

those individuals with 'between episode' behavioural abnormalities to avoid a legalistic haven for habitually violent individuals. It seems difficult to differentiate between episodes of dyscontrol and 'between episode' aggressiveness. The criteria are, however, consistent with the current view that individuals with antisocial personalities are in the main not treatable and, therefore, not part of the work of psychiatrists.

Disappointingly, despite a considerable number of studies showing a reduction of aggressive behaviour linked to anticonvulsant treatment, anticonvulsants have not been widely used in the absence of definite brain damage. I would suggest that some people do have episodes of violent behaviour mediated by limbic dysfunction of some kind, but that they rapidly develop a range of secondary difficulties in the areas of education, employment, relationships, etc. It then becomes impossible to define them as a group, as they appear identical to individuals with antisocial personality disorder.

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SSRIs and tricyclic antidepressants

SIR: The case studies of Seth *et al* (*Journal*, October 1992, **161**, 562-565) suggesting combination studies with 5-HT reuptake inhibitor and noradrenergic tricyclic antidepressant (with or without concurrent lithium therapy) appear to offer new hope for the treatment of resistant depression, especially in elderly patients.

It must be remembered that 5-HT reuptake inhibitors are pharmacologically distinct and a heterogeneous group of drugs. The toxicity of tricyclic antidepressants is plasma-dependent (Preskorn, 1991). Certain 5-HT reuptake inhibitors are known to inhibit tricyclic antidepressant metabolism; paroxetine (30 mg per day) causes a three-fold increase in half-life and a five-fold increase in the clearance serum desipramine (Brosen *et al*, 1992). There are a number of case reports testifying to the clinical relevance of interaction between fluoxetine and tricyclic antidepressant levels (e.g. Brosen & Skelbo, 1990). Sertraline appears to have less effect in inhibiting the metabolism of tricyclic antidepressants. There is some indication that an antidepressant-free interval may be necessary when switching from

fluoxetine to a tricyclic, if one is to be cautious to avoid potentially toxic tricyclic plasma levels (van Ameringen & Mancini, 1992).

The Committee on Safety of Medicines (1989) warned that the combinations of selected 5-HT reuptake inhibitors with monoamine oxidase inhibitors, lithium, or tryptophan, while potentially beneficial in some selected cases, can increase the severity of 5-HT-related side-effects. In the most severe cases (life-threatening 5-HT syndrome of hyperthermia), tremor convulsions may develop.

In the management of elderly depressed people who may often have concomitant physical illness, serious consideration must be given when choosing a selective 5-HT reuptake inhibitor for use in combination therapy, with a clear understanding of the potential risks associated with the various drugs.

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HTLV-1 Revisited

SIR: In view of the continuing investigation into the aetiology of psychotic illness, we wish to report our findings on the seroprevalence of human T-cell lymphotropic virus-1 (HTLV-1) in a group of acute psychiatric patients in Trinidad and Tobago.

HTLV-1 is endemic to Trinidad and Tobago with a reported seroprevalence of 1.6% among the healthy population (Daisley *et al*, 1991). Retroviral infection has been suggested as a possible aetiological mechanism in psychosis, especially since retroviruses can be incorporated into the human genome (Crow, 1984). Although previous studies have not found a demonstrable link between retroviral infection and schizophrenia (Feenstra *et al*, 1989), we felt that because HTLV-1 is endemic to our population, the

results from a local sample of psychiatric patients may have been more elucidating.

We tested 87 consecutively admitted patients to a mental hospital and found seropositivity in four of them, representing 4.5% of the sample. Two of these patients received a diagnosis of schizophrenia; one had bipolar disorder and the other had temporal lobe epilepsy (diagnosed using DSM-III-R criteria). Interestingly, all four patients were female.

These findings, although not vindicating the retroviral hypothesis, do suggest that HTLV-1 infection may be a factor in some psychiatric patients. Perhaps family studies are needed to clarify the specific role. It has been suggested that immune mechanisms may be implicated in psychotic illness (King & Cooper, 1989), therefore a multi-interactive process between genetic mechanisms, viral infection and immunological adaptation may be a likely model for psychotic illness.

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A HUNDRED YEARS AGO

The effects of opium smoking

Exact knowledge of the effects of opium smoking is still wanting, and it is still an open question whether the habit of smoking opium is really as baleful as some persons allege – that it is, for instance, more baleful than the habit of smoking tobacco. M. L. Baret, a French naval surgeon, has made some interesting observations, which were recently reported in his “Notes de Géographie et d’Ethnographie Médicales,” published in the *Archives de Médecine Navale et Coloniale* (October and December numbers of 1892). “Opium smokers,” writes M. Baret (p. 405), “are not wanting in Tientsin.” “The *chandou* (substance for smoking) that is sold in this town is not at all of a good quality and is always largely mixed with native opium cultivated and gathered in the provinces of Kouei-Tcheou and Yun-Nan; because if the officials in China deplore the use of opium in their country, it is not on account of the rather illusory and very much exaggerated evil effects on the population, but on account of the important outflow of the precious metals which it causes. Therefore they encourage the culture of the poppy in the south and south-west provinces of the empire, where it grows very well, hoping first to establish a competition with the Indian opium, and soon, perhaps, to diminish its importation considerably – a

simple question of economy.” M. Baret states that during the four winter months at Tientsin, and now and again during the three years in the country districts of China, he has collected a large number of observations on opium smokers, which have led him to the following conclusions: 1, Opium smoke is not, either morally or physically, the destructive and degrading agent that certain moralists have declared it to be; 2, its use is not more dangerous than the use of tobacco or of fermented drinks; 3, its abuse is less dangerous to the individual than the abuse of alcohol. He adds that in the unanimous opinion of the Chinese doctors, corroborated by that of numbers of European and American practitioners of China, India, and the Malayan countries, the habitual use of opium is an excellent prophylactic against malaria, and especially against all pernicious forms of paludism. Finally, it is stated that opium smoked occasionally, when, for example, it is necessary to make a great effort without being able to obtain nourishment, acts as a general tonic, and an economising agent superior to alcohol and to coca. As to its mental action, it is the most powerful psychical tonic that exists.

Reference

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