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## Ejaculation associated with zuclopenthixol

SIR: We report a patient who, we believe, suffered spontaneous ejaculation as a side-effect of oral zuclopenthixol.

A 22-year-old man with a four year history of a schizophrenic illness punctuated by marked depressive and hypomanic episodes, was admitted in a state of depression with delusional ideas of guilt. He was treated with ECT (× 2), lithium carbonate (800 mg/day), sulpiride (1 g/day), paroxetine (20 mg/day) and chloral hydrate (1 g/day) regularly and oral zuclopenthixol (10–20 mg) only as required for agitation.

Following the resolution of his psychotic ideation, he complained for the first time of spontaneous ejaculation in the absence of any state of sexual arousal or penile erection. This occurred only after taking oral zuclopenthixol and the ejaculations remitted once this was stopped, despite no changes in other medications.

Spontaneous ejaculation has not previously been reported in association with zuclopenthixol although it has been reported with trifluoperazine and thiothixene (Keitner & Selub, 1983). More usually, zuclopenthixol and other neuroleptics are associated with impotence and painful, reduced or absent ejaculation (Sullivan & Lukoff, 1990). Thioridazine has been particularly implicated (Kotin *et al*, 1976) and it is thought that it may act by a neuroleptic-induced blockade of smooth muscle calcium channels (Pollack *et al*, 1992). In this case, as ejaculation occurred independently of either erection or sexual arousal, it seems likely that it occurred by triggering an isolated, spontaneous contraction of vas deferens smooth muscle. Vas deferens contraction is mediated by post-synaptic alpha-1 receptors (Pollack *et al*, 1992) and although zuclopenthixol is usually known for its antagonistic activity at these receptors (Hyttel *et al*, 1985), only occasional use could perhaps cause the zuclopenthixol to have a partially agonistic effect, which would offer a possible explanation for this side-effect.

Adverse genito-urinary effects of psychotropic medication are vastly under-reported by patients, principally because of their difficulty in raising the issue. Although not previously reported this side-effect may be quite prevalent.

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## Sleep disturbance in schizophrenia

SIR: In their review on electro-encephalographic sleep in schizophrenia, Keshavan *et al* (1990) concluded that the following sleep EEG findings are present in schizophrenic patients more frequently than in normal controls: decrease in total sleep time; decreased percentage of slow wave sleep; reduced REM-latency in some patients and reduced REM-compensation following REM-deprivation. However the results in relation to sleep EEG findings may reflect the variability in the studies (medicated v. non-medicated patients, chronic v. acute schizophrenics, and varying diagnostic criteria) and may be due to the heterogeneity of the schizophrenic syndrome as well.

We asked 101 clinically stable schizophrenic outpatients, all using oral neuroleptic medication, to co-operate in a short questionnaire about medication use and their health care needs. Besides other questions, four questions concerned their sleep: (1) do you have problems with your sleep? If yes, (2) do you have problems with falling asleep? (3) do you have problems with maintaining sleep? (4) do you have problems due to early awakening?

The questionnaire was administered by an independent interviewer. Demographic and psychiatric data (age, sex, diagnosis according to DSM–III–R (American Psychiatric Association, 1987), and type of medication) were collected by their therapist. Statistical analysis was performed by means of SPSS-PC.

Eight patients did not participate, so 93 patients (46 men, 47 women; mean age 47 years; range 20–75) were included in the study. No patients had acute psychotic symptoms. Thirteen different oral neuroleptics were used of which flupentixol ($n$=22),

pimozide ($n$=20) and sulpiride ($n$=12) were the most prescribed. Most patients ($n$=82) had used the same neuroleptic for between one and five years.

Thirty-five patients (37.6%) complained about their sleep in general. Early insomnia was reported by 26% of the patients, middle insomnia by 23% and early morning awakening by 16% of the patients. Hypnotics were used by 33 patients (35.5%) of whom 14 still complained about their sleep, while 21 patients (23%) complaining about their sleep did not receive sleep medication. It might be concluded that hypnotics are not very effective in this group of patients.

In accordance with the results of Benca *et al* (1992), patients with a diagnosis of affective psychosis had significantly more sleep problems (46.2%) compared to patients with a diagnosis of schizophrenia (30.4%). Sleep problems seemed to be more related to diagnosis than to the kind of neuroleptic used. This study shows that subjective sleep disturbances are common in schizophrenic patients, a finding that receives little attention in the literature. Development and research of antipsychotics (D2-antagonists) in combination with sleep-improving properties (5HT-2 antagonism) is necessary and might prevent long-term misuse of benzodiazepines. In particular, depot forms of such drugs are needed.

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## A HUNDRED YEARS AGO

### The psychological significance of tattooing

Tattooing among criminals has excited considerable attention of late years. In a recent number of the "Archivio per l'Antropologia" (Vol. xxii., fasc 2), Prof. Berté has a paper on its psychic significance ("Il Tatuaggio in Sicilia in Rapporto alla Resistenza Psichica"). At Milazzo, in Sicily, tattooing is exclusively practised by the masculine sex, and only during youth. It usually coincides with sexual development; no one is ever tattooed after 20–25 years of age. It is among maritime occupations that tattooing chiefly flourishes. The impulse to tattooing, Dr. Berté considers, is always a momentary whim (*bizzarria momentaria*), favoured by imitation and the prolonged idleness of the sea, the barracks, the prison, and the hospital. The impulse seems to become almost irresistible, as tattooing is often prohibited and sometimes punished by official superiors. It is here compared to sexual aberrations, which the subjects only confess to with shame, and as belonging to a remote past. They always seemed rather ashamed of being tattooed, and wondered why the Professor wished to study "these stupidities." "The psychological cradle of tattooing," Dr. Berté considers, "is constituted by a certain degree of general nervous excitability. In the cases studied by me the phenomenon appears in intimate and constant relation with the psychic resistance of the individual, in the sense that the more excitable the tattooed person, *i.e.*, the less his psychic resistance, the greater was the number and variety of his tattoo-marks." Individuals rich in tattoo-marks were always found to be restless and neurotic when their character and history became known. (In the Italian army, I may mention, tattooed men are found to be frequently insubordinate.) The tattooed criminals examined were found to be individuals with exaggerated excitability, although the mere instinct of imitation is sometimes sufficient. Both in criminals and in non-criminals the phenomenon is the same and may be explained by feeble psychic resistance. Tattooing was studied in Catania and the results reached in Milazzo confirmed. In Catania it was found to be very common, and this fact is associated with the marked religious fanaticism and superstition (involving psychic weakness) to be found in that town.

It may be added that Dr. Batut, an army surgeon, has recently published a paper of considerable length on tattooing as it exists in France and in Algeria, and also summarises some of the more recent studies of the subject ("Du Tatouage exotique et du tatouage en Europe," "Archives d'Anthropologie Criminelle," Jan., 1893).

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