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Standardised Assessment of Personality Disorder in Mental Handicap

SIR: We previously reported on the reliability of Mann's standardised assessment of personality disorder in mental handicap (Mann *et al*, 1981; Ballinger & Reid, 1987), and we subsequently described a survey of 100 patients in a mental handicap hospital, using this scale (Reid & Ballinger, 1987). We were interested to see if the presence of personality disorder had a predictive value, and we reviewed the placement of the patients one year later. In the year after assessment, 25 of the 100 patients had been discharged, mainly to hostels. Of the 44 patients with no personality problems, 11 (25%) had been discharged; of the 34 with mild traits only (Grade I), 13 (38%) had been discharged; and of the 22 patients with definite personality disorder (Grade 2), only 1 (4.6%) had left hospital. Thus, patients with personality disorder were less likely to be discharged ($\chi^2=8.08$, d.f.=2, $P<0.05$), suggesting that personality disorder detected by this method of assessment was of value in predicting likely discharge.

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Behaviourally Disturbed HIV Patients

SIR: Much has been written about the deleterious effects on patients of the rundown and closure of our large psychiatric hospitals. It is ironic that this process is accelerating at a time when we are facing a new and worrying group of disorders consequent on the Human Immunodeficiency Virus (HIV). The nosology of HIV-related psychiatric disorder is still

poorly understood, and in planning services for such patients we are still highly dependent on educated guesses as to the scale and nature of the problem. Perhaps the main cause for concern is that group of patients who show disturbed behaviour requiring in-patient management.

A number of patterns of psychopathology may be discerned which result in disturbed behaviour: (a) disinhibition in early HIV encephalopathy leading to amplification of premorbid sociopathic traits; (b) more profound dementia resulting in the release of primitive behaviours as seen in other types of dementia; (c) functional psychosis in which the delusions and hallucinations produce fear and aggression; and (d) anger and resentment in patients who perceive themselves as having nothing to lose. This, in particular, may produce an urge to transmit the virus to others. In all of these cases there is a definite and significant risk of infection to those in contact with them.

Such patients will clearly require management in conditions of greater security than is available on most acute admission wards, and this will almost certainly mean detention under the Mental Health Act.

It would, in my opinion, be improper to expose other, HIV-free, detained patients to the risk of infection with this lethal agent, and hence we must be thinking in terms of specialised units. In the 'old days' it would have been a relatively simple matter to refurbish a ward in a psychiatric hospital to cater for the security needs, and with the large pool of nursing staff available, great flexibility and rapid response to ward requirements would be possible. In the new district general hospital units, the problems are much greater. If specialised units are to be available for disturbed HIV carriers, new buildings and staff will be required which means new money, and in considerable quantities. We simply do not know enough about the scale of the problem and its likely development to estimate the number of beds and staffing levels required and, to a considerable extent, one gets the impression that this problem is being tacitly ignored by planners.

In Plymouth, we are attempting to address the problem of HIV-positive behaviourally disturbed patients. We know of three definite cases of HIV encephalopathy, and the 'guesstimate' is that this will rise to 40 or more in a couple of years. We have no idea what proportion of these will require secure provision (one of the three known to us might well have benefited from this had it been available) and for how long they will need it. I would be most interested and grateful to hear from anyone who is involved in planning services for HIV patients in their district or