijola, T. Lindholm, J. Moring, P. Puukka and E. Väisänen* 672  
Clinical and magnetic resonance imaging correlates of hypothalamic-pituitary-adrenal axis function in depression and Alzheimer's disease. *J. T. O'Brien, D. Ames, I. Schweitzer, P. Colman, P. Desmond and B. Tress* 679  
Increased occurrence of schizophrenia and other psychiatric illnesses among twins. *U. Kläning, P. B. Mortensen and K. O. Kyvik* 688  
Patterns of positive and negative symptoms in first episode schizophrenia. *J. L. Vázquez-Barquero, I. Lastra, M. J. C. Nuñez, S. H. Castanedo and G. Dunn* 693  
Tardive dyskinesia and positive and negative symptoms of schizophrenia. A study using instrumental measures. *O. Yuen, M. P. Caligiuri, R. Williams and R. A. Dickson* 702  
A controlled study of education about drug treatment in schizophrenia. *R. MacPherson, B. Jerrom and A. Hughes* 709  
Relationship between insight, educational background and cognition in schizophrenia. *R. MacPherson, B. Jerrom and A. Hughes* 718

- Severe personality disorder. Treatment issues and selection for in-patient psychotherapy. *K. Norton and R. D. Hinshelwood* 723  
Psychosocial study of depression in early pregnancy. *T. Kitamura, M. Sugawara, K. Sugawara, M. A. Toda and S. Shima* 732  
Cardiff puerperal mood and hormone study. III. Postnatal depression at 5 to 6 weeks postpartum, and its hormonal correlates across the peripartum period. *B. Harris, L. Lovett, J. Smith, G. Read, R. Walker and R. Newcombe* 739  
An epidemiological study of dementia in a rural community in Kerala, India. *S. Shaji, K. Promodu, T. Abraham, K. J. Roy and A. Verghese* 745  
Mental disorder in an elderly home care population: associations with health and social service use. *S. Banerjee and A. MacDonald* 750  
Clinical usefulness of an aftercare worker for psychotic patients discharged from half-way houses in Hong Kong. *K.-Y. Mak and L. Gow* 757  
Alcohol-metabolising genes and alcoholism among Taiwanese Han men: independent effect of ADH2, ADH3 and ALDH2. *W. J. Chen, E. W. Loh, Y.-P. P. Hsu, C.-C. Chen, J.-M. Yu and A. T. A. Cheng* 762  
Economic analysis of treating depression with nefazodone v. imipramine. *S. A. Montgomery, R. E. Brown and M. Clark* 768

*continued p. ii*

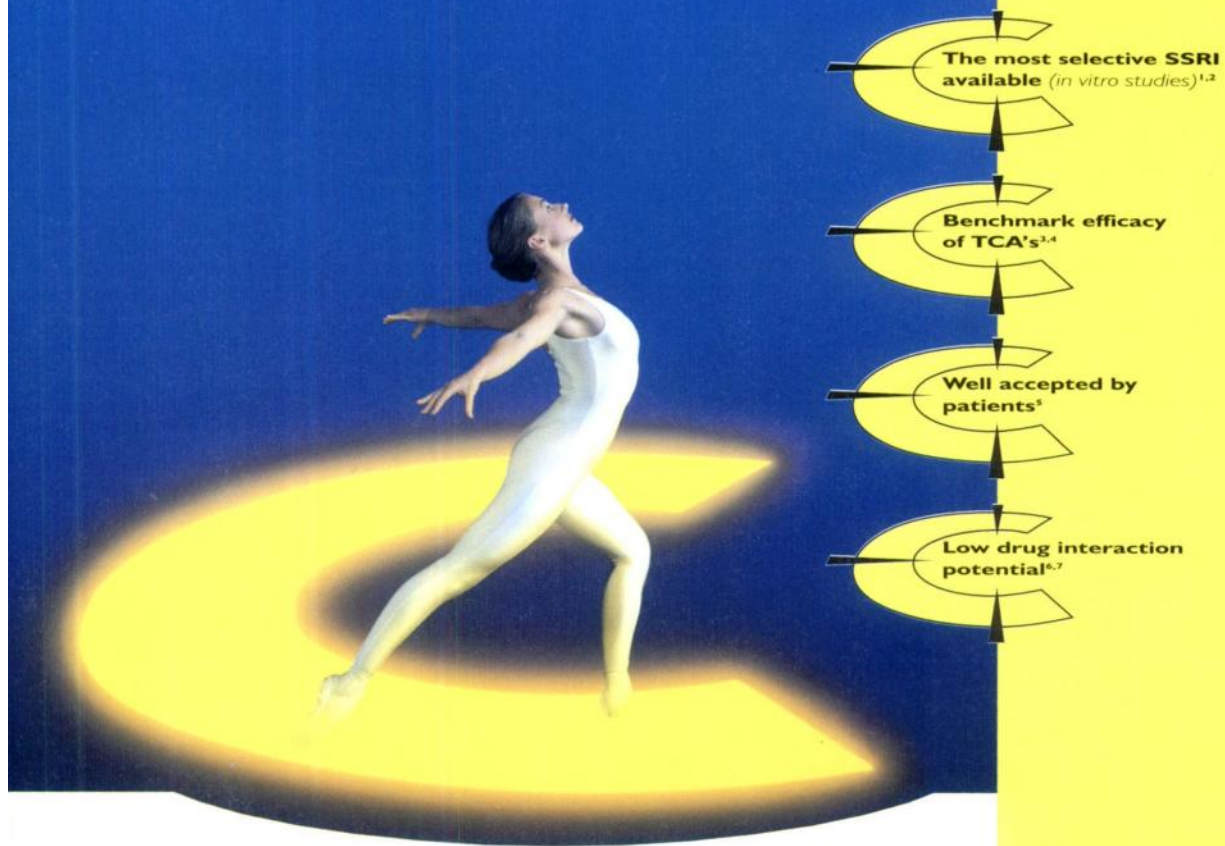
Published by The Royal College of Psychiatrists

