



# THE BRITISH JOURNAL OF PSYCHIATRY

September 1995

Vol. 167

## Editorials

- Psychiatry and philosophy. *M. Shepherd* 287  
Psychological treatments for depression. An update. *J. Scott* 289  
Aspects of oxidative metabolism in schizophrenia. *R. M. Marchbanks, J. Mulcrone and S. A. Whatley* 293

## Review Article

- In vivo* magnetic resonance spectroscopy. Applications in psychiatry. *M. Maier* 299

## Papers

- Treatment of sexual dysfunctions by sex therapy and other approaches. *K. Hawton* 307  
A 15–20 year follow-up of adult psychiatric patients. Psychiatric disorder and social functioning. *D. Quinton, L. Gulliver and M. Rutter* 315  
The Edinburgh primary care depression study: personality disorder and outcome. *D. A. Patience, R. J. McGuire, A. I. F. Scott and C. P. L. Freeman* 324  
The Maine and Vermont three-decade studies of serious mental illness. I. Matched comparison of cross-sectional outcome. II. Longitudinal course comparisons. *M. J. DeSisto, C. M. Harding, R. V. McCormick, T. Ashikaga and G. W. Brooks* 331  
Regional brain activity in chronic schizophrenic patients during the performance of a verbal

- fluency task. *C. D. Frith, K. J. Friston, S. Herold, D. Silbersweig, P. Fletcher, C. Cahill, R. J. Dolan, R. S. J. Frackowiak and P. F. Liddle* 343  
Somatic delusions in schizophrenia and the affective psychoses. *I. McGilchrist and J. Cutting* 350  
Child and adolescent psychiatric presentations of second-generation Afro-Caribbeans in Britain. *R. Goodman and H. Richards* 362  
Effect of exposure to dothiepin and northiaden in breast milk on child development. *A. Buist and H. Janson* 370  
Paroxetine in the treatment of panic disorder. A randomised, double-blind, placebo-controlled study. *S. Oehrberg, P. E. Christiansen, K. Behnke, A. L. Borup, B. Severin, J. Soegaard, H. Calberg, R. Judge, J. K. Ohrstrom and P. M. Manniche* 374  
A follow-up study of seasonal affective disorder. *C. Thompson, S. K. Raheja and E. A. King* 380  
Anorexia nervosa in 'non-white' populations. *G. M. Soomro, A. H. Crisp, D. Lynch, D. Tran and N. Joughin* 385  
Investigation by linkage analysis of the XY pseudoautosomal region in the genetic susceptibility to schizophrenia. *G. Kalsi, D. Curtis, J. Brynjolfsson, R. Butler, T. Sharma, P. Murphy, T. Read, H. Petursson and H. M. D. Gurling* 390

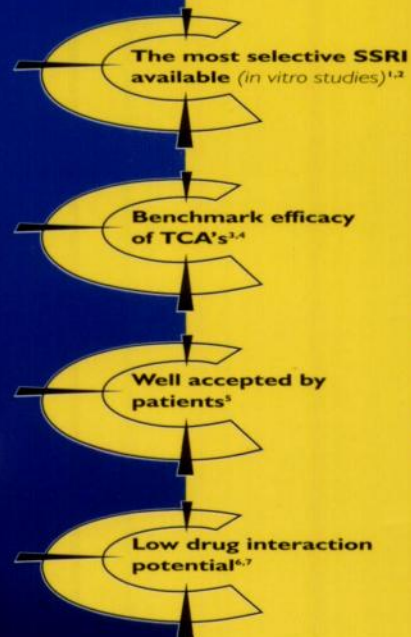
*continued p. ii*

Published by The Royal College of Psychiatrists

ISSN 0007-1250

# Now you can lift depression with the body in mind

Site-specific 'Cipramil' addresses four key dimensions of antidepressant therapy:



