judgmental approach to such patients to be more readily achieved. From the theoretical point of view, much of the nosological debate incorporating inferred degrees of suicidal intent is rendered unnecessary, as the differences are more apparent than real, with the primary activity being that of conservation withdrawal in order to escape an intolerable situation.

**Engel, G. L. (1962)** Anxiety and depression – withdrawal: the primary effects of unpleasure. *International Journal of Psychoanalysis*, **43**, 89–97.

**Goldney, R. D. (1980)** Attempted suicide: an ethological perspective. *Suicide and Life Threatening Behaviour*, **10**, 131–141.

**Jones, I. H. & Daniels, B. A. (1996)** An ethological approach to self-injury. *British Journal of Psychiatry*, **169**, 263–267.

**Simpson, M. A. (1976)** Self-mutilation and suicide. In *Suicidology: Contemporary Developments* (ed. E. S. Schneidman), pp. 281–315. New York: Grune & Stratton.

**R. D. Goldney** University of Adelaide, The Adelaide Clinic, 33 Park Tce., Gilberton, South Australia, Australia 5081

**D. Lester** Richard Stockton College, New Jersey, USA

## Sexual abuse in people with alcohol problems

**Sir:** It was with great interest that we read the article by Moncrieff *et al* (1996) about the significance of sexual abuse in people with alcohol problems. We, too, have done research on the relationship of adverse sexual, physical and emotional childhood experiences to later alcohol problems in a non-clinical sample. We feel our findings confirm and supplement Moncrieff's [illegible]

Of the 274 male probands, 31 (11.3%) met DSM–III–R–10 diagnostic criteria for alcohol abuse. Compared with the teetotallers and normal alcohol consumers, the men with alcohol problems significantly more frequently reported serious physical abuse experiences in childhood ($P$=0.0005). Of the serious physical abuse experiences, the most important for later alcohol abuse was insecure familial base ($P$=0.03): the probability of alcohol problems in adulthood increased from a base rate of 11.3% to 62.5%, if the person had experienced serious physical abuse and an insecure familial base during childhood. The probability of alcohol abuse in adulthood increased further from 62.5% to 100%, if the person also experienced serious sexual abuse during childhood sexual abuse.

Our results indicate that childhood sexual abuse and, in particular, physical abuse and insecure attachment experiences within a dysfunctional family background must be given due consideration in the treatment of people with alcohol problems.

**Moncrieff, J., Drummond, D. C., Candy, B., *et al* (1996)** Sexual abuse in people with alcohol problems. A study of the prevalence of sexual abuse and its relationship to drinking behaviour. *British Journal of Psychiatry*, **169**, 355–360.

**J. F. Kinzl, W. Biebl** Department of Psychiatry, Innsbruck University Clinics, Innsbruck, Austria

## Venlafaxine-induced increased libido and spontaneous erections

**Sir:** The potentially beneficial sexual side-effects of antidepressant drugs such as increased libido, improved erection and delayed ejaculation are less frequent and less often recognised than the adverse effects. Venlafaxine is a novel antidepressant which inhibits reuptake of both serotonin and noradrenaline. We report a case of venlafaxine-induced increased libido and spontaneous erections.

Mr X, a 50-year-old married man, was referred with a first episode of major depression. Premorbidly, his sexual functioning was normal. Since becoming depressed his libido was non-existent and he had not had any sexual contact. His depression was resistant to treatment with a series of antidepressants. He was commenced on a combination of lithium and venlafaxine. A week after venlafaxine was increased to 375 mg/day, he reported increased libido, much higher than premorbid levels, and frequent spontaneous erections, while continuing to be depressed. After six weeks on the same medication, this side-effect gradually waned and his depression improved.

Venlafaxine's unique properties of serotonin and noradrenaline reuptake inhibition were probably responsible for this side-effect. Noradrenaline facilitates libido and erections (Pfaus & Everitt, 1995) and the facilitatory effects of serotonin on sexual function become manifest only when central noradrenaline activity is intact (Fernandez-Guasti *et al*, 1986).

