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Professor Anthony Clare

Dear Editor – I was most saddened to hear about the death of Professor Anthony Clare. Like innumerable people he was extremely helpful to me in many ways since 1973 when he introduced me to the Maudsley Hospital in London, where I was shortly after to work. Since then I found him unfailingly helpful when I approached him about various academic matters. His contribution to the reducing the stigma of psychiatry worldwide has been enormous. I know of no other psychiatrist who has achieved so much in this area in the 20th century. He will be much missed by everyone.

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Intra-arterial injection of zolpidem and substance misusers

Dear Editors – Hypnotics have long been drugs of abuse by both substance misusers and patients attending adult psychiatric and general practitioner clinics. Zolpidem is licensed for the short term treatment of insomnia. However, we are seeing an increasing amount of abuse of zolpidem particularly among intravenous drug users (IDU).

Zolpidem abusers can take the drug orally, intravenously or by crushing or snorting it. Zolpidem abuse can occur in those who use or are prescribed it for longer than is recommended (four to six weeks) and at doses higher than 10mg-20mg. Its affects are also enhanced when used with other substances such as alcohol. Dependence and withdrawal is commonly seen in chronic users of the drug.[3] A case report detailed the history of a lady who experienced epileptic seizures following abrupt withdrawal of zolpidem following a history of chronic use at high doses.[1] Other reported side effects include hallucinations, delusions, ataxia, euphoria, impulsivity and amnesia. Intravenous abuse is particularly hazardous as doses as small as 5mg can produce serious effects.

In the Drug Treatment Centre and Advisory Board we have more recently seen one serious consequence associated with injection of zolpidem by intravenous drug users (IDU). Two patients who regularly injected zolpidem developed 'arterial microspasm' and this resulted in 'tissue necrosis and the possibility of loss of large areas of skin and digits' according to their consultant vascular surgeon.

Both patients had a history of intravenous drug use and had injected zolpidem a number of times previously. On one occasion within hours of injecting both patients complained of severe pain, difficulty weight bearing and a noticeable change in colour in the skin in one of their feet. One patient reported that they boiled two tablets of zolpidem and injected it into their foot, while the other patient reported crushing two tablets and injecting into their groin. They denied injecting other illicit substances at the time.

Both patients presented to hospital within hours of injecting and the onset of symptoms. Duplex scanning revealed 'severe microvascular spasm secondary to intra-arterial injection of zolpidem'. One patient required emergency treatment with intravenous (IV) heparin to prevent irreversible tissue destruction and loss of digits. The other patient was treated with an anticoagulant infusion and tinzaparin sodium (Innohep) and was given further anticoagulant treatment for a month following discharge.

There have been a limited number of papers suggesting an association between zolpidem and tissue ischaemia. One published paper reported that microcrystalline cellulose, an ingredient in zolpidem, acts as a potent embolic agent resulting in microvascular embolisation and ischaemia.[2]

These cases serve to highlight the dangers of intravenous (IV) substance misuse. We regularly inform patients about the risks of injecting illicit substances amongst which include overdose, infective diseases, abscesses, deep venous thrombosis and infective endocarditis. However, we should now highlight the dangers of injecting zolpidem as even a relatively small dose can produce serious consequences. We would like to invite your readers for their comment on similar cases they may have come across within their clinical practice.

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Caffeine and suicide

Dear Editor – In August 2007, the BBC reported the hospitalisation of a 17 year old due to accidental overdose[1] in the UK. A 17 year old taking an overdose in the UK is hardly unusual so what was so interesting about this case that it sparked the interest of the national media? The reason was that the offending substance was the world's most commonly consumed drug: caffeine. The teenager in question had drunk seven double measures (thinking they were singles) of espresso coffee during a single work-shift and was admitted due to the toxic effects of caffeine. In this instance, the overdose was neither intentional nor fatal but the case illustrates that, despite it ubiquity, caffeine is a chemical not without its dangers.

