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Measurement of anhedonia: additional remarks

G Loas

Service Hospitalo-Universitaire de Psychiatrie, Hopital Pinel, 80044 Amiens Cedex 01, France

D'haenen (1996) presents a useful review of the instruments developed to measure anhedonia and their psychometric properties. Moreover, the author used the Rash model to test the homogeneity and transferability of a Dutch translation of the Fawcett Clark Pleasure Capacity Scale (FCPCS). The results have shown that the original scale did not fit the model but that a 14-item subscale did. In this letter to the editor we would like first to present our work concerning the development of a short scale extracted from the FCPCS and second to quote some other pleasure scales not referred to in the D'haenen review.

Because we have found insufficient discriminant validity of the French version of the FCPCS (Loas et al, 1992) we have built up a shortened version of that scale containing 12 items assessing only sensorial and physical features of pleasure (Loas et al, 1994). We have shown that the subscale had satisfactory validity and reliability (Loas and Boyer, 1995). It is interesting to note that six items out of our 12-item subscale are common with the 14-item subscale proposed by D'haenen (1996).

Moreover, there are three other pleasure scales which have satisfactory validity and fidelity. In 1984, Dworkin and Saczynski described the development and validation of three scales rating hedonic capacity. One scale consisted of 33 Minnesota Multiphasic Personality Inventory (MMPI) items, a second consisted of 24 California Psychological Inventory (CPI) items, and the third combined 48 items from both inventories. For the MMPI/CPI hedonic capacity scale the Cronbach alpha were, respectively, in three groups of normal subjects (undergraduates and twins) 0.89, 0.86 and 0.86. In a group of 44 twins the correlations between the MMPI/CPI hedonic capacity scale and the Chapman Anhedonia Scales (Physical Anhedonia Scale and Social Anhedonia Scale) were, respectively, – 0.37 ($P < 0.05$) and – 0.57 ($P < 0.001$). In 1989, Kazdin proposed the Pleasure Scale for Children to assess anhedonia in school-age children. The scale is a 3-point Likert scale containing 39 items. In a group of 232 child psychiatric inpatient children the Cronbach alpha coefficient was 0.96. The factorial analysis showed that the scale appears to be accounted for adequately by a single dimension. Moreover the scale correlated positively and significantly with other measures of pleasurable affect. Recently, Snaith et al (1995) have proposed a new scale, the Snaith-Hamilton Pleasure Scale (SHAPS), to assess anhedonia. The authors have shown satisfactory validity and reliability in the general population and psychiatric patients. The Kuder-Richardson formula 20 (KR 20) was 0.85 in 46 psychiatric patients. The French version of that scale have good concurrent validity and reliability (Loas et al, 1997).

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Clozapine: an accidental overdose

R Browne, C Larkin

St John of God Hospital, Stillorgan Co, Dublin, Ireland

Clozapine with its atypical antipsychotic profile has become a mainstay in the management of treatment resistant schizophrenia. Prescription and dispensing of Clozapine is strictly monitored to minimise the risk of agranulocytosis, and, as a result, cases of overdose have been reported infrequently (Mack, 1993). Where overdose has occurred the rapid rise in plasma levels of Clozapine and it's metabolites has tended to increase the adverse effects of seizures (Toth et al, 1994), sedation, hypotension, tachycardia (Marinkovic et al, 1994), pronounced agranulocytosis (Krupp et al, 1992) and may result in the demise of the patient (Meeker et al, 1992).

We would like to report a case of accidental Clozapine overdose in a neuroleptic naive woman. This middle aged woman whose son had been prescribed Clozapine over the previous twelve months, was in the habit of administering the Clozapine to him, ensuring compliance. She ingested 100 mg of Clozapine when it fell into her cup of tea while she dispensed it to her son. Under the impression that the tablet had rolled into a crack in the floor, she made up her sons daily dose from the weekly supply. Before sitting down to drink her tea she rang her son's psychiatrist to confirm that she could get extra medication to make up for the lost tablet. At this point she drank her tea. A phone call to the psychiatrist two hours later revealed the location of the missing tablet. The ladies daughter rang in a distressed state to say that her mother was drowsy and had fallen. Prompt transfer by ambulance to a general hospital was arranged. She was admitted with profound sedation, tachycardia and hypotension. Over the next two days she slowly recovered and was discharged on the third day after ingestion of the Clozapine.

Despite the rapid rise in plasma levels in a Clozapine naive patient she suffered no seizure activity during her admission and close monitoring of her white cell count revealed no change in the granulocyte levels.

While not been a typical case of overdose in that the dose ingested was small in terms of therapeutic doses, the profound level of sedation serves to remind of the potent side effects of Clozapine especially when dose titration is rapid.

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