



columns

General psychiatry: cuckoo

Sir: The articles from Colgan (*Psychiatric Bulletin*, January 2002, **26**, 3–4) and Tyrer (*Psychiatric Bulletin*, January 2002, **26**, 5) on the state of general psychiatry make sad reading. They look at the speciality from within and do not enjoy what they find. Everywhere else looks better: cardiothoracic surgeons luxuriate in a waiting-list and child and adolescent psychiatry in a well-stocked library; and general practice is vibrant with control of budgets. Perhaps someone should tell them that child and adolescent psychiatry has a massive recruitment problem and general practice cannot fill its empty training posts or its career posts. It is a tough old world out there for all of us – even old age psychiatry in its ‘quiet and homely sitting room’.

Where have they been? Old age psychiatry lives in the car and other people’s sitting rooms – and that is why it is alive and still expanding. Its approach has not been to exclude people but to say progressively ‘yes’ as workforce and resources have begun to flow to allow this: thus most people with early onset dementia will find a welcome in an old age service. Increasingly, older people with chronic psychosis travel the same route and we are learning all the time.

There are all sorts of difficulties for general psychiatry but the discipline has a great deal to offer. That is why the customers keep on coming – services must remodel to the needs of these people rather than wish they would behave in a way that suits the established system. Perhaps the greatest difficulty is posed by the establishment itself, which confirms status on a subset of the speciality within the confines of the Institute of Psychiatry and the bigger university departments. They are massively overstaffed when compared with anywhere else in the country and their senior staff are heavily protected from the real world of Colgan. Yet it is they who have the accolades (count the A and A+ awards) and they who have the ear of the Government. Contrast this with the old age psychiatry of the 1970s and 1980s, when young psychiatrists were encouraged to join pioneers working in unfashionable places with the heart-sink condition of dementia and the stigma of senility.

Perhaps if the cuckoo could be persuaded to leave, the true birds of the nest could grow strong and fly.

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Catatonia and neuroleptic malignant syndrome

Sir: Carey *et al* (*Psychiatric Bulletin*, February 2002, **26**, 68–70) discussed the clinical issues surrounding a patient with features of catatonia and neuroleptic malignant syndrome (NMS). The relationship between the two conditions has been conceptualised in three ways. Castillo *et al* (1989) argue that lethal catatonia and NMS can be distinguished by clinical features, especially lead-pipe rigidity. Mann *et al* (1986) state that lethal catatonia is a syndrome that may have many causes, one of which is NMS. Bristow and Kohen (1996) regard catatonia as a risk factor for the development of NMS and lethal catatonia being identical to NMS.

The literature is less informative about the longitudinal features of both conditions. NMS recurs in a minority of patients and catatonia can recur. Although there is a consensus on the avoidance of neuroleptics in the acute stages of both conditions, there is little research to guide clinicians on their long-term management. The patient that the authors discussed experienced a relapse while treated with risperidone and lithium and they do not state the follow-up period after the second episode. The re-introduction of neuroleptic treatment after a near fatal episode of NMS or lethal catatonia appears to be associated with a high risk. Prospective data are needed on patients re-challenged with neuroleptics versus those in whom neuroleptics are withheld in order to help establish whether the conditions may be differentiated and to clarify the long-term risks and benefits of neuroleptic treatment.

BRISTOW, M. F. & KOHEN, D. (1996) Neuroleptic malignant syndrome. *British Journal of Hospital Medicine*, **55**, 517–520.

CASTILLO, E., RUBIN, R. T. & HOLSBOER-TRACHSLER, E. (1989) Clinical differentiation between lethal catatonia and neuroleptic syndrome. *American Journal of Psychiatry*, **146**, 324–328.

MANN, S. C., CAROFF, S. N., BLEIER, H. R. *et al* (1986) Lethal catatonia. *American Journal of Psychiatry*, **143**, 1374–1381.

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Overseas psychiatrists

Sir: Among the many achievements cited in the President’s Report (*Psychiatric Bulletin*, December 2001, **25**, 487–490), the initiatives of Professor Cox, President of the College, to engage with colleagues working in developing countries must be lauded as the dawn of a new era. Many

overseas members perceive themselves as the proverbial lost sheep eating the crumbs that fall from the College’s table. Yet, far removed by distance from Belgrave Square, many members working overseas in an environment of non-British trained psychiatrists paradoxically hold total allegiance to the College and closely follow the proceedings.

It is hoped that this wind of change will result in more collaboration with overseas members. For example, there is a perception that the adjustment of membership fees linked to the gross domestic product of member countries is discriminatory in itself, enabling those from developed countries more ‘buying power’ into the College. The reasoning for a sliding scale is faulty since the sustainable income of psychiatrists in the poorest developing country is astronomical when compared to the per capita income of the general population. Arguably, a common membership rate may have been more equitable.

Nevertheless, the two working parties, one headed by Dr Kendell on international responsibilities of the College and the other chaired by the President himself on training and service delivery issues for Black and ethnic minorities are long overdue and must be welcomed. The chairperson of the new Ethnic Issues Committee, Dr Parimala Moodley, must be less Eurocentric and ought to devise a mechanism of incorporating overseas members from the developing countries into her committee.

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The British Psychological Society review

Sir: The British Psychological Society (BPS) document, *Report on Recent Advances in Understanding Mental Illness and Psychotic Experiences*, is a most thorough commentary on current practice and research in psychological approaches to the treatment of psychosis. Though our view is that the BPS publication downplays neurobiological developments and is written in a style that might lead to counterproductive defensiveness in many psychiatrists, we feel that the tone of aspects of the brief *Psychiatric Bulletin* review (November 2001, **25**, 454–454) are unfortunate.

The BPS document needs to be read and discussed widely when it contains such cogent views that much