ISSN 0007-1250



# Now you can lift depression with the body in mind

Site-specific 'Cipramil' addresses four key dimensions of antidepressant therapy:



**Cipramil**  
citalopram

Specifically treating depression

**Lundbeck**

Research for a better life

#### Abbreviated Prescribing Information

**Presentation:** Cipramil tablets, PL 0458/0058, each containing 20mg of citalopram as the hydrobromide. 28 (OP) 20mg tablets £21.28.  
**Indications:** Treatment of depressive illness in the initial phase and as maintenance against relapse/recurrence. **Dosage:** Adults: 20mg a day. Depending upon individual patient response, this may be increased in 20mg increments to a maximum of 60mg. Tablets should not be chewed, and should be taken as a single oral daily dose, in the morning or evening without regard for food. Elderly: 20mg a day increasing to a maximum of 40mg dependent upon individual patient response. Children: Not recommended. Restrict dosage to lower end of range in hepatic impairment. Dosage adjustment not necessary in cases of mild/moderate renal impairment. No information available in severe renal impairment (creatinine clearance < 20ml/min). **Contra-indications:** Combined use of 5-HT agonists. Hypersensitivity to citalopram. **Pregnancy and Lactation:** Safety during human pregnancy and lactation has not been established. Use only if potential benefit outweighs possible risk. **Precautions:** Driving and operating machinery. History of mania. Caution in patients at risk of cardiac arrhythmias. Do not use with or within 14 days of MAO inhibitors: leave a seven day gap before starting MAO inhibitor treatment. **Drug Interactions:** MAO inhibitors (see Precautions). Use lithium and

tryptophan with caution. Routine monitoring of lithium levels need not be adjusted. Alcohol is not advised. **Adverse Events:** Most commonly nausea, sweating, tremor, somnolence and dry mouth. **Overdosage:** Symptoms have included somnolence, coma, sinus tachycardia, occasional nodal rhythm, episode of grand mal convulsion, nausea, vomiting, sweating and hyperventilation. No specific antidote. Treatment is symptomatic and supportive. Early gastric lavage suggested. **Legal Category:** POM 24.1.95. Further information available upon request. Product licence holder: Lundbeck Ltd, Sunningdale House, Caldecotte Lake Business Park, Caldecotte, Milton Keynes, MK7 8LF. 'Cipramil' is a trademark. © 1995 Lundbeck Ltd.

