

A 59-year-old man was referred to our service in 1997, with a three-year history of depression and obsessive-compulsive syndrome. Previous treatment with sertraline, lofepramine and venlafaxine, administered successively, had little effect. The patient was prescribed fluvoxamine (100 mg twice daily) which resulted in the alleviation of the obsessive-compulsive syndrome but little improvement in depression. Five months later reboxetine 4 mg twice daily was added; this was followed by gradual lifting of the mood and an increase in the patient's activity level. The patient tolerated the combined medication well, apart from the complaint of urinary hesitancy and the experience of not being able to void his bladder completely. Ten months after referral to our service, a urologist suggested to him that his urinary difficulties may be due to his treatment with reboxetine. The patient discontinued the reboxetine on his own initiative, and informed his psychiatrist about this only two weeks later when his depressive symptoms returned. As the depression worsened, the patient agreed to re-try reboxetine, together with doxazosin 1 mg daily, which was co-prescribed to alleviate the urinary side-effect of reboxetine. Following this intervention, the patient's mood and activity level have improved, without the recurrence of the urinary difficulties.

It is likely that the urinary hesitancy/retention caused by reboxetine is caused by the potentiation of the effects of

sympathetically released noradrenaline in the urinary bladder. Indeed, it is known that sympathetic stimulation, probably via α_1 -adrenoceptor activation, can inhibit the contraction of the detrusor muscle (Anderson, 1993). Doxazosin is a selective α_1 -adrenoceptor antagonist which has been shown to be effective in the treatment of urinary retention. Furthermore, doxazosin does not pass the blood-brain barrier (Dollery, 1991) and thus it would not compromise the therapeutic effectiveness of reboxetine, which is likely to be mediated by the potentiation of central noradrenergic neurotransmission.

Anderson, K.-E. (1993) Pharmacology of lower urinary tract smooth muscles and penile erection tissues. *Pharmacological Reviews*, **45**, 253–308.

Berzowski, H., Van Moffaert, M. & Gagliano, C. A. (1997) Efficacy and tolerability of reboxetine compared with imipramine in a double-blind study in patients. *European Neuropsychopharmacology*, **7** (suppl. 1), S37–S48.

Dollery, C. (1991) *Therapeutic Drugs*. Edinburgh: Churchill-Livingstone.

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Physical interventions

Sir: The use of physical interventions, or restraint, to manage challenging behaviours

presented by adults and children with a learning disability is a matter of considerable concern to professionals, care staff, family members and those responsible for developing and implementing Government policy. After the tragic death of Zoe Fairley there can be little doubt of the importance of effective organisational policies and good staff training to ensure that the welfare and safety of service users is not put at risk when they are submitted to physical interventions.

Following the publication of *Physical Interventions: A Policy Framework* (Harris *et al*, 1996), the British Institute of Learning Disabilities and the National Autistic Society have been funded by the Department of Health to establish an accreditation scheme for courses which teach physical interventions. We would like to hear from anyone who provides training on physical interventions/restraint for staff working with adults and children with a learning disability and/or autism. We should also be pleased to receive comments from any individuals or organisations who have received training on the use of physical interventions.

Harris, J. C., Allen D., Cornick, M., et al (1996) *Physical Interventions: A Policy Framework*. Kidderminster: BILD Publications.

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One hundred years ago

Asylum news

Derbyshire. – The Committee asked for power to extend the present county asylum at Mickleover so as to provide for 750 patients, as against 600 at present. This would involve an outlay of £21,000. During the discussion several speakers suggested the desirability of erecting a new asylum in the northern part of the county, which was very favourably regarded by those present.

Lancashire. – At the annual meeting of the Lancashire Asylums Board the Chairman moved the adoption of the Report of

the Committee of Winwick Asylum, which stated that the tender of Messrs. Robert Neill and Sons for the erection of the new asylum for Winwick for the sum of £253,000 had been approved. The patients' blocks will be completed in about two and a half years, and the whole building in three and a half years. The report was confirmed.

West Riding. – In order to meet the need created by an increase of insanity in the West Riding of late years, the Asylums Committee of the County Council are making preparations for the erection of an additional asylum capable of accommodating about 2000 patients. It was shown that

whereas in 1887 there were only 2951 patients in the two asylums then open for the receipt of patients (Wakefield and Wadsley), in 1896, ten years later, the three asylums at Wakefield, Wadsley, and Menston contained no fewer than 4152 insane persons. These figures are exclusive of out-county and private patients. Then, in addition, there were 1060 lunatics in the workhouses of the Riding in 1887, and 928 in 1896. To put it in another way, the returns for 1887 showed an increase of 105 in the asylums as compared with the previous year, whereas in 1896 an increase of 226 was recorded. If sixteen additional