**Cipramil**  
citalopram

Specifically treating depression

**Lundbeck**

Research for a better life

#### Abbreviated Prescribing Information

**Presentation:** 'Cipramil' tablets, PL 0458/0058, each containing 20mg of citalopram as the hydrobromide. 28 (OP) 20mg tablets £21.28.  
**Indications:** Treatment of depressive illness in the initial phase and as maintenance against relapse/recurrence. **Dosage:** Adults. 20mg a day. Depending upon individual patient response, this may be increased in 20mg increments to a maximum of 60mg. Tablets should not be chewed, and should be taken as a single oral daily dose, in the morning or evening without regard for food. Elderly. 20mg a day increasing to a maximum of 40mg dependent upon individual patient response. Children. Not recommended. Restrict dosage to lower end of range in hepatic impairment. Dosage adjustment not necessary in cases of mild/moderate renal impairment. No information available in severe renal impairment (creatinine clearance <20ml/min). **Contra-indications:** Combined use of 5-HT agonists. Hypersensitivity to citalopram. **Pregnancy and Lactation:** Safety during human pregnancy and lactation has not been established. Use only if potential benefit outweighs possible risk. **Precautions:** Driving and operating machinery. History of mania. Caution in patients at risk of cardiac arrhythmias. Do not use with or within 14 days of MAO inhibitors: leave a seven day gap before starting MAO inhibitor treatment. **Drug Interactions:** MAO inhibitors (see Precautions). Use lithium and

tryptophan with caution. Routine monitoring of lithium levels need not be adjusted. Alcohol is not advised. **Adverse Events:** Most commonly nausea, sweating, tremor, somnolence and dry mouth. **Overdosage:** Symptoms have included somnolence, coma, sinus tachycardia, occasional nodal rhythm, episode of grand mal convulsion, nausea, vomiting, sweating and hyperventilation. No specific antidote. Treatment is symptomatic and supportive. Early gastric lavage suggested. **Legal Category:** POM 24.1.95. Further information available upon request. Product licence holder: Lundbeck Ltd, Sunningdale House, Caldecotte Lake Business Park, Caldecotte, Milton Keynes, MK7 8LF. 'Cipramil' is a trademark. © 1995 Lundbeck Ltd. Date of preparation: May 1995

#### References

1. Hyttel J, XXII Nordiske Psykiater-Kongres, Reykjavik, 11 August, 1988: 11-21.
2. Eison AS et al. Psychopharmacology Bull 1990; 26 (3): 311-315.
3. Rosenberg C et al. Int Clin Psychopharmacol 1994; 9 (Suppl 1): 41-48.
4. Shaw DM et al. Br J Psychiatry 1986; 149: 515-517.
5. Bech P and Cialdella P. Int Clin Psychopharmacol 1992; 6 (Suppl 5): 45-54.
6. Sindrup SH et al. Ther Drug Monit 1993; 15: 11-17.
7. Van Harten J. Clin Pharmacokinet 1993; 24 (3): 203-220.

