

emergency situations may warrant higher doses of antipsychotics than those recommended in the BNF.

These findings suggest that current thinking on and practice of the use of high-dose antipsychotics by many British psychiatrists is not based on the best available evidence. Controlled studies have consistently failed to show an improved clinical response to higher dose regimens or with higher plasma concentrations (Baldessarini *et al.*, 1988). Further, there is little pharmacological justification for using high-doses as near maximal dopamine receptor occupancy occurs at modest doses (Farde *et al.*, 1992).

The fact that the evidence seems to be ignored only makes more worrying the deficiencies in training and practice highlighted by Simpson & Anderson. The Royal College consensus statement recommends performing an ECG and other physical checks on patients on high doses. In emergencies where rapid tranquillisation is required, the risks associated with high doses seem to be greater (Baldessarini *et al.*, 1988) and there are often very practical difficulties in carrying out the necessary physical monitoring (Cornwall *et al.*, 1996). As alternative treatments (for example, the use of benzodiazepines and the provision of special nursing supervision) are available which do not require the same degree of physical monitoring, there seems to be little or no justification for the use of high-dose antipsychotic medication for rapid tranquillisation.

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What is an Afro-Caribbean?

Sir: In their article (*Psychiatric Bulletin*, **19**, 700–702) Drs Hutchinson and McKenzie argue that “. . . there is little justification for the continued use of the term Afro-Caribbean . . .” in medical research, on the basis, essentially, that there is no such precise entity as an “Afro-Caribbean person”, and therefore that research which refers to Afro-Caribbeans as a group will be “scientifically flawed and likely to yield misleading

results”. Yet, in the November 18th issue of the *BMJ* (Vol. **311**, 1325–1328) McKenzie *et al.* report their findings about the prognosis of psychotic illness in Afro-Caribbean people! So while repudiating the term Afro-Caribbean in the *Psychiatric Bulletin*, McKenzie uses it to report his research in the *BMJ*.

I suppose that, like most of us, Dr McKenzie is grappling with intangibles here: the nature of ethnicity, and the relevance of ethnicity as an epidemiological variable. I hope that he and his associates will continue to give good thought to this matter. In the meantime, I have a few questions for them.

Why, for example, do Hutchinson and McKenzie take issue only with the term Afro-Caribbean? Does this mean that they accept, as valid epidemiological variables, the other designations used by the OPCS and the Department of Health in naming ethnic groups? Do not their arguments against the term Afro-Caribbean apply just as much to all the other designations? And if we do not refer to a certain group of people as Afro-Caribbeans, what do McKenzie *et al.* suggest that we should call them?

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Sir: Discussions about research into ethnic differences often find themselves in the cul-de-sac question of what exactly is the right name for an ethnic group rather than on more fruitful considerations of underlying research principles.

My joint article (*Psychiatric Bulletin*, **19**, 700–702) tried to make investigators think twice before they carry out research which looks at Afro-Caribbeans as a homogeneous cultural group. It highlighted the diversity of Caribbean peoples and concluded that more specific terminology should be used because the term Afro-Caribbean disguises this diversity. A research project which hypothesised that the reported increased incidence of schizophrenia in “Afro-Caribbeans” was due to their culture would need to define the “Afro-Caribbean” group in detail to be able to interpret results properly because the group is so culturally heterogeneous. The same is likely to be true of biological hypotheses because of the variety of origins of Caribbean peoples.

However, in research which looks at discrimination and social adversity it is possible to look at “Afro-Caribbeans” as a homogeneous group. Discrimination against people of Caribbean origin in the UK ignores cultural diversity and in this context the term “Afro-Caribbean” merely mirrors the social demarcations through which discrimination is meted out. The term has no cultural or