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FATAL SELF-INJURIOUS BEHAVIOUR  
—A PRELIMINARY COMMUNICATION

DEAR SIR,

A recent publication by Stevens (1973) has emphasized the high risk of suicide in community-centred Day-Hospital/Industrial Rehabilitation Units for psychotic patients. On the other hand, to date, a review of relevant literature concerning the use of token-economy programmes with chronic psychiatric patients has failed to provide evidence of any report concerning the occurrence of suicide during or after programme participation, though there is evidence to suggest that during programme participation some patients are likely to threaten and show self-injurious behaviour (Schaefer and Martin, 1969). The purpose of this communication is to highlight the possible risk of fatal self-injurious behaviour in programmes dealing with chronic psychiatric patients and conducted in controlled prosthetic social-learning environments.

In rehabilitation studies using token reinforcement conducted by this correspondent, four patients out of a total of 56 made suicidal attempts which proved fatal. These four patients (three males and one female), all suffered from psychotic illnesses of long duration, and they committed suicide under the following circumstances: (a) one patient—over three months after successful programme completion, i.e. during the follow-up period, while resident in a half-way hostel and in sheltered employment; (b) one patient—over three months after successful programme completion, i.e. during the follow-up period and while in open employment for over two months, though still resident in hospital; (c) one patient—while out of hospital on a town visit; and (d) one patient—while out of hospital on a home visit accompanied by relatives. No environmental cause could be demonstrated in these suicides.

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POSSIBLE SIDE EFFECTS OF  
FLUPHENTHIXOL DECANOATE

DEAR SIR,

Many patients have benefited considerably from the regular medication provided by the depot neuroleptic drugs, and many of us have found a great use for them—particularly fluphenazine enanthate (Moditen), fluphenazine decanoate (Modecate) and more recently fluphenthixol decanoate (Depixol).

Side effects (apart from extrapyramidal effects) seem to have been relatively rare, but recently two patients of mine have shown quite remarkable weight increases whilst on Depixol. In one case, a female patient of 38, weight increase was so dramatic that she became facially unrecognisable and her ordinary clothes could not be worn. She put up with the weight increase for several months, but then refused further injections. Her weight has reduced and her figure and facial outline have returned to normal since injections were stopped and she reverted to trifluoperazine (Stelazine) by mouth. The other patient is a young man, aged 21, who after a severe psychotic episode and six months in hospital has done well. His psychosis is not now evident, he is working and is apparently doing well, but his weight increase (not apparently embarrassing to him!) is enormous.

We have found Depixol a useful drug, and I would be glad to know if any other clinicians have noted any similar effects. At least one observer (Gottfries) has noted weight reduction in a number of cases. I am not, at present able to offer any explanation how or why the weight increase occurs.

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THE USE OF DISULFIRAM  
IMPLANTATION IN ALCOHOLISM

DEAR SIR,

A representative of the American company that manufactures disulfiram has informed me that the drug is absorbed into the blood stream via the lacteals of the gut and that absorption does not occur by other routes. Documentation for this assertion, however, was lacking, and I was interested in the article by Malcolm and Madden (*Journal*, July 1973,