patients in contact with services during an index month, as well as selected groups who were not in contact with services in the index month, but had been in the previous 3 years. Also included was a group ascertained through 'marginal' services, such as homeless shelters.

The study established diagnoses, symptoms, disability and service utilisation for each participant. In terms of medication, around half were on 'typical' antipsychotics, with half of these being administered in depot form. A further 8.3% were on clozapine, 13.3% on risperidone and 8.8% on olanzapine. Demographic and illness parameters did not distinguish medication groups, although usage varied across different service providers. Clozapine tended to be used in patients with a long illness duration, compared with other agents.

Patients reported a mean of around 3.5 of a possible 14 medication side-effects. Some 83% of those using depot medication reported side-effects, compared with 79% of those using typical oral medication. Patients on depot preparations of typical antipsychotics reported the highest rates of akathisia, and were also least likely to perceive their medication as helpful; indeed, 17% rated it as 'not helpful' *v.* 12% of those on oral typical antipsychotics, 10% of those on olanzapine/risperidone and 5% of those on clozapine.

Thus, in unselected patient populations, patient perception of depot medications appears less favourable than the studies reviewed by Walburn *et al* might lead us to believe. Clinicians should attempt to enhance adherence to antipsychotics by means other than necessarily resorting to depot medication.

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## Depot injections and nut allergy

Many clinicians may be unaware of the use of nut oil as a vehicle within antipsychotic depot preparations. We report a case of possible coconut hypersensitivity which occurred during treatment with flupenthixol decanoate.

An elderly woman with a diagnosis of paranoid schizophrenia was commenced on a 3-weekly depot of flupenthixol decanoate (20 mg). After 5 months (seven injections), she complained of soreness and swelling around the injection site. The depot was subsequently administered at a different site and in a lower volume of oil. Within 1 hour, she experienced intense local irritation and a generalised pruritus. Her systemic symptoms began to resolve within 24 hours, but continued scratching at the injection site led to a localised infection. Since then she has refused further depot medication and is hostile towards psychiatric services. Enquiries revealed that all depot preparations of flupenthixol contain coconut oil.

The symptoms described by the patient might be attributable to a late hypersensitivity reaction to flupenthixol decanoate, but they may also be a manifestation of a previously undiagnosed coconut allergy. The patient has refused to be tested for specific immunoglobulin E antibodies to coconut and is guarded when questioned about her dietary habits. Although coconut hypersensitivity is relatively rare, coconut allergens show immunological cross-reactivity with both soy and walnut proteins (Teuber & Peterson, 1999). The prevalence of allergies to peanut and tree nut (e.g. walnut, brazil nut) is increasing (Sicherer *et al*, 2000). Similarly, the number of reported cases of hypersensitivity to sesame seed and sesame oil has risen in recent years (Levy & Danon, 2001). In sensitised individuals, non-ingestion exposure to food allergens results in less-severe reactions than are observed following inhalation or ingestion (Sicherer *et al*, 1999).

Depot preparations consist of an ester of the antipsychotic drug in a solution of coconut oil (flupenthixol, zuclopenthixol) or sesame oil (haloperidol, pipothiazine, fluphenazine). Currently, the *British National Formulary* (British Medical Association & Royal Pharmaceutical Society of Great Britain, 2001) provides no information regarding the oils used in depot preparations. Individual drug datasheets can also be misleading: coconut oil is referred to as 'vegetable oil' in the flupenthixol datasheet. Although guidelines regarding the labelling of food products are sometimes seen as overinclusive, they allow consumers to make an informed choice. Depot medications are in widespread use, particularly in patients with a history of non-compliance (Adams *et al*, 2001). To avoid further alienating such patients from psychiatric services, it is essential that both clinicians and patients are able to make informed treatment decisions. This can only occur if the constituents of depot preparations, particularly those relating to nut and seed products, are more clearly labelled.

