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Synopses of Papers Awaiting Publication

A Comparative Double Blind Trial of Pimozide and Fluphenazine in Chronic Schizophrenia. P. A. MORRIS, D. H. MACKENZIE and H. C. MASHETER.

A trial designed to compare the relative efficacy of oral pimozide, a new neuroleptic drug, with fluphenazine has been conducted.

Thirty male chronic schizophrenics with average duration of disease 19·2 years were selected. Previous medication, usually phenothiazines, was discontinued, but anti-Parkinsonian drugs were still administered.

The eight week test period involved cross-over of drugs at four weeks. Assessment initially, at cross-over and at the end of the study, using the B.P.R.S. scale, was made and side effects observed. Laboratory tests were conducted and side effects observed.

Twenty-nine patients completed the study satisfactorily and B.P.R.S. scores showed minimal improvement relative to baseline therapy following both test drugs. Parkinsonian side effects affected five patients on fluphenazine and four on pimozide.

Pimozide would appear to be worthy of further trial for long term management and for more acute cases of schizophrenia.

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Grief and the Imminent Threat of Non-being. S. SUNDER DAS.

In this paper a distinction has been made between grief and suffering; the former has been defined as a reaction to the absence or loss of something whereas the latter is the reaction to noxious stimulation. Types of grief have been analysed. The most subtle form of grief has to do with the diminution of ontological meaning. Such grief has been seen as a consequence of losing love-objects possessed and perceived as extensions of the self. The possibility of converting grief into suffering has been considered. Authenticity has been seen as resulting from non-avoidance of experimental areas whether they be pleasurable or not.

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Psychiatric Sequelae of the Belfast Riots. H. A. LYONS

A brief description of the riots in Belfast is given and the literature describing the reaction of civilians to the stress of war is reviewed. Three General Practices in West Belfast have been studied and 217 patients presenting with psychiatric symptoms interviewed. In addition 40 patients who were referred to psychiatrists were also interviewed.

It was found that the young and the elderly were less likely to develop symptoms, that the unemployed were more at risk and that social isolation was not an etiological factor. The study shows that under conditions of severe civil disturbance there is no increase in acute psychotic illness and that existing psychiatric facilities can cope with the initial small increase in re-admissions. The number of people receiving Sickness Benefit, the recorded suicide rate and the number of prescriptions issued in Belfast showed no increase. In the community those who developed symptoms tended either to develop a short lived 'normal anxiety' reaction, or in those with a previous psychiatric history the illness pattern usually repeated itself.

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Minor Self-injury. BRIAN R. BALLINGER

A survey was made of self-injury in patients in a mental subnormality hospital and a psychia-

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tric hospital. Self-injury was defined as any painful or destructive act committed by the patient against his own body, but accidents, tearing clothes, window-breaking, swallowing dirt and nail-biting were excluded.

Ninety-three out of 626 subnormals (14·9 per cent) and 20 out of 584 psychiatric patients (3·4 per cent) had injured themselves in the previous month.

In both hospitals self-injury occurred over a wide range of ages, but in subnormals there was a fall in prevalence after the age of 30. In subnormals there was a higher prevalence of self-injury in those with IQ's under 51. In the psychiatric hospital population over half the instances were in schizophrenic patients, but examples occurred in most other diagnostic categories.

Predominantly similar forms of self-injury occurred in both hospitals, but certain differences were noted. In both populations the commonest forms were picking, hitting and scratching.

Self-injury was said to create major difficulties in management in only a minority of instances, mainly when the staff were afraid that severe injury might result. Environmental restriction, boredom and frustration appeared to play a part in worsening self-injury.

Drug treatment was not usually found to be helpful, and it is probably more important to provide individual attention, recreation and constructive occupation.

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Extrapyramidal disorders after prolonged Phenothiazine Therapy P. F. KENNEDY, H. I. HERSHON and R. J. MCGUIRE

A clinical study of extrapyramidal disorders was carried out in a population of 63 non-braindamaged schizophrenics who had been taking trifluoperazine for three to thirteen years. An attempt was made to overcome some of the problems of defining neurological syndromes occurring in association with phenothiazine therapy. Five recognizably discrete types of extrapyramidal motor phenomena were rated separately for each body part in each patient. These were: static tremor, muscular rigidity, dystonic spasms, choreiform dyskinesia and restlessness. Inter-observer reliability was satisfactorily high. Factor analysis of the clinical data allowed us to identify the principal patterns of motor disorder. Sex, age, state of dentition as well as phenothiazine and anti-parkinsonism drug treatment variables were then studied in relation to the motor disorders suggested by factor analysis.

1. Tremor was found in 88 per cent, rigidity in 68 per cent, chorea in 56 per cent and restlessness in 38 per cent. Dystonic reactions were not seen.

2. Three major factors extracted on principal components analysis accounted for 65 per cent of the variance. They represented, (i) motor restlessness of the trunk and all four limbs which was not affected by any of the personal and treatment variables studied, (ii) tremor with rigidity of the upper limbs and facial musculature which occurred more frequently in older patients and (iii) chorea of the tongue, lips and jaw negatively correlated with tremor of the same area (bipolar factor). Chorea was more common and tremor less common in women than men. Chorea was associated with a low total dose of phenothiazine and tremor with a high total dose, in men.

The usefulness of this method and the implications of our results are discussed, particularly with respect to choreiform disorders which may be irreversible.

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