people involved with the law without having a diagnosable mental illness, will also be a problem requiring clarification.

Professional alliances in the mental health field will be a necessity, aiming to work towards global aims and good practices. The sooner the psychiatry of our times adopts this approach the better for everyone, especially the people we serve.

N. BOURAS

UMDS – Guy's Hospital
London SE1 9RT

ECT seizure threshold and fluoxetine

SIR: We describe the case of a patient given electroconvulsive therapy, where resulting convulsions were either shortened or absent despite conventional measures to lower seizure threshold. This problem was overcome by the simultaneous prescription of fluoxetine.

A 50-year-old man with a severe depressive disorder and suicidal ideation failed to improve despite treatment with amitriptyline 300 mg/day augmented by lithium carbonate. Physical examination and laboratory investigations were unremarkable. A course of bilateral ECT (Ectron series 5) was commenced; however, the convulsions generated were either short (less than 25 seconds) or absent, even at the maximum output of the apparatus and despite attempts to lower the seizure threshold, including pretreatment with caffeine sodium benzoate (Abrams, 1992). After 14 treatments the patient showed only slight improvement and ECT was withheld. Mean and total seizure duration were 6 and 108 seconds respectively (range 0–30). The medication regime was reviewed and the antidepressant changed to fluoxetine, increased to a dose of 40 mg/day. After a five week interval the patients' mental state deteriorated, culminating in a serious suicide attempt. A second course of ECT was commenced, a total of eight treatments were given in the same way as previously described, however on each occasion convulsions were now in excess of 25 seconds duration (mean 31 seconds, range 26–45; total duration 220 seconds). At the end of eight treatments the patient was judged to be markedly improved, he denied depressed mood or suicidal ideation, showed an improvement in sleep and appetite, and began interacting with fellow patients and engaging in occupational therapy.

The effects of antidepressants on seizure threshold and duration are variable and unpredictable (Pritchett *et al*, 1993). Fluoxetine is reported to have been associated with prolonged seizures in patients receiving ECT (ABPI data sheet compendium), however Guitierrez-Estinou & Pope (1989) found no difference in seizure duration in patients given ECT plus fluoxetine compared with patients given ECT alone. In the case of our patient the addition to fluoxetine did appear to be associated with prolongation of seizure length and with outcome. This raises the possibility of an idiosyncratic effect of the drug on seizure threshold.

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I. TOBIANSKY
G. LLOYD

Royal Free Hospital
Pond Street
London NW3 2QG

Discrepancies on prescribing antipsychotics

SIR: Recently, much effort has been directed towards reaching a consensus on the use of antipsychotic medication in the United Kingdom (Thompson, 1994). Anecdotal evidence suggests, however, that any differences that may exist between practitioners in the UK are only minor in comparison to those between practitioners in the various countries in the European Union (Van Os *et al*, 1993). In this context, we investigated differences in antipsychotic prescribing practice among French and UK psychiatrists. Patients with an RDC or DSM–III–R diagnosis of schizophrenia were drawn from two British and French cohorts consisting of consecutive admissions. French patients (n=107) were much more likely to have been prescribed two or more oral antipsychotics than British ones (38.3% v. 1.4%; $P<0.0001$). British patients (n=70) were more likely to have received a single depot antipsychotic (35.7% v. 7.5%; $P<0.0001$), but there was also a slight excess in the number of patients who were prescribed a depot antipsychotic in combination with a different oral compound (24.3% v. 12.1%; NS). The same large and significant differences were present in men and women, in the under-30s and in the over-30s, in acute in-patients and in out-patients, and in recent onset and chronic patients alike. The discrepancy in prescribing habits presented in this study may also be relevant to the issue of high-dose antipsychotic