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NOMIFENSINE FOR SIDE-EFFECTS OF DEPOT NEUROLEPTICS

DEAR SIR,

Dr Bennie (*Journal*, February 1982, **140**, 210) suggests that there may be a case for offering depressed schizophrenics on depot neuroleptics an antiparkinsonian rather than an antidepressant drug. However there is an antidepressant, nomifensine, which has definite, albeit mild, antiparkinsonian activity (Teychenne *et al*, 1976; Hanks and Park, 1981). It has been suggested that nomifensine may have a particular place in the management of depression in patients with Parkinson's disease (Bedard *et al*, 1977; Park *et al*, 1981) and there are certainly anecdotal reports of amelioration of neuroleptic-induced extrapyramidal symptoms and signs with nomifensine. I have recently used it with dramatic effect in a patient exhibiting extrapyramidal signs due to haloperidol overdosage.

There is little information on the effects of anticholinergic antiparkinsonian agents on mood and most of what there is refers to the elevation of mood produced by orphenadrine (Onuaguluchi, 1963; Capstick and Pudney, 1976; Johnson, 1981). Whilst there are no data specifically comparing the antidepressant effects of orphenadrine and nomifensine, there certainly seems to be a case for trying nomifensine before anticholinergic agents in the treatment of depression and perhaps also of extrapyramidal side-effects, in schizophrenic patients on depot neuroleptics.

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WHICH PATIENTS DO WELL AFTER BRIEF CRISIS ADMISSIONS?

DEAR SIR,

Recent attempts to identify characteristics associated with psychiatric treatment success in hospital have studied ward characteristics (i.e. Ellsworth *et al*, 1979), therapy process variables (i.e. Peake, 1979), and presenting characteristics of patients. Studies of the latter type have failed to yield a consistent pattern of results perhaps due to differences in setting and definitions of 'success' (i.e. Keithly, Samples and Strupp, 1980; Archer, Bedell and Amuso, 1980). In addition, previous studies of patient characteristics associated with treatment success have been limited by investigating only a few potential predictor variables. No study to date has investigated a large number of patient variables associated with success on a short-term psychiatric crisis unit.

One year's population of patients from the Short-Term Assessment and Treatment Unit, Health Sciences Centre, Winnipeg, Canada were divided into 'successful' (n = 90) and 'unsuccessful' (n = 48) based on in-hospital goal attainment scores of greater than and less than '50' respectively (Kiresuk and Sherman, 1968). The average stay for these patients was almost seven days. The groups were compared on 104 demographic, historic and diagnostic variables. Of these, only four significantly (P < .05) distinguished the groups by 't' or 'chi square' test: successful