Date of preparation: May 1995

#### References

1. Hyttel J. XXII Nordiske Psykiater-Kongres. Reykjavik, 11 August, 1988: 11-21.
2. Eison AS et al. Psychopharmacology Bull 1990; 26 (3): 311-315.
3. Rosenberg C et al. Int Clin Psychopharmacol 1994; 9 (Suppl 1): 41-48.
4. Shaw DM et al. Br J Psychiatry 1986; 149: 515-517.
5. Bech P and Caidella P. Int Clin Psychopharmacol 1992; 6 (Suppl 5): 45-54.
6. Sindrup SH et al. Ther Drug Monit 1993; 15: 11-17.
7. Van Harten J. Clin Pharmacokinet 1993; 24 (3): 203-220.

0495/CIP/501/019

# The British Journal of Psychiatry

June 1996

Volume 168

No. 6

---

*Editor* **Greg Wilkinson** *Liverpool*

---

**Senior Associate Editor**

Alan Kerr *Newcastle upon Tyne*

**Associate Editors**

Sidney Crown *London*

Julian Leff *London*

Sir Martin Roth *Cambridge*

Sir Michael Rutter *London*

Peter Tyrer *London*

**Editorial Advisers**

Herschel Prins *Leicester*

Sir John Wood *Sheffield*

Kathleen Jones *York*

**Assistant Editors**

Mohammed Abou-Saleh *Al-Ain*

Louis Appleby *Manchester*

German Berrios *Cambridge*

Alistair Burns *Manchester*

Patricia Casey *Dublin*

John Cookson *London*

David Cottrell *Leeds*

Nigel Eastman *London*

Tom Fahy *London*

Anne Farmer *Cardiff*

Michael Farrell *London*

Nicol Ferrier *Newcastle upon Tyne*

William Fraser *Cardiff*

Richard Harrington *Manchester*

Sheila Hollins *London*

Jeremy Holmes *Barnstaple*

Alexander Kellam *Cardiff*

Peter Kennedy *York*

Michael King *London*

Alan Lee *Nottingham*

Shôn Lewis *Manchester*

Robin McCreadie *Dumfries*

Ian McKeith *Newcastle upon Tyne*

Roy McClelland *Belfast*

Stuart Montgomery *London*

David Owens *Leeds*

Ian Pullen *Edinburgh*

Rosalind Ramsay *London*

Henry Rollin *London*

Jan Scott *Newcastle upon Tyne*

Mike Shooter *Cardiff*

Andrew Sims *Leeds*

Jeanette Smith *Bristol*

George Stein *London*

David Tait *Perth*

**Corresponding Editors**

Sidney Bloch *Australia*

Patrice Boyer *France*

J.M. Caldas de Almeida *Portugal*

Andrew Cheng *Taiwan*

Andrei Cristian *Romania*

E. L. Edelstein *Israel*

Václav Filip *Czech Republic*

Heinz Katschnig *Austria*

Kenneth Kendler *USA*

Toshi Kitamura *Japan*

Arthur Kleinman *USA*

F. Lieh Mak *Hong Kong*

Jair Mari *Brazil*

Harold Merskey *Canada*

Paul Mullen *Australia*

Ahmed Okasha *Egypt*

Volodymer Poltavetz *Ukraine*

Michele Tansella *Italy*

Toma Tomov *Bulgaria*

John Tsiantis *Greece*

J. L. Vázquez-Barquero *Spain*

Richard Warner *USA*

**Statistical Adviser**

Pak Sham *London*

**Staff**

*Publications Manager*

Dave Jago

*Scientific Editor*

Lesley Bennun

*Deputy Scientific Editor*

Aliki Buhayer

*Assistant Scientific Editor*

Dinah Alam

*Editorial Assistants*

Judy Ashworth

Julia Burnside

*Marketing Assistant*

Dominic Bentham

**Past Editors**

Eliot Slater 1961–72 Edward H. Hare 1973–77 John L. Crammer 1978–83 Hugh L. Freeman 1984–93

Founded by J. C. Bucknill in 1853 as the *Asylum Journal* and known as the *Journal of Mental Science* from 1858 to 1963

---

*Published by the Royal College of Psychiatrists*

**Contents continued from front cover**

The mortality experience of individuals on the Salford psychiatric case register. I. All-cause mortality. <i>D. N. Baxter</i>	772
Explaining suicide: the views of survivors of serious suicide attempts. I. <i>O'Donnell, R. Farmer and J. Catalán</i>	780
<b>Columns</b>	
Correspondence	787
Corrigendum	792
A hundred years ago	792
Book reviews	793
<i>American Journal of Psychiatry</i> (contents)	797

