

Correspondence

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HIGH-DOSE NEUROLEPTICS IN ITALY

DEAR SIR,

I was very interested in the paper by Dr Bollini *et al* (*Journal*, January 1984, 144, 25–7), not only because it seems to confirm my clinical impression that increasing neuroleptic drugs beyond commonly accepted dosages rarely helps the patient but rather reflects the despair of the therapist(s). More importantly, this paper sheds some light on the otherwise rather obscure psychiatric scene in Northern Italy. Unfortunately, the effect of the closure of psychiatric hospitals on the mentally ill and their families is poorly documented and most claims as to the benefits of these radical changes are not supported by direct scientific evidence, but mainly conviction. The report that thirty-three patients were discharged after seven days or less, in spite of the fact that only four of them had completely recovered, fourteen remained unchanged, and that only seven out of seventy-four patients stayed for more than fifteen days in hospital though twenty-three were unchanged, lends sombre support to the introductory remark:—“The suggestion that such efficient treatment is possible is particularly attractive to medical staff in charge of wards where rapid turnover is the rule, because of the small number of beds and the pressing requests of an environment where admission to a psychiatric hospital is no longer feasible”.

I find it difficult to rejoice in the “progress” to a situation where patients are likely to be subjected to dangerously aggressive physical treatment because of the lack of an environment where they can recover from, and come to terms with, a severe illness. The fact that forty-eight out of sixty-seven admissions for fifteen days or less were for “chronic or recurrent schizophrenia” (not “acute schizophrenic episodes”), seems to suggest that the often invoked community is under such pressure that they resort to sending some of their most difficult members to busy general hospitals, where forty-two out of seventy-four suffer adverse reactions from drug treatment, including three deaths, and only six recover completely. I am sure that there were good reasons to initiate change in the mental health care system in Italy and elsewhere. I do not doubt that some advances have been made. But, I

regret that in its assessment one has to rely on scanty indirect evidence which is not even encouraging.

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Drs Tognoni and Bollini reply

Dr Thiels’ comment is mostly welcome. With its main attention focussed on the “geographical” more than therapeutic side of our study (Italy is in the forefront, more than high-dose neuroleptics), the comment illustrates well a widespread attitude among colleagues from various countries with respect to what is going on in Italy in the field of psychiatry. Since political and ideological prejudices are viewed as the only guidelines in the reform, only bad news can be expected.

It is true that we do have a tendency to conduct initial debates on our problems in Italian-language-publications, so at first only scanty, partial information is available in the international literature (Mosher, 1982). It is also true that the problems are serious, and surrounded by much controversy, as is to be expected when cultural (more than institutional) changes are taking place. It was not our intention in the paper to tackle this issue.

This rather long preamble, however, raises the question, what would have been the comment if the same treatments were reported from, say, the UK, USA, or Germany? Undoubtedly, it is from these accepted settings that published controlled and uncontrolled information on the promises and failures of high-dose neuroleptics are imported to Italy. Dr Thiels’ points are clinically well taken, but they reflect a problem not only of geography. Institution-oriented monitoring of the literature would show that unacceptable care is often smuggled into the “scientific” communication network, disguised in various protocol designs which aim at testing hypotheses whose foundations are far from verified (Tognoni & Bignami, 1981).

This is a question of pharmacology and therapeutic and scientific communication and we have simply made it explicit by showing its implications.