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Measurement of anhedonia: additional remarks

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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 pro-

posed 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

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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 its 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).