

Westerner to visit often sensitive institutions. Although I am aware of some professional colleagues who are involved or keen to develop links with Russia (or indeed other states of the former Soviet Union (e.g. Jacoby & Oppenheimer, 1994)), I would be pleased to hear directly from motivated others so that the most effective and coordinated strategy can develop to maximise the funding and contacts available. The issues are fascinating and the welfare of huge numbers of patients is at stake.

GORDON, H. & MEUX, C. (1994) Forensic Psychiatry in Russia: a renaissance? *Journal of Forensic Psychiatry*, **5**, 599–606.

JACOBY, R. & OPPENHEIMER, C. (1994) A visit to Byelorussia. *Psychiatric Bulletin*, **18**, 170–172.

KACHAEVA, M. (1995) Russian literature and psychiatry. *British Journal of Psychiatry*, **167**, 403–406.

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Antidepressants and breast-feeding

Sir: The paper by Duncan and Taylor (*Psychiatric Bulletin*, September 1995, **19**, 551–552) regarding the use of antidepressants in breast-feeding mothers is a timely reminder of the need for judicious prescribing for these women, and highlights the paucity of published advice. A previous review (Buist *et al.*, 1990) reviewed the meagre literature on this topic, and described special pharmacokinetic concerns affecting the infant, including erratic absorption, fluctuating plasma protein binding and reduced capacity to metabolise and excrete drugs. Unfortunately most drug data sheets unhelpfully recommend their use only 'where potential benefits outweigh possible risks', and inform that safety in lactation has not been established.

It can be recognised, however, that specialist centres have generated a wealth of experience in prescribing for this group, and this is so in North Staffordshire where lofepramine is the drug of choice for depression in breast-feeding mothers at the Charles Street Mother & Baby Unit. Lofepramine is a noradrenaline reuptake inhibitor, and meta-analysis studies have confirmed that it is at least as effective an antidepressant as other tricyclics. In common with other antidepressants, it is crucial to remember that hepatic and renal problems in the breast-fed infant are contraindications; lofepramine has been implicated as a rare cause of liver disorders and hyponatraemia in adults.

Duncan and Taylor draw attention to the suggestion that tricyclics with a short half-life are less likely to pose a risk of accumulating drug levels in the infant. Lofepramine also compares

well in regard to this pharmacokinetic point, with a half-life of as short as 1.6–5.0 hours, compared to imipramine (8–16 hours) and amitriptyline (32–40 hours). *In vitro* studies indicate that lofepramine shares at least three metabolites with imipramine, and has a further three unique ones. Desipramine is an active metabolite common to both imipramine and lofepramine, and is about five times as toxic as lofepramine with a half-life of approximately 8 hours. However, it has been noted that the ratio of didesmethylimipramine to desipramine is higher in lofepramine metabolism compared to that of imipramine, and is a possible reason for its safer therapeutic profile (Strandgarden & Gunnarson, 1994).

Lofepramine is thus well tolerated because of mild anticholinergic effects, while low cardiotoxicity secures an improved risk: benefit ratio due to its relative safety in overdose, with safer prescribing to depressed out-patients who may also have small children.

We believe there is a need for wider sharing of empirical clinical expertise in the absence of substantive guidelines, and recommend that lofepramine be considered the first-line tricyclic treatment of depressive illness in nursing mothers in preference to imipramine and amitriptyline.

BUIST, A., NORMAN, T. R. & DENNERSTEIN, L. (1990) Breastfeeding and the use of psychotropic medication – a review. *Journal of Affective Disorders*, **19**, 197–206.

STRANDGARDEN, K. & GUNNARSON, P. O. (1994) Metabolism of lofepramine and imipramine in liver microsomes from rat and man. *Xenobiotica*, **24**, 703–711.

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Learning difficulties or mental retardation?

Sir: After reading an advertisement for a book entitled *Dyslexia and Other Learning Difficulties*, published by the Oxford University Press, I picked up my copy of the June 1995 issue of the *Psychiatric Bulletin*. On page 19, I noticed a review of a report on "Sexual Abuse and People With Learning Difficulties", by Katie Drummond, who is associated with the Division of Psychiatry of Disability of the St George's Hospital Medical School. This is followed by a review of a document on the prevention and treatment of sexual abuse of adults with 'learning disabilities' in residential settings.

The above terminology may have the virtue of being politically correct, but it is extremely confusing and does not lend itself to the clear description of clinical entities. Is there any good reason why British psychiatrists and the *Bulletin*