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## A case of clozapine-induced diabetic ketoacidosis

A 29-year-old male of Yemeni descent detained in a medium secure unit was commenced on clozapine; after 4 weeks of treatment he was taking a total of 275 mg in divided doses. He developed nausea and vomiting which progressed over 36 hours to a point where he needed to be urgently transferred to the local accident and emergency unit. At assessment he was experiencing breathing problems, vomiting and he was incontinent of urine; he had a Glasgow Coma Scale score of five. He was immediately transferred to the intensive care unit. The differential diagnoses included drug overdose, alcohol intoxication and clozapine-induced hyperglycaemia. His blood chemistry showed evidence of diabetic ketoacidosis; his blood glucose level was grossly elevated. The clozapine was stopped and the patient was given appropriate treatment with glycaemic agents.

In summary, the patient had become seriously unwell over a period of 36 hours. Apart from having a slightly raised body mass index, he was fit and well and had no family history of diabetes. His pre-treatment blood glucose had been normal.

Diabetic ketoacidosis is over ten times more common in patients treated with atypical antipsychotics than in the general population,[1] although the evidence is largely restricted to case reports and series.[2] Clozapine has a higher risk of ketoacidosis than other oral antipsychotics[3] and it tends to develop after a shorter duration of treatment, with a high proportion of patients developing it within 3–6 months. Low doses, being a young male and having a negative family history seem to be significant risk factors.[4] There is also significant mortality.[5] The unusual aspect of this case (although not unknown) was the occurrence of diabetic ketoacidosis during the titration phase of treatment.

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## 'Deaf-mute': time to abandon stigmatisation of the deaf community

I was dismayed to read Akintomide *et al*'s reference to the subject of their case review as a person who was 'profoundly deaf-mute'.[1]

'Deaf-mute' is an outdated term originating in the 18th/19th century. It carries very derogatory connotations, and is no longer used in reference to individuals with profound deafness. The term 'mute' implies a lack of ability to make noise. Such a label is technically inaccurate when applied to deaf individuals, since they generally have functioning vocal chords and therefore retain the ability to make vocalisations (http://wfdeaf.org). Those who are profoundly deaf from early life struggle to develop an oral language, given that hearing is required to facilitate a modulation of one's voice into speech. Many will therefore employ non-verbal communication in the form of sign language instead. This is a complex combination of hand signals, with its own regional dialects and international differences.

Over 75 000 people in Britain currently use British Sign Language (BSL) as their first or preferred language. The majority of these sign language users consider themselves as members of a distinct cultural community with a strong social identity.[2]

To this day the social image of deafness remains impaired on an international scale. This manifests itself in the form of a deeply rooted pathological stigma, negative stereotypes and prejudiced attitudes towards the deaf.[3] It would seem that such ignorance also persists among health professionals. Ralston *et al*[4] surveyed the attitudes of 165 physicians and identified a significant difference in attitudes towards hearing patients compared with deaf patients. Munoz-Baell & Ruiz[3] suggest that much of the stigma relating to the deaf community arises from an extensive social lack of appreciation of both their communication mechanisms and their culture. Unfortunately, in spite of more recent advances in healthcare legislation,[5] it would appear that there is still some way to go before members of the deaf community achieve the equality of health and social standing to which they are entitled.

The summary for Akintomide *et al*'s paper states that it is the first published case report of catatonia in someone who is profoundly deaf. It is a shame therefore that, rather than taking the opportunity to present a positive reflection of managing patients with profound deafness, the authors have merely succeeded in perpetuating existing negative stereotypes about this sector of the population.

Nb. Deaf is used in reference to those born deaf whose first language is BSL. It is used as a generic term, and for those with acquired deafness whose primary form of communication is oral.

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