adequate muscle relaxation. Other pretreatment techniques reported to be effective include pretreatment muscle stretching exercises (Magee & Robinson, 1987) and administration of oral aspirin prior to the procedure (McLoughlin *et al*, 1988).

We report the case of a 19-year-old (54 kg) woman with major depression who developed severe pain in her upper chest, shoulders and neck for 24 hours after her first and second ECT, in which she was administered thiopentone 250 mg and suxamethonium 35 mg (first treatment) and thiopentone 200 mg and suxamethonium 50 mg (second treatment). The reaction was severe (requiring analgesia with codeine) and distressing. At the third ECT she was pretreated with vecuronium 1 mg three minutes prior to thiopentone 175 mg and suxamethonium 50 mg. She recovered quickly from the anaesthesia and suffered no muscle pain or other adverse sequelae. Pretreatment with vecuronium was continued in subsequent treatment sessions and remained effective in preventing myalgia. When pretreatment with vecuronium was omitted on one occasion (with the patient's consent) her myalgia returned.

In this case vecuronium was effective in reducing muscle pain and prevented what could otherwise have been an aversive experience. This technique is mentioned in the APA Task Force Report on ECT (1990), but not in the Royal College of Psychiatrists' guidelines on the administration of ECT (1995). We suggest that pretreatment with vecuronium should be considered for patients who complain of muscle pains following ECT. This case also highlights the benefits of continuity of care, whereby the same doctor applying the ECT also monitored the patient's progress after and between treatments, enabling appropriate feedback to be given to the anaesthetist.

AMERICAN PSYCHIATRIC ASSOCIATION (1990) *The Practice of Electroconvulsive Therapy: Recommendations for Treatment, Training and Privileging*. Washington, DC: APA.

MAGEE, D. A. & ROBINSON, R. J. S. (1987) Effect of stretch exercises on suxamethonium induced fasciculations and myalgia. *British Journal of Anaesthesia*, **59**, 596–601.

MCLOUGHLIN, C., NESBITT, G. A. & HOWE, J. P. (1988) Suxamethonium induced myalgia and the effect of pre-operative administration of oral aspirin. *Anaesthesia*, **43**, 565–567.

ROYAL COLLEGE OF PSYCHIATRISTS (1995) *The ECT Handbook. The Second Report of the Royal College of Psychiatrists Special Committee on ECT*. London: Royal College of Psychiatrists.

P. M. HERRIOT
T. COWAIN
D. MCLEOD

Flinders Medical Centre
Bedford Park 5042
Australia

HIV and mental illness

SIR: The review on HIV infection and mental illness (Stefan & Catalan, 1995) raises several important issues. In order to plan appropriate intervention strategies and study geographical variations it is important to describe the prevalence of infection among subgroups of psychiatrically ill.

We analysed data of 2139 psychiatric in-patients who were tested for HIV infection during the period January 1992 to December 1995 at the National Institute of Mental Health & Neurosciences, Bangalore, India. They accounted for 18% of the in-patient admissions during this period. In 1200 patients testing was done because of an identifiable risk factor, 150 patients were tested because of suspicion of an AIDS-related condition while in 789 patients no reason was documented.

Among those with risk behaviour, in 67% the risk was in the form of multiple heterosexual partners, 15% used i.v. drugs, 7% had multiple homosexual partners and 11% had a history of sexual abuse. Seropositivity was detected in 35 patients i.e. 3.4% of the risk group. All the seropositives had a history of multiple heterosexual partners and in three there was a history of comorbid i.v. drug use. Their psychiatric diagnoses were as follows – alcohol dependence (29%), i.v. drug use (8.5%), personality disorders (34%), bipolar affective disorder (11.5%), schizophrenia (11.5%) and dementia (7.5%). Comorbid alcohol dependence was present in 85% of the seropositives. None of the patients had been aware of their HIV status prior to admission.

An important finding in our study was the high prevalence of comorbid alcohol dependence in our seropositive group and the preponderance of personality disorders. Our data also indicates the need for discretional testing with a detailed assessment of risk behaviour rather than routine testing, especially in areas, including India, where seroprevalence is low.

STEFAN, M. D. & CATALAN, J. (1995) Psychiatric patients and HIV infection – a new population at risk? *British Journal of Psychiatry*, **167**, 721–727.

P. S. CHANDRA
V. RAVI
S. PUTTARAM
A. DESAI

National Institute of
Mental Health & Neurosciences
Bangalore 560029
India