Indeed, this was not the first time that the attention of the British media was enthused by a caffeine overdose. In January 2002, a 20 year chemistry student committed suicide in Wales after consuming almost four hundred tablets of Pro Plus,[2] a caffeine-containing stimulant popular among students. The coroner's verdict confirmed the cause of death as suicide by caffeine overdose. Later that same year, the UK press reported the suicide of a 58 year woman who overdosed on several hundred Pro Plus tablets which she consumed with cans of the caffeine-containing energy drink Red Bull.[3] Her blood caffeine levels were found to 776mg/l; the fatal level of blood caffeine is estimated at around

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100mg/l.[4] The mechanism of death in these cases is usually ventricular fibrillation.[5]

Although caffeine overdose is not commonly seen in clinical practice, the medical literature documents a number of cases of caffeine-related fatality. In one case series, a 31 year old man was documented as having committed suicide with 100 caffeine tablets (100mg);[5] this is equivalent to about 75 cups of coffee. His blood caffeine level was found to be 153mg/l. This level of consumption of coffee is obviously unlikely to occur in a short enough time span to raise blood caffeine to a dangerous level. However, with high-dose caffeine tablets, it is quite another matter.

The ease with which caffeine tablets can be purchased in such quantities in most European countries is a matter of concern. Caffeine tablets can be purchased with ease in high street chemists in large enough quantities to commit suicide. Indeed, it is not even necessary to set foot into the high street to acquire a potentially fatal quantity of caffeine tablets; several legitimate European internet sites sell tablets in strengths ranging from 50mg-500mg and the amount purchased is limited only by available stock. A lethal dose can be easily purchased for around €10. In less than five minutes of searching the internet, it was possible to find several Irish and British websites selling high-dose caffeine tablets in bulk including one selling bodybuilding supplements that offered 200mg tablets in tubs containing 400 tablets for the equivalent of under €30.[6] This quantity is potentially sufficient for eight people to commit suicide.

Evidently, the majority of those people using caffeine tablets are not purchasing them to attempt suicide but, as with paracetamol, policies on the sales of such items have to be dictated by the risks to the most vulnerable group of potential purchasers even though, proportionately, they may be a tiny minority of those who buy them. The death of an 18 year student from Limerick in 2000 after consuming three cans of Red Bull before a basketball game prompted the Food Safety Promotion Board to issue guidelines[7] about the use and labelling of caffeine-containing energy drinks in Ireland even though Red Bull was not shown to be responsible for the death in that case. It would, therefore, seem sensible to at least begin to debate the issue with respect to caffeine tablets which potentially pose a much greater risk.

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Re: Impact of Ramadan on treatment of psychosis

Dear Editor – The authors of *Impact of Ramadan on treatment of Psychosis Ir J Psych Med 2007; 24(3): 119* describe a gentleman (Muslim) using the word 'Halal' in describing the permissibility of televisions. They state that the word 'Halal' is used only in describing food status and thus out of context. This is incorrect. The word 'Halal' is used to describe the general permissibility of any object. And there are some religious authorities who believe the use of televisions to be 'Haram' (forbidden). Therefore it would be not out of context for this man to use this word 'Halal' (allowable) or 'Haram' (forbidden), no more than it be more to use the word 'Allah' to describe God (as is detailed in the case report).

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Book Reviews

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Skills-based learning for caring for a loved one with an eating disorder. The new Maudsley method

Treasure J, Smith G, Crane A. Routledge, 2007 (248pp). ISBN: 978 0 415 43158 3

One of the most difficult questions to answer from the public is what they can do when they know someone who has an eating disorder who is not in treatment or where they know someone with an eating disorder who is in treatment. In both cases the question is 'How can I help'?

It is now a great benefit to be able to make a positive recommendation. Professor Janet Treasure who took over from Professor Gerald Russell at the Maudsley and The Institute of Psychiatry would be one of the world's unquestioned authorities on eating disorders. Anything she has written would be sympathetic, helpful and reflect the current state of knowledge in the management of these disorders rather than as so often happens, being a pop psychology book where the author thinks they have invented the answer. Grainne Smith is a carer and brings a contribution from someone who might ask the question and Anna Crane is a medical student who had the disorder and not being cowed by stigma, has written about her experience in the *BMJ*.

The book is practical manual introducing a little theory,