### *Declaration of interest*

S. R. has received support for attendance at conferences from Lilly and Janssen; R. H. has received support for attending conferences from Janssen, Eisai and Pfizer and has been on advisory boards for Janssen, Pfizer and Shire.

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## Stigma, suicide and religion

A comment by Tadros & Jolly (2001) that 'Hinduism and Buddhism, among other Eastern religions, have not had a traditionally negative view of suicide' is not totally correct. According to Hinduism, 'The law of action is inexorable and inescapable. It is not bound by the chain of time. If you



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commit suicide now, you may get the circumstances in the next birth which are worse than those at the present' (Bhatia, 1991). Sikhism propagates, 'Suicide in the face of misery and misfortune implies lack of faith in the goodness and righteousness of God' (Bhatia, 1985). Jainism advocates that the killing of any living being is unethical and a sin (Bhatia, 1991). The view of Islam about suicide is 'Do not commit suicide and make your hands the instrument of your destruction' (Bhatia, 1991). Aristotle, Pythagoras, St Thomas Aquinas, St Augustine, Jesus Christ, Guru Nanak and Socrates also considered suicide as unlawful and a sin.

Because of the stigma attached to suicide, the practice of *Sati* (a custom practised by Hindu women after the death of their husbands in which they used to burn themselves on their husband's pyre) has been discarded by society and is now regarded as a crime (Chadda *et al*, 1991). Religiosity in India bears a negative correlation with suicide rate and is, in fact, a preventive factor against suicide (Bhatia, 2000). It is appropriate to suggest that scientific approaches and spiritual approaches can work together to eliminate the stigma attached to communication of suicidal ideas and attempts and to encourage timely professional help-seeking.

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## Other approaches to mental and physical illness

Kendell's (2001) editorial on the distinction between mental and physical illness was illuminating of the present predicament of modern psychiatry and medicine. However, he did not do justice to other systems of knowledge and medicine, loosely known as 'complementary' medicines, which are widely used around the world. For example, the Ayurvedic tradition (with its lineage to the early Vedic civilisation and systems of thought in India, around 1700 BC), as described in the classical texts of Susrutha and Caraka (200 BC–400 AD), avoid a strict body–mind dualism and instead emphasise their interaction in the causation of the human condition (in health and disease) (Ramachandra Rao, 1990). Clinical features of 'insanity', depression and epilepsy are described, with aetiological roles for both mental and physical processes and interactions. The Buddhist traditions (600 BC) take a similar position and state that 'the mind and body are neither separate nor identical, not even alternatives, but inseparable . . . like two bundles of reeds supporting each other' (Goonatilake, 1998).

These systems therefore preserve the unitary nature of body and mind, and approach problems in a more holistic manner, without Cartesian dualism. Meditation, 'noble' living and 'good' emotions are often included in their therapies. Interestingly, these ideas are being confirmed in certain fields of molecular biology and immunology. Contemporary research has shown the impact of emotions on the immune system and the effect of disease on the mind (Dantzer *et al*, 1999). The intermediary appears to be cytokines, which are able to modulate the functioning of several organ systems (Licinio & Wong, 1999). Similarly, meditation has led to the search for new psychologies to reduce stress and in the treatment of other disorders (Goonatilake, 1998). Delving into these systems of knowledge and moving away from dualism may reveal novel therapeutic modalities (e.g. meditation) and areas for further research.

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# One hundred years ago

## Private patients at Dorset County Asylum

At a special meeting of the County Council for Dorset, on January 8th, the proposal of the Visiting Committee to build, at a cost of about £40,000, a detached house for one hundred private patients, was unanimously approved, and the plans, which have been prepared by the architect, Mr. G. F. T. Hine, gave satisfaction. Dorsetshire was the first county in England to take advantage of Section CCLV of the Lunacy Act, 1890, by providing accommodation of private patients in connection with the County Institution, and the results of this further development of the private side of the institution will be followed with interest.

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