The literature on beneficial sexual side-effects of antidepressants is scanty. Power-Smith (1994) reported increased libido, improved erections and improvement in premature ejaculations in two elderly men treated with fluoxetine. Increased libido has been reported with nomifensine, which inhibits reuptake of noradrenaline and dopamine (Freed, 1983). Mianserin and trazodone, which increase synaptic noradrenaline, improve libido and erections in one-third and two-thirds of subjects, respectively (Kurt *et al*, 1994). Lal *et al* (1990) reported the case of a psychiatrist who self-treated his erectile impotence with trazodone and enjoyed the associated increased libido. In all these reports the beneficial sexual effects were independent of the antidepressant effects. To our knowledge, this is the first report of increased libido and spontaneous erections induced by venlafaxine.

**Fernandez-Guasti, A., Hauser, S., Archer, S. T., *et al* (1986)** Noradrenaline–serotonin interaction in the control of sexual behaviour in the male rat. DSP4-induced noradrenaline depletion antagonizes the facilitatory effect of serotonin receptor agonists, 5-MeODMt and lisuride. *Brain Research*, **377**, 112–118.

**Freed, E. (1983)** Increased sexual function with nomifensine. *Medical Journal of Australia*, **1**, 551.

**Kurt, U., Ozkardes, H., Altug, U., *et al* (1994)** The efficacy of antiserotonergic agents in the treatment of erectile dysfunction. *Journal of Urology*, **152**, 407–409.

**Lal, S., Rios, O. & Thavundayil, J. X. (1990)** Treatment of impotence with trazodone: a case report. *Journal of Urology*, **143**, 819–820.

**Pfaus, J. G. & Everitt, B. J. (1995)** The pharmacology of sexual behaviour. In *Psychopharmacology: The Fourth Generation of Progress* (eds F. E. Bloom & D. J. Kupfer), pp. 743–757. New York: Raven Press.

**Power-Smith, P. (1994)** Beneficial sexual side-effects from fluoxetine. *British Journal of Psychiatry*, **164**, 249–250.

**A. Michael, A. Owen** Department of Psychiatry, Addenbrooke's Hospital, Cambridge CB2 2QQ

## Paroxetine-induced chorea

**Sir:** A 42-year-old patient was found by her husband exhibiting dysarthria and choreiform movements in all limbs. Her general practitioner had started paroxetine 20 mg that day for a depressive episode. She had felt increasingly unwell and lethargic all day. She later described after the event that involuntary movements had suddenly come on 14 hours after taking the first dose of paroxetine. She was unable to summon help. Symptoms had continued for two hours until her husband had returned home. At presentation she was severely distressed and unable to control any of her movements or communicate. There was no other relevant history of note. Physical examination confirmed choreiform movements, and found signs of an oculogyric crisis and

https://doi.org/10.1192/bjp.170.2.193a Published online by Cambridge University Press

hypotonia. She was hypertensive (220/120 mmHg) and tachycardic, but apyrexial.

Routine haematological and biochemical screening was negative. She was treated with 5 mg intravenous procyclidine but the chorea returned after a few minutes. She was given two further doses of 5 mg intravenous procyclidine. Symptoms completely resolved after 30 minutes. She was admitted to the medical ward and made an uneventful recovery.

The Committee on Safety of Medicines in the UK has received 246 reports of suspected extrapyramidal reactions in association with the use of paroxetine but only three of these reports were of chorea (Committee on Safety of Medicines, 1996, personal communication). Extrapyramidal reactions with selective serotonin reuptake inhibitors have been reviewed (Ayra, 1994) but have not commonly been reported with paroxetine. Since 1995 the manufacturer has received 12 reports worldwide of chorea (SmithKline Beecham, 1996, personal communication) and there are no reports after a single dose of paroxetine. We believe this is the first case reported of chorea following one dose of paroxetine.

**Ayra, D. K. (1994)** Extrapyramidal symptoms with selective serotonin reuptake inhibitors. *British Journal of Psychiatry*, **165**, 728–733.