**Next month in the BJP**

The cost of comprehensive care of people with schizophrenia living in the community. A cost evaluation from a German catchment area. *H. J. Salize and W. Rössler*  
Alcohol and drugs in suicides. *A. Ohberg, E. Vuori, I. Ojanperän and J. Lonnqvist*  
Obsessive-compulsive disorder. Familial-developmental history, symptomatology, comorbidity and course with special reference to gender-related differences. *P. Lensi, G. B. Cassano, G. Correddu, S. Ravagli, J. L. Kunovac and H. S. Akiskal*

The *British Journal of Psychiatry* is published monthly by the Royal College of Psychiatrists (a registered charity, registration number 228636). The *BJP* publishes original work in all fields of psychiatry. All communications, including manuscripts for publication, should be sent to the Editor, *British Journal of Psychiatry*, 17 Belgrave Square, London SW1X 8PG.

Full instructions to authors are given at the beginning of the January and July issues.

**Subscriptions**

Non-members of the College should contact the Publications Subscription Department, Royal Society of Medicine Press Limited, PO Box 9002, London W1A 0ZA (tel. 0171 290 2928; fax 0171 290 2929). Annual subscription rates for 1996 (12 issues post free) are as follows:

Europe (& UK): institutions £160, individuals £140  
US: institutions \$310, individuals \$230  
Elsewhere: institutions £190, individuals £150  
Full airmail is £36/US\$64 extra.  
Single copies of the Journal are £14, \$25 (post free).

Payment should be made out to the British Journal of Psychiatry.

Queries from non-members about missing or faulty copies should be addressed within six months to the same address; similar queries from College members should be addressed to the Registration Subscription Department, The Royal College of Psychiatrists, 17 Belgrave Square, London SW1X 8PG.

© 1996 The Royal College of Psychiatrists. Unless so stated, material in the *British Journal of Psychiatry* does not necessarily reflect the views of the Editor or the Royal College of Psychiatrists. The publishers are not responsible for any error of omission or fact.

**Back issues**

Back issues published before 1995 may be purchased from William Dawson & Sons Ltd, Cannon House, Folkestone, Kent (tel. 01303 850 101).

**Advertising**

Correspondence and copy should be addressed to Peter T. Mell, Advertising Manager, PTM Publishers Ltd, 282 High Street, Sutton, Surrey SM1 1PQ (tel. 0181 642 0162; fax 0181 643 2275).

**US Mailing Information**

The *British Journal of Psychiatry* is published monthly by the Royal College of Psychiatrists. Subscription price is \$295. Second class postage paid at Rahway, NJ. Postmaster send address corrections to the *British Journal of Psychiatry*, c/o Mercury Airfreight International Ltd Inc., 2323 Randolph Avenue, Avenel, New Jersey 07001.

©™ The paper used in this publication meets the minimum requirements of American National Standard for Information Sciences – Permanence of Paper for Printed Library Materials. ANSI Z39.48–1984.

Typeset by Dobbie Typesetting Ltd, Tavistock, and Henry Ling Ltd.

Printed by Henry Ling Ltd, The Dorset Press, 23 High East Street, Dorchester, Dorset DT1 1HD.

## New Brief Pulse ECT with *Computer-Assisted* Easy Seizure Monitoring



### Somatics Thymatron™ DGx

- Automatically monitors your choice of EEG-EEG, EEG-ECG, or EEG-EMG and determines EEG and motor seizure lengths.
- Computer-measured seizure quality, including postictal EEG suppression, seizure energy index.
- Up to 8 seconds stimulus duration; pulsewidth as short as 0.5 ms.
- Single dial sets stimulus charge by age; high-dose option available.
- FlexDial™ adjusts pulsewidth and frequency without altering dose.

