

Menstrual changes with antipsychotic drugs

SIR: Menstruation could be termed a life event for women. Although a minor irritant to some, it becomes a major issue to others. It is surprising that the issue of menstruation in chronic schizophrenic women has been little studied.

It is known that neuroleptics can cause amenorrhoea and this is now accepted as a side effect, yet many clinicians choose not to enquire about it. It may, however, be of vital importance to a young married schizophrenic woman expected to remain on depot neuroleptic medication for an undefined number of years.

It is also known that psychotic patients may experience amenorrhoea regardless of whether or not they are on neuroleptic medication for their psychosis. The incidence is higher for those women on neuroleptics but the physiological basis for this is as yet unknown. Ghadirian *et al* (1982) demonstrated that 91% of their schizophrenic patients experienced menstrual changes but the researchers were unable to specify the nature and quality of the changes. Meltzer & Fang (1976), in a cohort of women on neuroleptics, showed that nearly all had a rise in prolactin as early as three days after commencing neuroleptics, which is presumed to be the cause of the amenorrhoea. In a different study, the same authors found that up to 50% of women on neuroleptics can be expected to become amenorrhoeic.

As part of a larger project, we studied the prevalence of amenorrhoea in a group of 36 chronic schizophrenic women. All patients were already on depot neuroleptics and all fulfilled DSM-III-R diagnostic criteria. We found that over a third of women on depot neuroleptics had menstrual irregularities including amenorrhoea. Our sample ranged in age from 21 to 44 years. Seven women were receiving hormonal contraceptive treatment, and 29 women were not. Of this latter group of 29 women, 4 (13%) were amenorrhoeic, 6 (21%) had irregular menstrual periods and 19 (66%) had regular periods.

Our findings add to the scant literature on the subject. There appears to be a significant proportion of women who experience menstrual changes while on depot neuroleptic medication. Further to the effect that this has on reproductive capacity, there may also be implications with regard to the changing hormonal environment and the severity of psychotic symptoms (Berlin *et al*, 1982; Clare, 1983).

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The Unconscious Before Freud

SIR: I was delighted to see Lancelot Law Whyte's *The Unconscious Before Freud* reviewed under "Books Reconsidered" (*Journal*, September 1992, **161**, 430–432). I have always been a fan of this book and often referred to it, so I was surprised to see Tim Rogers say that "it is not cited by many of the standard works on dynamic psychotherapy". Dennis Brown and I (1991) in our joint *Introduction to Psychotherapy* refer to it several times. I also referred to it in a Freud Memorial Lecture (Pedder, 1989) for exactly the reasons that Rogers gives, to place psychoanalysis in the proper context of the development of Western thought over several centuries, and to show that psychoanalytic ideas about conflict have a long pre-history. Freud's contribution was to address these ideas to a medical context in a way that stuck.

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Self-poisoning and general elections

SIR: While auditing deliberate self-poisoning (DSP) in Nottingham, I was interested to find a significant fall in cases immediately following the result of the