

## Correspondence

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**Contents:** Substance-induced psychosis/Public attitudes to mental illness/SSRI and sympathomimetic interaction/'Psychopaths' in special hospitals/Use of vecuronium to prevent suxamethonium-induced myalgia after ECT/HIV and mental illness/Biological psychiatry and reductionism/Antipsychotic drug-induced dysphoria/Bias towards chronicity in schizophrenia?/Accepting voices

### Substance-induced psychosis

**SIR:** Poole & Brabbins (1996) draw attention to an area of psychiatry where our conceptual confusion may have serious consequences for patients. They are right to assert that drug use should not be uncritically assumed to be the cause of associated psychoses. Nevertheless, their scepticism about the existence of "true drug-induced psychosis" risks throwing out the baby with the bathwater.

It is our clinical impression that the behavioural profile of "schizophrenia" has changed over the years. We do not recall having to manage so many restless, impulsive, combative and dangerously violent psychotic patients in a setting of serious and often sociopathic personality disorder, as are presenting today. Indeed, we used to feel confident in teaching our students and assuring the public that violence was rare among sufferers from schizophrenia. Difficulty in containing these patients in acute general psychiatric units leads to many having to be accommodated in secure units, special hospitals and, increasingly, private hospitals specialising in their care. The cost to the NHS must be enormous. Relative resistance to anti-psychotic drugs is frequently observed in these patients and unusually high doses have often to be used to bring under control crises dangerous for the patients as well as the staff and the community. This, of course, carries its own dangers. Discussion with many colleagues confirms our impression that, although these patients display many of the positive symptoms of schizophrenia there is a paucity of negative ones and they rarely progress to the characteristic schizophrenic defect state, despite many relapses. This itself suggests a possibly different aetiology.

The genetic and other factors, including substance abuse, in causation of this complex disorder probably differ in *certain significant respects* from the causes of the schizophrenic illness originally observed, studied and defined by Kraepelin, Bleuler and Schneider. Smith & Hucker (1994) emphasise that toxicological screening alone may give misleading results and they believe that the frequency of substance abuse in "schizophrenic" patients is under-estimated. In our view, the role of substance abuse in the apparently changing clinical picture of "schizophrenia" warrants further systematic enquiry. Despite the grave problems they cause the cases we described are a minority. Schizophrenia may be getting a bad name undeservedly.

POOLE, R. & BRABBINS, C. (1996) Drug induced psychosis. *British Journal of Psychiatry*, **168**, 135–138.

SMITH, J. & HUCKER, S. (1994) Schizophrenia and substance abuse. *British Journal of Psychiatry*, **165**, 13–21.

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**SIR:** In their editorial, Poole & Brabbins (1996) rightly say that psychiatrists lack clarity in their understanding of the relationship between psychosis and drug use, that the literature is extensive but flawed, the published studies rarely related mental state to toxicological findings and that there are several "obstructions to clarity" in this field.

The main obstruction to clarity is widespread failure to consider the point which is central to the whole subject, namely that in making a differential diagnosis of psychotic disorder in any person who is taking or may have taken drugs, there is no way of making a diagnosis of, say, schizophrenia or mania until after the patient has been free of drugs for 1 to 2 weeks, occasionally longer. Until then, the assumption must be that the drugs may be the cause of the psychosis (Cohen, 1995). With few exceptions – such as the review by Smith & Hucker (1994) – failure to consider this is evident throughout the literature and

in this editorial. For example, the authors refer to the work of Andreason *et al* (1987) which purports to show an association between self-report of heavy cannabis use on conscription to the Swedish army and later admission for schizophrenia. They fail to point out, however, that Andreason *et al* do not indicate whether or not the subjects were taking drugs when the diagnosis of schizophrenia was made, despite the fact that they state that drug-taking in recruits is correlated with later drug-taking.