Distributed in the U.K. by:  
DANTEC Electronics, Ltd.  
Garonor Way  
Royal Portbury  
Bristol BS20 9XE  
TEL (44) 1275-375333  
FAX (44) 1275-375336

Distributed in Australia by:  
MEECO Holdings Pty. Ltd.  
10 Seville St.  
North Parramatta NSW 2151  
Australia  
TEL (61) 2630-7755  
FAX (61) 2630-7365

Distributed in New Zealand by:  
WATSON VICTOR, Ltd.  
4 Adelaide Rd.  
Wellington, New Zealand  
TEL (64) 4-385-7699  
FAX (64) 4-384-4651

Distributed in India by:  
DIAGNO.SYS  
New Delhi  
TEL (91) 11-644-0546  
FAX (91) 11-622-9229

Distributed in Pakistan by:  
IQBAL & CO.  
Islamabad  
TEL (92) 51-291078  
FAX (92) 51-281623

Distributed in South Africa by:  
DELTA SURGICAL  
Craighall  
TEL (27) 11-792-6120  
FAX (27) 11-792-6926

Distributed in U.S.A. and Canada by:

 **SOMATICS, INC., 910 Sherwood Drive # 17, Lake Bluff, IL, 60044, U.S.A.**  
Fax: (847) 234-6763; Tel: (847) 234-6761



# Mental Health Care in China

## 中國的精神保健制度

State Policies, Professional Services and Family Responsibilities

by Veronica Pearson

This book traces the development of psychiatric services in the People's Republic of China. Historical, policy and legal frameworks are constructed to provide a context in which psychiatric services may be better understood. The experience of both staff and patients in one particular hospital is examined in detail. The book raises questions about the similarities in the experience of psychiatric illness across significantly different cultures.



• £12.50 • 218pp. • 1995 • ISBN 0 902241 74 5

Available from bookshops and from the Publications  
Department, Royal College of Psychiatrists, 17 Belgrave Square,  
London SW1X 8PG (Tel. 0171-235 2351, extension 146)

**KEELE**  
UNIVERSITY

SCHOOL OF POSTGRADUATE  
MEDICINE  
DEPARTMENT OF PSYCHIATRY

**Conference:**

**Contribution of Social Anthropology to the  
Education and Training of Psychiatrists**

Friday/Saturday 22 & 23 November 1996  
Salvin Room, Keele University

National study days for Mental Health Edu-  
cators, Behavioural Scientists, Psychiatrists in  
Training and Educational Supervisors.

For further information please contact:

Miss Tracy Brittain  
Tel.: (01782) 716019  
Fax: (01782) 747319

**NB**  
MEDICAL  
EDUCATION

LONDON—DUBLIN

**MRCPsych PART 1**

**Intensive exam-orientated weekend courses**

- Covering: Theory  
Technique & tactics  
Over 3000 relevant MCQs  
Practice MCQ exams
- Dates: Dublin: 24, 25 & 31 August, 1 September  
London: 31 August, 1, 7 & 8 September  
The Secretary  
NB Medical Education  
PO Box 767  
Oxford  
OX1 2YU
- Full details: 01865 514019
- HM 67 (27) approval for study leave



**THE UNIVERSITY  
OF HONG KONG**

### Lectureship in Psychiatry

Applications are invited for a Clinical Lectureship in the Department of Psychiatry (RF-95/96-102), tenable from July 1996 or as soon as possible thereafter, subject to availability of funding. Appointment will be made on a fixed-term basis of three years, with a possibility of renewal. Applicants should have a medical qualification registrable in Hong Kong. Clinical research experience and fluency in Cantonese are essential. Preference will be given to those with a postgraduate qualification in psychiatry. The appointee will be required to undertake teaching, research and clinical duties.

Applicants are requested to approach not more than 3 referees who are able and willing to comment on their suitability for the post in question and request that these confidential reports be sent directly to the Assistant Registrar (Appointments) within a week of the closing date. The fax number is (852) 2540 6735.

**Annual salary** [non-superannuable but attracting 15% (taxable) terminal gratuity] is on an 11-point scale, with starting salary depending on qualifications and experience: HK\$437,880 - HK\$866,340 (approx £37,430 - £74,050; sterling equivalents as at 30 April 1996).

At current rates, salaries tax will not exceed 15% of gross income. Annual leave, medical benefits, and a monthly cash allowance of 22% or 37% or 60% of basic salary, depending on salary, will be provided.

**Further particulars and application forms** may be obtained either on WWW at <http://www.hku.hk>, or from the Appointments Unit, Registry, The University of Hong Kong, Hong Kong (Fax (852) 2540 6735/2559 2058; E-mail: APPTUNIT@REG.HKU.HK); or from Appointments (44983), Association of Commonwealth Universities, 36 Gordon Square, London WC1H 0PF, UK (tel. 0171 387 8572 Ext. 206; fax 0171 813 3055; email [appts@acu.ac.uk](mailto:appts@acu.ac.uk)).

