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.

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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.

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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