The authors state that if the individual cannot be persuaded to discontinue the use of drugs, "causation may be irrelevant". This makes no sense when both treatment and prognosis depend upon it. If the diagnosis of what the authors call "intoxication mimicking functional psychosis" (what is usually called drug-induced psychosis) were made correctly and the patient confronted with the reality that his terrifying symptoms are caused by the drug, then advice to desist from drugs might not be as ineffective as the authors seem to think. To maintain a pretence that we have a pharmacological treatment when the only treatment is abstinence (with suitable help) is to remove the responsibility for abstinence from the patient and to prolong the suffering. Misdiagnosis is very costly to the community services in terms of nursing, "depot clinics" and drugs; it is even more costly to the patients and it destroys the value of research.

ANDREASON, S., ALLEBECK, P., ENGSTROM, A., *et al* (1987) Cannabis and schizophrenia. A longitudinal study of Swedish conscripts. *Lancet*, *ii*, 1483-1486.

COHEN, S. I. (1995) Overdiagnosis of schizophrenia: role of alcohol and drug misuse. *Lancet*, *346*, 1541-1542.

POOLE, R. & BRABBINS, C. (1996) Drug induced psychosis. *British Journal of Psychiatry*, *168*, 135-138.

SMITH, J. & HUCKER, S. (1994) Schizophrenia and substance abuse. *British Journal of Psychiatry*, *165*, 13-21.

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### Public attitudes to mental illness

SIR: Wolff *et al* (1996) present a welcome account of popular conceptions of mental illness. Of particular interest is the attempt to elicit the knowledge base which might underpin negative attitudes towards mental patients in the general population. Many studies have reported predominantly negative attitudes towards the mentally ill. Some (Borenstein, 1992) concur with Wolff *et al*, in concluding that the lay person is undereducated rather than mis-educated in psychiatric knowledge.

Irving Schneider (1987) described movie psychiatry as having developed its own characteristics, 'which only occasionally intersect with those of the real life profession.' Similarly, I would like to suggest that there are strong popular conceptions of mental illness, but these are different from the frame of reference established by psychiatrists. Testing knowledge or orthodox psychiatric concepts, such as schizophrenia or bipolar disorder, would inevitably show the public to have a lack of knowledge, but would not necessarily identify a false knowledge base. Many studies of the portrayal of mental illness in the media (Matas *et al*, 1985) show portrayal heavily biased towards antisocial aspects of behaviour, such as murder or senseless violence.

In a community study I carried out some years ago, I compared the views of 150 health centre attenders with those of 20 senior psychiatrists, as to the symptoms characterising various types of mental illness. Lay people did, indeed, 'under-diagnose' psychotic and affective disorders relative to psychiatrists. In contrast, however, antisocial behaviours were 'over-diagnosed,' as representing features of mental illness. For example, in response to the symptom 'setting fire to public buildings for no apparent reason,' over 50% of lay people yet 0% of psychiatrists felt that this symptom was definitely, or very likely, a characteristic of mental illness. Lay-person psychiatry resembled 'media psychiatry' in its over-inclusion of dangerous and unpredictable behaviour. This would explain the increased emphasis on the attitude 'Social Control'

I believe this represents something of a dilemma for public education because, on the one hand, there is an increasing emphasis on developments in forensic psychiatry, such as local secure units and Court diversion schemes, that is bound to highlight further the problems associated with the mentally disordered offender. I feel that there would be a useful role for the College's Public Education Committee, in conjunction with user groups, in mounting a 'media watch campaign' in an attempt to curb the more outrageous sensationalism in current reporting.

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MATAS, M., EL GUEBALY, N., PETERKIN, A., *et al* (1985) Mental illness and the media. An assessment of attitudes and communication. *Canadian Journal of Psychiatry*, *30*, 12-17.

SCHNEIDER, I. (1987) The theory and practice of movie psychiatry. *American Journal of Psychiatry*, *144*, 996-1002.

WOLFF, G., PATHARE, S., CRAIG, T., *et al* (1996) Community attitudes to mental illness. *British Journal of Psychiatry*, *168*, 183-191.

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