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Dangerous behaviour preceding first admissions for schizophrenia

SIR: In their otherwise meticulous study the authors (Humphreys *et al, Journal*, October 1992, **161**, 501–505) do not tell us whether and how they took steps to ascertain whether alcohol or drugs were playing a part in causing dangerous behaviour, and I think they should be invited to do so now.

The most common causes by far of violent behaviour are alcohol and drugs, whether or not the individual is suffering from mental illness and, furthermore, these substances produce symptoms which are commonly misdiagnosed as schizophrenia.

The authors say that they are surprised at the high proportion of schizophrenic patients who acted dangerously. I share their surprise. Similarly, I have referred to their original study (Johnstone *et al, Journal*, February 1986, **148,** 115–120) and have found that of 462 patients referred to their study, only seven were excluded because of drug or alcohol abuse, and although I appreciate that these patients were referred by other psychiatrists, I am equally surprised at this small number. The authors may wish to comment on this point.

Many people, schizophrenic or not, have a propensity for violence; the question is why it appears at a particular time and in a particular person.

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AUTHORS' REPLY: We are grateful to Professor Cohen for his interest in this work, and in particular his comments on the role of alcohol and drugs as common contributory factors in mediating violent behaviour.

As Professor Cohen points out, patients included in the original study were referred by psychiatrists, from nine centres, who were asked specifically to exclude any case where alcohol or drugs might have contributed in any way to the primary presentation. The small number of patients subsequently excluded following referral reflects this, as well as the relatively low occurrence of alcohol- and drug-related problems in some areas from which the sample was drawn.

With regard to the role of alcohol or drugs in the individual cases and incidents described, despite the availability of detailed notes of the circumstances of most of the episodes of dangerous behaviour, many took place over an extended period of time, and there were no incidents where intoxication with drugs or alcohol was specifically mentioned. Nonetheless, it is certainly possible that alcohol or drugs did play a part in some of the large number of incidents which took place, on the basis that ingestion of these substances is so frequently implicated when violence occurs, although it is not necessarily a primary cause of what is obviously a multifactorial process.

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d-Fenfluramine and cognitive therapy in bulimia nervosa

SIR: We feel perplexed by the design and conclusion of the study of Fahy *et al* (*Journal*, May 1993, **162,** 597–603) on the concomitant use of cognitive–behavioural therapy (CBT) and d-fenfluramine in bulimia nervosa (BN). d-Fenfluramine is a fluorinated amphetamine and a potent inhibitor of 5-HT uptake. It has been shown, albeit not consistently, to reduce binge-frequency and self-induced vomiting