Closes: 31 July 1996.

*An equal opportunity employer*



### Eye Movement Desensitization and Reprocessing Level I Training

**Presenter: Roger Solomon, Ph.D.**

*Selected and trained by Francine Shapiro, Ph.D.*

"The first seven years of experience with EMDR has shown that it can be a very effective treatment of PTSD. Shapiro's method has opened up a novel approach that can markedly benefit people suffering from PTSD, while baffling those of us who would like to understand mechanisms of action with traditional paradigms."  
Bessel A. van der Kolk, MD-Director, HRI Trauma Center and Past President, International Society for Traumatic Stress Studies

"EMDR is a powerful new tool for relieving human suffering. Its study opens new doors to our understanding of the mind."  
Steven Lazrove, MD-Yale Psychiatric Institute

"EMDR is by far the most effective and efficient treatment we have ever used with dissociative episodes, intrusive memories, and nightmares with Vietnam combat veterans"  
Howard Lipke, PhD-Former Director, Stress Disorder Treatment Unit, North Chicago Veterans Administration Medical Center

### London - 19-21 September 1996

Francine Shapiro, Ph.D., originator of EMDR, is a Senior Research Fellow at the Mental Research Institute, Palo Alto, California, and the recipient of the *1994 Distinguished Scientific Achievement in Psychology Award* presented by the California Psychological Association. She has trained over 16,000 clinicians internationally and has been the invited speaker and presenter at numerous national and international conferences including the Menninger Clinic and the Evolution of Psychotherapy Conference. She is the author of *Eye Movement Desensitization and Reprocessing: Basic Principles, Protocols and Procedures* (Guilford Publications, 1995) and many articles and book chapters on EMDR.

EMDR, a specialized approach, accelerates the treatment of anxiety-based complaints and self-esteem issues related to both upsetting past events and present life conditions. It requires supervised training for full therapeutic effectiveness and client safety. The training will consist of lecture, live and videotaped demonstrations, and supervised practicum.

Sponsor: John Spector, Consultant Clinical Psychologist,  
Watford General Hospital, Tel. 01923-217554 Fax 01923-217931

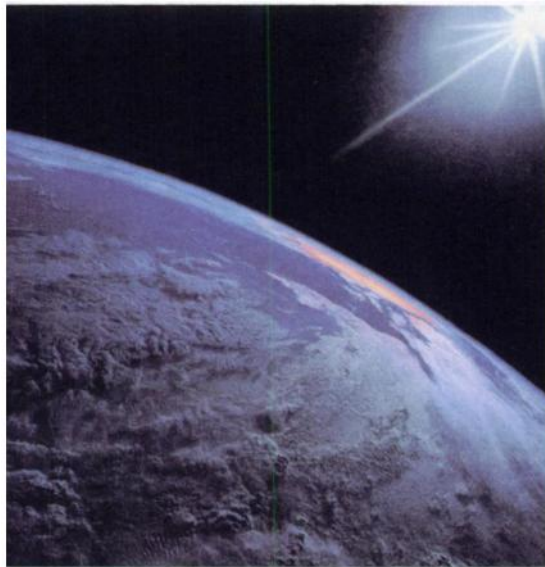
EMDR INSTITUTE, INC. • PO Box 51010 • Pacific Grove, CA 93950 USA (408) 372-3900 fax (408) 647-9881

# —EFEXOR—

## THE WORLD'S FIRST

# S · N · R · I

### SEROTONIN NORADRENALINE REUPTAKE INHIBITOR



Space photography provided courtesy of National Aeronautics and Space Administration - NASA

The result of original Wyeth research and development, Efexor (venlafaxine) is the first of a new class of antidepressants, the SNRIs.

