Correspondence

EDITED BY TOM FAHY

Antipsychotic drug-induced dysphoria

Sir: The renewed interest in dysphoria induced by antipsychotic drugs (Lynch *et al*, 1996) calls to mind the famous aphorism of Santayana that those who ignore history are doomed to repeat it. Some years ago, a spate of communications concerned with neuroleptic-induced dysphoria appeared in *Biological Psychiatry*. I was impelled to reply with a letter of my own (Hollister, 1992), in which I recalled that some of the early reviews of adverse effects of antipsychotics (chiefly concerned with chlorpromazine and reserpine, and specifically three of my own reviews) had emphasised possible adverse behavioural effects of these drugs: restlessness, insomnia, bizarre dreams, social withdrawal, excitement, mental depression, feelings of unreality, depersonalisation, delusions, and hallucinations (Hollister, 1961). In an early study, testing chlorpromazine in non-psychotic tuberculous patients, we discovered a clear-cut withdrawal reaction from the drug that was not evident in those patients treated with placebo during a double-blind trial. It was also known early on that non-psychotic individuals were less tolerant of dysphoria than those with psychoses. Thus, dysphoria and other adverse mental effects of these drugs were known early on and were thought to represent common knowledge. Why these phenomena should have to be re-discovered years later is a question worthy of consideration.

The most likely cause of this lack of historical perspective has been the advent of indexing services which make literature searches increasingly easy. For most of today's authors, history begins with the earliest citations in these various indices, seldom going back more than 15 years. All previous history no longer exists and so observations considered now to be new turn out to be old hat.

The paradox is that this issue of neuroleptic-induced dysphoria may have become moot. Whatever advantages the new 'atypical' antipsychotics may have, it seems clear that they are less likely than the older drugs to produce such a variety of adverse behavioural effects. Another point is that the current trend towards use of smaller doses of conventional antipsychotics may reduce the probability of dysphoric symptoms, which seldom affected all patients even with larger doses.

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Leo E. Hollister Department of Psychiatry, University of Texas – Houston Harris County Psychiatric Center, 2800 South MacGregor Way, Houston, TX 77225–0249, USA

Suicide in China

Sir: Yip (1996) has presented a timely and interesting study on suicide in Chinese societies, but readers may benefit from the following qualifications. Yip states that "there is little on suicide in China in the literature". Suicide is a highly sensitive subject for the Chinese government, but in the past five years they have begun to release information (Li & Baker, 1991; World Bank, 1992) indicating that suicide is a very significant problem in China, accounting for 33% of all injury deaths.

Yip comments that the female suicide rate in Hong Kong "could well be the highest in the world". The Chinese data do not support this statement. In contrast to almost every other country of which the present authors are aware, the suicide rate in Chinese females is significantly higher than that in males (24.3 *v.* 27.7 per 100 000). Also there is a sharp difference between the urban and rural suicide rates (10.00 *v.* 27.7 per 100 000). Thus, Yip's examination of suicide rates in Beijing reveals little about suicide rates in China (predominantly a rural country).

In China, suicide peaks in the age range 20–24 years, and among this cohort the rate among women is five times greater in rural than in urban areas (78.3 *v.* 15.9 per 100 000). This pattern is also observed among males (40.7 *v.* 9.9 per 100 000). Such high levels of suicide may reflect the social, cultural and economic changes that China is facing and which have a greater impact in rural areas. Among women the predominant factors include: suicide as a traditional coping and revenge strategy for women in Chinese society; the one-child policy; and lack of women's control over their own lives (Pearson, 1995). Yip also comments on the high rate of suicide among men aged over 70 years in Hong Kong, and concludes that they are affected by the current political uncertainty. In our view, this is a group little affected by political factors but who are vulnerable because of economic change and lack of family support.

Depression is not widely diagnosed in China and individual pathology alone cannot satisfactorily explain such high suicide rates. This suggests the need for community-based preventive strategies not primarily related to individual treatment.

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V. Pearson Department of Social Work, University of Hong Kong, Pokfulam Road, Hong Kong
S. Lee Department of Psychiatry, Chinese University of Hong Kong, Shatin, New Territories, Hong Kong

Mass hysteria

Sir: Ali-Gombe *et al* (1996) have reported on an atypical episode of mass hysteria among Nigerian schoolgirls that was precipitated by no apparent stressor. If accurate, the case is unprecedented. The following caveats are based on a study of all known reports of contagious conversion symptoms in schools, involving 116 cases which span 188 years and 22 countries (Bartholomew & Sirois, 1996). Based on the African pattern of 'mass motor hysteria', and the retrospective nature of their

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