# The British Journal of Psychiatry

September 1995

Volume 167

No. 3

---

*Editor* Greg Wilkinson *Liverpool*

---

**Senior Associate Editor**

Alan Kerr *Newcastle upon Tyne*

**Associate Editors**

Sidney Crown *London*

Julian Leff *London*

Sir Martin Roth *Cambridge*

Sir Michael Rutter *London*

Peter Tyrer *London*

**Editorial Advisers**

Herschel Prins *Leicester*

Sir John Wood *Sheffield*

**Assistant Editors**

Mohammed Abou-Saleh *Al-Ain*

Louis Appleby *Manchester*

German Berrios *Cambridge*

Alistair Burns *Manchester*

Patricia Casey *Dublin*

John Cookson *London*

David Cottrell *Leeds*

Nigel Eastman *London*

Tom Fahy *London*

Anne Farmer *Cardiff*

Nicol Ferrier *Newcastle upon Tyne*

William Fraser *Cardiff*

Richard Harrington *Manchester*

Sheila Hollins *London*

Jeremy Holmes *Barnstaple*

Alexander Kellam *Cardiff*

Peter Kennedy *York*

Alan Lee *Nottingham*

Shôn Lewis *Manchester*

Robin McCreadie *Dumfries*

Ian McKeith *Newcastle upon Tyne*

Roy McClelland *Belfast*

Stuart Montgomery *London*

David Owens *Leeds*

Ian Pullen *Edinburgh*

Rosalind Ramsay *London*

Henry Rollin *London*

Jan Scott *Newcastle upon Tyne*

Andrew Sims *Leeds*

Jeanette Smith *Bristol*

George Stein *London*

David Tait *Perth*

**Corresponding Editors**

Sidney Bloch *Australia*

Patrice Boyer *France*

J.M. Caldas de Almeida *Portugal*

Andrew Cheng *Taiwan*

Andrei Cristian *Romania*

E. L. Edelstein *Israel*

Václav Filip *Czech Republic*

Heinz Katschnig *Austria*

Kenneth Kendler *USA*

Toshi Kitamura *Japan*

Arthur Kleinman *USA*

F. Lieh Mak *Hong Kong*

Jair Mari *Brazil*

Harold Merskey *Canada*

Paul Mullen *Australia*

Ahmed Okasha *Egypt*

Volodymer Poltavetz *Ukraine*

Michele Tansella *Italy*

Toma Tomov *Bulgaria*

John Tsiantis *Greece*

J. L. Vázquez-Barquero *Spain*

Richard Warner *USA*

**Statistical Adviser**

Pak Sham *London*

**Staff**

*Publications Manager*

Dave Jago

*Scientific Editor*

Lesley Bennun

*Deputy Scientific Editor*

Aliki Buhayer

*Assistant Scientific Editor*

Dinah Alam

*Editorial Assistants*

Judy Ashworth

Julia Burnside

*Marketing Assistant*

Dominic Bentham

**Past Editors**

Eliot Slater 1961–72 Edward H. Hare 1973–77 John L. Crammer 1978–83 Hugh L. Freeman 1984–93

Founded by J. C. Bucknill in 1853 as the *Asylum Journal* and known as the *Journal of Mental Science* from 1858 to 1963

---

*Published by the Royal College of Psychiatrists*

*Contents continued from front cover*

Neuropsychological slowness in obsessive-compulsive patients. Is it confined to tests involving the fronto-subcortical systems? <i>S. Galderisi, A. Mucci, F. Catapano, A. C. D'Amato and M. Maj</i>	394
Does rational role-play enhance the outcome of exposure therapy in dysmorphophobia? A case study. <i>P. Cromarty and I. Marks</i>	399
Russian literature and psychiatry. <i>M. Kachaeva</i>	403
<b>Columns</b>	
Correspondence	407
Corrigenda	414
A hundred years ago	414

Book reviews	415
<i>American Journal of Psychiatry</i> (contents)	429

**Next month in the *BJP***

The post-concussional state: neurophysiological aspects. *M. R. Watson, G. W. Fenton, R. J. McClelland, J. Lumsden, M. Headley and W. H. Rutherford*

Prevalence of psychiatric morbidity among remand prisoners in Scotland. *M. Davidson, M. S. Humphreys, E. C. Johnstone and D. G. Cunningham Owens*

The *British Journal of Psychiatry* is published monthly by the Royal College of Psychiatrists (a registered charity, registration number 228636). The *BJP* publishes original work in all fields of psychiatry. All communications, including manuscripts for publication, should be sent to the Editor, *British Journal of Psychiatry*, 17 Belgrave Square, London SW1X 8PG.

Full instructions to authors are given at the beginning of the January and July issues.

**Subscriptions**

Non-members of the College should contact the Publications Subscription Department, Royal Society of Medicine Press Limited, PO Box 9002, London W1A 0ZA (tel. 0171 290 2928; fax 0171 290 2929). Annual subscription rates for 1995 (12 issues post free) are as follows:

Europe (& UK): institutions £148, individuals £130  
US: institutions \$295, individuals \$210  
Elsewhere: institutions £175, individuals £138  
Full airmail is £36/US\$64 extra.  
Single copies of the Journal are £14, \$25 (post free).

Payment should be made out to the British Journal of Psychiatry.