Efexor is a serotonin and noradrenaline reuptake inhibitor and increases the availability of both of the key neurotransmitters involved in depression.<sup>1</sup> This is in line with current thinking on the pathophysiology of depression, which stresses the importance of interactions between serotonin and noradrenaline.<sup>2</sup>

Extensive clinical trials of Efexor in over 2,500 depressed patients have confirmed the success of this approach. Efexor has been shown to be at least as effective and better tolerated than standard tricyclic and related antidepressants such as dothiepin, imipramine and trazodone.<sup>3</sup>

Efexor has also been shown to compare favourably with the SSRI fluoxetine in inpatient<sup>4</sup> and outpatient studies.<sup>5</sup> Furthermore, Efexor demonstrates a significant dose response curve which allows flexibility of treatment in a wide range of patients.<sup>6</sup>

For many depressed patients, the world's first SNRI could make a world of difference.



## EFFECTIVE IN A WIDE RANGE OF DEPRESSED PATIENTS

**PRESCRIBING INFORMATION** PRESENTATION Tablets containing 37.5mg, 50mg or 75mg venlafaxine (as hydrochloride) USE Treatment of depressive illness DOSAGE Usually 75mg/day (37.5mg bd) with food, increasing to 150mg/day (75mg bd) if necessary In more severely depressed patients, 150mg/day (75mg bd) increasing every 2 or 3 days in up to 75mg/day increments to a maximum of 375mg/day, then reducing to usual dose consistent with patient response Discontinue gradually Elderly use normal adult dose Doses should be reduced by 50% for moderate renal or moderate hepatic impairment CONTRA-INDICATIONS Pregnancy, lactation, concomitant use with MAOIs, hypersensitivity to venlafaxine or other components, patients aged below 18 years PRECAUTIONS Use with caution in patients with myocardial infarction, unstable heart disease, renal or hepatic impairment, or a history of epilepsy (discontinue in event of seizure) Patients should not drive or operate machinery if their ability to do so is

impaired Possibility of postural hypotension (especially in the elderly) Women of child-bearing potential should use contraception Prescribe smallest quantity of tablets according to good patient management Monitor blood pressure with doses >200mg/day Advise patients to notify their doctor should an allergy develop or if they become or intend to become pregnant Use with caution in patients taking other CNS-active drugs or in the elderly or hepatically-impaired patients taking cimetidine Patients with a history of drug abuse should be monitored carefully Not recommended in severe renal or severe hepatic impairment INTERACTIONS MAOIs: do not use Efexor in combination with MAOIs or within 14 days of stopping MAOI treatment Allow 7 days after stopping Efexor before starting a MAOI SIDE-EFFECTS: Nausea, headache, insomnia, somnolence, dry mouth, dizziness, constipation, asthenia, sweating, nervousness, anorexia, dyspepsia, abdominal pain, anxiety, impotence, abnormality of accommodation,

vasodilation, vomiting, tremor, paraesthesia, abnormal ejaculation/orgasm, chills, hypertension, palpitation, weight gain, agitation, decreased libido, rise in blood pressure, postural hypotension, reversible increases in liver enzymes, slight increase in serum cholesterol BASIC NHS PRICE: 37.5mg tablet (PL 0011/0199) – Calendar pack of 56 tablets: £23.97, 50mg tablet (PL 0011/0200) – Blister pack of 42 tablets: £23.97, 75mg tablet (PL 0011/0201) – Calendar pack of 56 tablets: £39.97 LEGAL CATEGORY: POM Further information is available upon request. PRODUCT LICENCE HOLDER: Wyeth Laboratories (John Wyeth & Brother Limited), Taplow, Maidenhead, Berkshire SL6 0PH. REFERENCES: 1. Clerc GE *et al.* *Int Clin Psychopharmacol* 1994; 9: 139-142. 2. Kalus O, Asnis GH, van Praag HM, *Psychiatric Annals* 1989; 19: 348-353. 3. Data on file, Medical Affairs Department, Wyeth-Ayerst International Inc. Date of Preparation: December 1995. Code Z773520/09/95. \* trade marks.



# Patient with schizophrenia exercises *self* control by shouting at people



The SDA effect of Risperdal can mean a huge difference to the lives of patients with schizophrenia.

Because SDA is the action of Serotonin and Dopamine Antagonism in a single drug. In positive and negative symptoms. In first episode and acute presentations, and in chronic patients. Risperdal continues to provide this SDA effect to give high efficacy, with low levels of extrapyramidal side-effects, to more and more patients.

Helping them keep out of hospitals while enhancing their appreciation of, and participation in, community and family life.

Surely this is the ultimate goal.



**Risperdal**<sup>™</sup> ▼  
RISPERIDONE

A routine route out