

'Manic Depression Psychosis' should be confined to the times when patients are psychotic and that on other occasions such terms as 'bi-affective disorder' or 'manic depression' would be more appropriate.

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### *Patients' access to medical records*

DEAR SIRS

Regarding Dr D.H. Thomas' letter (*Psychiatric Bulletin*, 1991, 15, 647), could the problem of patients' access to records be solved by creating several records – one confidential to the medical staff and the others for patients, etc. In the best training setting I have known (Professor Adolf Meyer's Henry Phipps Psychiatric Clinic for decades until the 1940s) he insisted that five formulations be written within a week of admission summarising the relevant facts for:

- (a) the clinical director
- (b) the referring physician
- (c) the paramedical staff
- (d) the family
- (e) and most relevant for our topic, the patient.

Unless the problems of records is solved other than by full access, many aspects of examination and treatment will never be recorded. Eventually no significant record of any psychoanalytic treatment of patients could be recorded in hospital.

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### *Clozapine: a worm's eye view*

DEAR SIRS

We would like to comment on the article 'Expert Opinion, Clozapine' by Drs Cutting & Reveley (*Psychiatric Bulletin*, 1991, 15, 617). We have had experience of the use of clozapine in 20 treatment-resistant schizophrenic patients over a period of six months. Of these, 11 remain on the drug, in most cases with considerable benefit (dramatic in some cases). As general trainees, rather than experts, we are involved in the day to day monitoring of these patients. This includes regular blood tests as well as dealing with side effects and other problems which may arise. We feel that it would be useful to complement the article from a trainee's point of view.

Perhaps the most surprising aspect of clozapine therapy is that once a patient has accepted the need for regular follow-up and blood tests, compliance

is exceptionally good. This may suggest that other factors are at work in addition to the undoubted pharmacological effects of the drug, and we think that the intensity of follow-up is a motivator in some patients. While sharing Cutting & Reveley's enthusiasm for the drug, we believe that there can be difficulties involved in its use which should be taken into consideration. Apart from agranulocytosis, which in theory should be covered by Sandoz's "no blood, no drug" policy, other side-effects are apparent in some patients. They are very variable. Some report only mild or no side-effects. Others may experience considerable sedation at anti-psychotic doses or weight gain of greater than 10% (in practice this has been tolerated because of improvement in mental state). Increased extrapyramidal side-effects can appear, of which drooling is the most common, requiring the use of high doses of anti-cholinergic drugs. In addition, several patients stopped their medication after unprecedented periods of stability only to relapse extraordinarily quickly over a matter of a few days. Presumably, these are examples of the "supersensitivity" psychosis described by Chouinard *et al* (1978). It is worth noting that because conventional treatment has previously failed these rebound phenomena may be extremely difficult to treat. Clozapine blood levels are not monitored and so compliance is judged by mental state alone. In this regard, one of our patients overdosed having stored several week's supply of clozapine even though he had attended for weekly follow-up and blood tests. This dangerous overdose led to a 2 day admission to intensive care. Pyrexia and cardiovascular instability persisted for a further three days and these were worrying complications to deal with on a psychiatric ward.

Other problems in our experience include a wide variation in maintenance dose (as much as tenfold) and restrictions of the patient's mobility – several of our patients have had to return from holiday for monitoring and Sandoz recommend discontinuation of the drug before travelling abroad.

Despite these reservations, our impression is that clozapine does work and is a considerable advance in the treatment of neuroleptic resistant schizophrenia. The improvement seen in a significant number of patients would seem to justify its wider use.

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### *Reference*

- CHOUINARD, G., JONES B. D., & ANNABLE, L. (1978) Neuroleptic induced supersensitivity psychosis *American Journal of Psychiatry* 135, 1409–1410.