Kapur, S. & Seeman, P. (2002) NMDA receptor antagonists ketamine and PCP have direct effects on the dopamine D(2) and serotonin 5-HT(2) receptors – implications for models of schizophrenia. *Molecular Psychiatry*, **7**, 837–844.

Pomarol-Clotet, E., Honey, G. D., Murray, G. K., *et al* (2006) Psychological effects of ketamine in healthy volunteers: phenomenological study. *British Journal of Psychiatry*, **189**, 173–179.

Stone, J. M., Erlandsson, K., Arstad, E., *et al* (2006) Ketamine displaces the novel NMDA receptor SPET probe [(123)I]CNS-1261 in humans in vivo. *Nuclear Medicine and Biology*, **33**, 239–243.

Vollenweider, F. X. & Geyer, M. A. (2001) A systems model of altered consciousness: integrating natural and drug-induced psychoses. *Brain Research Bulletin*, **56**, 494–507.

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Stalking – a significant problem for patients and psychiatrists

Community-based studies on stalking have revealed a high lifetime prevalence of stalking victimisation ranging from 12 to 32% among women and 4 to 17% among men (Dressing *et al*, 2006). There is also growing evidence that stalking may have deleterious economic, social, medical and psychiatric consequences (Dressing *et al*, 2006). About 20% of stalking victims consult doctors about mental or somatic symptoms but often fail to inform them about the stalking (Dressing *et al*, 2005). Doctors receive little or no training in the concept of stalking and its management (McIvor & Petch, 2006), hence the causes of these symptoms remain undetected and treatment is insufficient. Moreover, doctors themselves are much more likely than other professionals to be stalked by their clients, but they are not adequately prepared for the professional handling of this situation (Galeazzi *et al*, 2005; Purcell *et al*, 2005; McIvor & Petch, 2006).

In most industrialised countries stalking is considered a form of violent criminal behaviour. It is well known that people with serious mental illness are far more likely to be victims of violence than healthy people and it could be hypothesised that this might also be true for stalking victimisation. To the best of our knowledge this has not been investigated to date. To address this question we performed a cross-sectional study of 300 consecutive in-patients admitted to the psychiatric clinic of the Central Institute of Mental Health, Mannheim (a medium-sized German city). We found a lifetime prevalence for stalking victimisation that was twice as high (21.3%) as that in a community sample from the same region (11.6%; Dressing *et al*, 2005). In only 4 out of 64 cases (6.2%) was the treating psychiatrist aware of the stalking history. This needs confirmation in further studies.

Current scientific evidence stresses the need to introduce formal educational training on stalking for all doctors. This should include information about the high lifetime prevalence of stalking victimisation in patients as well as the high risk of the doctor becoming a stalking victim. The results of our cross-sectional pilot study underscore the urgent need for advanced educational programmes for psychiatrists. The question 'Have you ever been stalked?' should be routinely asked in the psychiatric interview in the same way as questions about past suicide attempts.

Dressing, H., Küehner, C. & Gass, P. (2005) Lifetime prevalence and impact of stalking in a European population. Epidemiological data from a middle-sized German city. *British Journal of Psychiatry*, **187**, 168–172.

Dressing, H., Küehner, C. & Gass, P. (2006) The epidemiology and characteristics of stalking. *Current Opinion in Psychiatry*, **19**, 395–399.

Galeazzi, G. M., Elkins, K. & Curci, P. (2005) The stalking of mental health professionals by patients. *Psychiatric Services*, **17**, 298–304.

McIvor, R. J. & Petch, E. (2006) Stalking of mental health professionals: an underrecognised problem. *British Journal of Psychiatry*, **188**, 403–404.

Purcell, P., Powell, M. B. & Mullen, P. E. (2005) Clients who stalk psychologists: prevalence, methods, and motives. *Professional Psychology: Research and Practice*, **36**, 537–545.

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Moderate alcohol use and mental health

Tait & Hulse (2006) conclude from their prospective cohort study that there was tentative evidence that moderate alcohol use was associated with a reduction in mental health admissions compared with abstinence. They cite evidence for more favourable physical, mental and cognitive health in moderate drinkers compared with both problem drinkers and abstainers (the so-called J-shaped curve of alcohol use). They speculate that any association between moderate alcohol use and improved health may be mediated by improved general or cardiovascular health, improved psychological well-being, or as yet unidentified causal variables such as increased social stability. However, they do not speculate on the potential role of personality differences between the different drinking categories. Preliminary evidence from the Dublin Healthy Ageing Study has demonstrated that, when assessed using the Eysenck Personality Inventory, lifelong alcohol abstainers have higher levels of introversion and neuroticism compared with moderate drinkers. This may have an impact not only on measures of social stability, but also mental and physical health characteristics such as depression and hypertension.

Another study has demonstrated that abstinence was more common among people who scored higher on social inadequacy, rigidity and self-sufficiency subscales of the Dutch Personality Inventory and the amount of alcohol consumed was higher in drinkers who scored lower on rigidity and social inadequacy (Koppes *et al*, 2001). Rodgers *et al* (2000) demonstrated higher depression and anxiety levels in non-drinkers and occasional drinkers compared with moderate drinkers, along with contributory factors such as lower-status occupations, poorer education, more current financial hardship, poorer social support and more recent stressful life events. Furthermore, abstainers and occasional drinkers scored lower on extraversion, fun-seeking and drive.

Therefore the personality types and temperaments of abstainers, and not simply their zero alcohol consumption, may account for their relatively poorer health characteristics in comparison with moderate drinkers.

Koppes, I. L., Twisk, J. W., Snel, J., *et al* (2001) Personality characteristics and alcohol consumption: longitudinal analyses in men and women followed from ages 13 to 32. *Journal of Studies on Alcohol*, 494–500.

Rodgers, B., Korten, A. E., Jorm, A. F., *et al* (2000) Risk factors for depression and anxiety in abstainers, moderate drinkers and heavy drinkers. *Addiction*, **95**, 1833–1845.