**G. C. Fox, S. Ebeid, G. Vincenti** Department of Mental Health, Friarage Hospital, Northallerton, North Yorkshire DL6 1JG

### Coexistence of eosinophilia and agranulocytosis in a clozapine-treated patient

**Sir:** The following case report stresses the possible significance of eosinophilia in the induction of clozapine-induced agranulocytosis.

A 37-year-old man was hospitalised because of an exacerbation of refractory schizophrenia. Clozapine therapy was initiated. During the second week of treatment the peripheral blood eosinophil level reached up to 700 cells/mm$^3$. The eosinophilia persisted for seven weeks with no significant change. There were no accompanying allergic symptoms during this period. Eight weeks after the commencement of clozapine the patient was readmitted with high fever and chills. During a careful physical examination a small perianal abscess was detected. Severe agranulocytosis was recorded, which necessitated clozapine discontinuation and the administration of wide-spectrum antibiotics with concurrent granulocyte-colony stimulating factor therapy. A relative abundance of eosinophils was recorded during the patient's neutropenic crisis. Three weeks later the patient's granulocyte count returned to a normal level and he was discharged.

Eosinophilia appears in 0.2–1.0% of patients treated with clozapine. Eosinophilia usually occurs early in therapy, and women seem to be at a higher risk (Banov *et al*, 1993). The observation of concomitant eosinophilia and paralleling neutropenia has been described in immune deficiencies, bacterial and viral infections, drug reactions and cyclic neutropenia (Tebbi *et al*, 1980). It has been suggested that the addition of anti-eosinophilic serum promotes colony formation in bone marrow cultures (Tebbi *et al*, 1980). Kurland *et al* (1978) proposed that the inhibitory effect of eosinophils is mediated by the secretion of prostaglandin E in the bone marrow. This effect was shown to be abrogated by pre-incubation of eosinophils with indomethacin (Tebbi *et al*, 1980). This occurrence may reflect a controlled regulatory negative feedback between granulocyte-colony stimulating factor and prostaglandin E influences.

In conclusion, we believe that the emergence of agranulocytosis is not coincidental following eosinophilia appearance during clozapine therapy. More attention should be addressed to eosinophilia in clozapine-treated patients.

**Banov, M. D., Tohen, M. & Friedberg, J. (1993)** High risk of eosinophilia in women treated with clozapine. *Journal of Clinical Psychiatry*, **54**, 466–469.

**Kurland, J. I., Bockman, R. S., Broxmeyer, H. E., *et al* (1978)** Limitation of excessive myelopoiesis by the intrinsic modulation of macrophage derived prostaglandin E. *Science*, **199**, 552–556.

**Tebbi, C. K., Mahmoud, A. A., Polmar, S., *et al* (1980)** The role of eosinophils in granulopoiesis. I: Eosinophilia in neutropenic patients. *Journal of Pediatrics*, **96**, 575–581.

**D. Amital, R. Gross, H. Amital, J. Zohar** Sheba Medical Center, Tel-Hashomer 52621, Israel

## One hundred years ago

### The Asylum Workers' Association

The Asylum Workers' Association, of which the late Sir Benjamin Ward Richardson was the first president, has among its objects the improvement of the status of asylum nurses and attendants and the provision of a "home of rest and nursing" for those engaged in asylum work. If carried out under proper medical supervision the education of asylum attendants in the special form of nursing required in asylums is an object worthy of support, and we welcome the first number of the *Asylum News* (the official organ of the association), which has been published with the intention of furthering the objects of the association. At the annual meeting of the association, which was held on Monday last, it was stated that the association now numbered upwards of 2000 members. The receipts for the year amounted to £107 2*s*. 6*d*. and the expenditure to £12 5*s*. 6*d*., leaving a balance in hand of £94 17*s*.

**REFERENCE**

*Lancet*, 13 February, 1897, 472.

Researched by Henry Rollin, Emeritus Consultant Psychiatrist, Horton Hospital, Epsom, Surrey


https://doi.org/10.1192/bjp.170.2.193a Published online by Cambridge University Press