Queries from non-members about missing or faulty copies should be addressed within six months to the same address; similar queries from College members should be addressed to the Registration Subscription Department, The Royal College of Psychiatrists, 17 Belgrave Square, London SW1X 8PG.

© 1995 The Royal College of Psychiatrists. Unless so stated, material in the *British Journal of Psychiatry* does not necessarily reflect the views of the Editor or the Royal College of Psychiatrists. The publishers are not responsible for any error of omission or fact.

**Back issues**

Back issues published before 1995 may be purchased from William Dawson & Sons Ltd, Cannon House, Folkestone, Kent (tel. 01303 850 101).

**Advertising**

Correspondence and copy should be addressed to Peter T. Mell, Advertising Manager, PTM Publishers Ltd, 282 High Street, Sutton, Surrey SM1 1PQ (tel. 0181 642 0162; fax 0181 643 2275).

**US Mailing Information**

The *British Journal of Psychiatry* is published monthly by the Royal College of Psychiatrists. Subscription price is \$295. Second class postage paid at Rahway, NJ. Postmaster send address corrections to the *British Journal of Psychiatry*, c/o Mercury Airfreight International Ltd Inc., 2323 Randolph Avenue, Avenel, New Jersey 07001.

©™ The paper used in this publication meets the minimum requirements of American National Standard for Information Sciences – Permanence of Paper for Printed Library Materials. ANSI Z39.48–1984.

Typeset by Dobbie Typesetting Ltd, Tavistock, and Henry Ling Ltd.

Printed by Henry Ling Ltd, The Dorset Press, 23 High East Street, Dorchester, Dorset DT1 1HD.

# PSYCHIATRISTS AND CAREER MEDICAL OFFICERS TASMANIA, AUSTRALIA

COMMUNITY  
AND HEALTH  
Services



Tasmania

Opportunities exist in the Southern Region of the Tasmanian Department of Community and Health Services for Psychiatrists to work in the areas of acute community, child and adolescent and in-patient psychiatry.

A total of 3 full-time positions are available. Conjoint appointment at Senior Lecturer or Associate Professor level with the University of Tasmania is available in relation to the Child and Adolescent position. A flexible approach to working arrangements is envisaged to provide an interesting variety of work in both the community and in-patient environment.

In addition, the position of director of Medical Services at Royal Derwent Hospital is available. This position is for a general Medical Officer to lead a small general medical team of three other medical officers. This position will work closely and co-operatively with visiting Psychiatrists.

Tasmania is a picturesque state which boasts the combination of urban living in close proximity to both a rich surrounding rural environment with a wide range of inland/seaward activities. The State's capital Hobart is located in the southern region and is situated along the banks of the Derwent River. It is the ideal base from which to experience Tasmania's world class natural heritage, and has the advantages of city life without the high pressure existence of the larger capital cities. Housing is readily available at reasonable rates (average house price \$ 100,000). The climate is pleasant and provides plenty of opportunities to experience a wide variety of outdoor activities.

These are challenging positions in a progressive service with opportunities for input into the development of services, private practice and research.

Employment will be on a contract basis from 1-5 years under Section 31(1)(b) of the Tasmanian State Service Act.

Salary is dependent on qualifications but remuneration packages up to \$125,000 including Superannuation and a car are possible. Generous leave and allowance provisions apply.

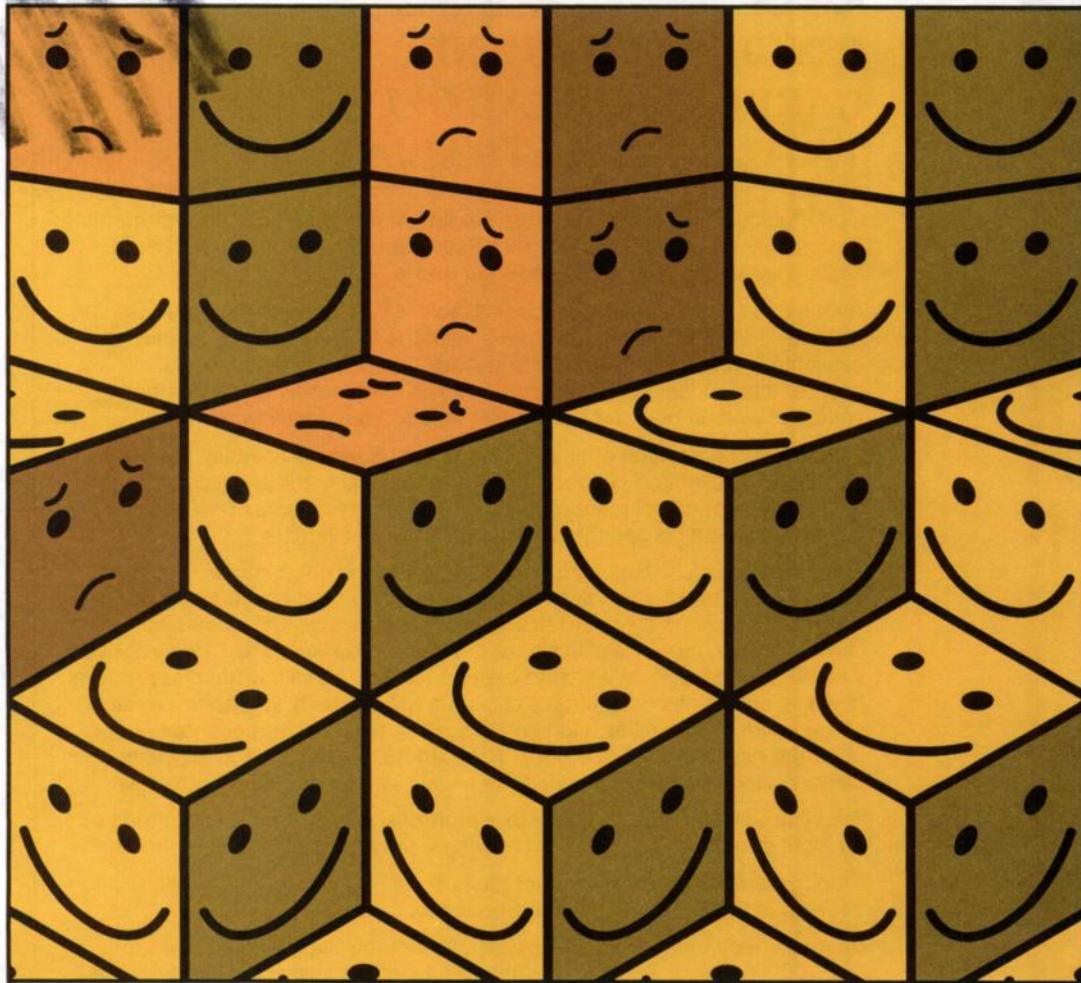
Relocation expenses and other forms of assistance are available for successful applicants.

Mental Health Services in Southern Tasmania consist of an acute in-patient unit in the general hospital, psychiatric hospital (130 beds) and a variety of community based clinics. The sub-specialty areas include Child and Adolescent, psychiatry for the aged, forensic psychiatry and general adult psychiatry. A clozapine therapy program is currently operating successfully. A new acute in-patient unit in the general hospital will be built within the next 12-18 months, and the psychiatric hospital will be upgraded over the next five years.

For further information, please telephone John Leary (002) 784 133 or write to John Leary, Program Manager, PO Box 454, North Hobart, Tasmania, Australia, 7002.

The Government of Tasmania is an equal opportunity employer. Applications are invited from persons regardless of sex, marital status, ethnic origin or disability.





# LUSTRAL\*

sertraline

**Builds a successful recovery  
from depression with anxiety**

Further information is available on request from:  
Richborough\* Pharmaceuticals or Invicta\* Pharmaceuticals  
Divisions of Pfizer Limited, Sandwich, Kent.  
Legal Category: POM \*Trade Mark  
66214 Dec 94





# Good morning world

# SEROXAT

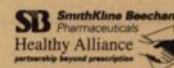
PAROXETINE

An SSRI that restores restful sleep<sup>7</sup>

#### PRESCRIBING INFORMATION

**Presentation:** 'Seroxat' Tablets, PI 10592/0001-2, each containing either 20 mg or 30 mg paroxetine as the hydrochloride. 30 (OP) 20 mg tablets, £20.77; 30(OP) 30 mg tablets, £31.16. **Indications:** Treatment of symptoms of depressive illness of all type including depression accompanied by anxiety. **Dosage: Adults:** 20 mg a day. Review response within two to three weeks and if necessary increase dose by 10 mg increments to a maximum of 50 mg according to response. Give once a day in the morning with food. The tablets should not be chewed. Continue treatment for a sufficient period, which may be several months. As with many psychoactive medications abrupt discontinuation should be avoided. **Elderly:** 20 mg a day increasing by increments of 10 mg up to 40 mg a day according to response. **Children:** Not recommended. **Severe renal impairment (creatinine clearance <30 ml/min) or severe hepatic impairment:** 20 mg a day. Restrict incremental dosage if required to lower end of range. **Contra-indication:** Hypersensitivity to paroxetine. **Precautions:** History of mania. Cardiac conditions: caution. Caution in patients with epilepsy; stop treatment if seizures develop. Driving and operating machinery. **Drug interactions:** Do not use with or within two weeks after MAO inhibitors leave a two-week gap before starting MAO inhibitor treatment. Possibility of interaction with tryptophan. Great caution with warfarin and other oral anticoagulants. Use lower dose if given with drug metabolising enzyme inhibitors; adjust dosage if necessary with drug metabolising enzyme inducers. Alcohol is not advised. Use lithium with caution and monitor lithium levels. Increased adverse effects with phenytoin; similar possibility with other anticonvulsants. **Pregnancy and lactation:** Use only if potential benefit outweighs possible risk. **Adverse reactions:** In controlled trial most commonly nausea, somnolence, sweating, tremor, asthenia, dry mouth, insomnia, sexual dysfunction (including impotence and ejaculation disorders). Also spontaneous reports of dizziness, vomiting, diarrhoea, restlessness, hallucinations, hypomania, rash including urticaria with pruritus or angioedema, and symptoms suggestive of postural hypotension. Extrapramidal reactions reported infrequently usually reversible abnormalities of liver function tests and hyponatraemia described rarely. Symptoms including dizziness, sensorimotor disturbance, anxiety, sleep disturbance, agitation, tremor, nausea, sweating and confusion have been reported following abrupt discontinuation of 'Seroxat'. It is recommended that when antidepressant treatment is no longer required, gradual discontinuation by dose-tapering or alternate day dosing be considered. **Overdosage:** Margin of safety from available data is wide. Symptoms include nausea, vomiting, tremor, dilated pupils, dry mouth, irritability, sweating and somnolence. No specific antidote. General treatment as for overdosage with an antidepressant. Early use of activated charcoal suggested. **Legal category:** POM. 9.12.94

**References** 1. Fleming J. *Prog Neuro Psychopharmacol, Biol Psychiatr* 1985; 13:419-29. 2. Hutchinson D *et al. Br J Clin Res* 1991;2:43-57. 3. Hindmarch I. *Int Clin Psychopharmacol* 1992;6(Suppl 4):65-7. 4. Dunbar GC *et al. Acta Psychiatr Scand* 1993;87:302-5. 5. Medicines Resource Centre. *Int Pharm J* 1992;6:6-5. 6. Dunbar GC, Fuell DL. *Int Clin Psychopharmacol* 1992;6(Suppl 4):81-5. 7. Dorman T. *Int Clin Psychopharmacol* 1992;6(Suppl 4):53. 0495ST:JP/5/07



SmithKline Beecham Pharmaceuticals,  
Welwyn Garden City, Hertfordshire  
AL7 1EY.

'Seroxat' is a registered trade mark.  
© 1995 SmithKline Beecham  
Pharmaceuticals