

# Tom Freeman (1919-2002)

Michael Fitzgerald

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Tom Freeman was a distinguished Consultant Adult Psychiatrist and a member of the British Psychoanalytic Society and International Psychoanalytic Association.

He was educated at the Belfast Royal Academy and received his Degree in Medicine at Queens University Belfast. Later he joined the Royal Army Medical Corps and trained as a parachutist. During the war he was in Norway, France, the Netherlands and Germany and received the rank of a Major.

In 1952 he became a Consultant Psychiatrist at the Glasgow Royal Mental Hospital. In the Obituary in the London Times it was noted that *"his junior staff were intrigued by his ability to make sense of seemingly irrational speech and action; he was a fine teacher, and his modesty added to the impact he had on those who listened so eagerly to what he had to say. At least seven of the junior doctors who worked with him came to London to take advantage of the psychoanalytic training available there. His influence spread and became worldwide"*.

He was also appointed as a Consultant Psychiatrist to the Hampstead Child Therapy Clinic (now the Anna Freud Centre) whose Director was Anna Freud, daughter of Sigmund Freud. His greatest contribution within Psychiatry was the understanding he offered to patients with psychosis.

He wrote extensively on schizophrenia. His last book was *Development and Psychopathology* which many Psychiatrists have found most helpful in understanding extremely disturbed patients. He wrote a great deal including books and papers and for seven years was Editor of the *British Journal of Medical Psychology*.

I first got to know him when he was a Consultant Psychiatrist at the Hollywell Hospital in Co. Antrim. I got to know him in the 1980s at a time when he was having enormous impact on training in psychoanalysis and psychoanalytic psychotherapy in Northern Ireland. I had the pleasure of his hospitality and the hospitality of his wife Joan when I sat in on sessions where he and trainees and members of the Northern Ireland Association For The Study of Psychoanalysis engaged in intense and fascinating discussions on topics in Psychoanalysis.

The Northern Ireland Association For The Study of Psychoanalysis has now been in existence for 13 years and has moved from being an informal study group of four, gathered around Tom Freeman in the late 1980s, to becoming a fully constituted formal organisation with committee structures, a full training programme, an annual programme of visiting speakers, and eight public conferences to its credit.

There is little doubt that Tom Freeman's contribution to psychoanalysis and psychotherapy in Northern Ireland is enormous. He also had an international reputation and his contribution to the understanding of psychosis remains unsurpassed. Tom Freeman, psychiatrist/psychoanalyst was born in Glasgow on November 16, 1919 and died on May 12, 2002.

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#### USES AND DOSAGE

**Schizophrenia: Adults:** Once or twice daily. Start with 2 mg/day, may increase to 4 mg/day on the second day. Some patients slower initiation. Maintain unchanged, or adjust, if needed. Most benefit from doses of 4 - 6 mg/day; optimal response may be obtained at lower doses. Above 10 mg/day: may increase extrapyramidal symptom (EPS) risk, consider risks vs benefits. Maximum: 16 mg/day.

**Elderly, renal and liver disease:** Start 0.5 mg bd. Adjust by 0.5 mg bd to 1 - 2 mg bd.

**Behavioural disturbances in patients with dementia:** Start 0.25 mg bd; adjust by 0.25 mg bd every other day. Optimum: 0.5 mg bd, some may benefit from 1 mg bd. Once target reached, consider once daily dosing.

**Bipolar mania-adjunctive therapy:** Start 2 mg once daily; adjust by 2 mg/day every other day. Most patients will benefit from doses between 2 and 6 mg daily.

Review regularly, discontinue if no benefit seen or intolerance occurs. Well tolerated in elderly. Caution in renal and liver disease.

**Children:** Not recommended.

**Contra-indications:** Hypersensitivity.

**Precautions:** Orthostatic hypotension. Cardiovascular disease. Reduce dose if hypotension. If tardive dyskinesia, consider stopping all antipsychotic drugs. Parkinson's disease. Epilepsy. Advise of potential for weight gain. Advise not to drive or operate machinery if alertness affected.

**Pregnancy:** Only if benefits outweigh risks. **Lactation:** Avoid. **Interactions:**

Caution with centrally acting drugs. May antagonise effect of dopamine agonists. If starting or stopping hepatic enzyme-inducing drugs, re-evaluate dose. Phenothiazines, tricyclic antidepressants and some beta-blockers may increase the plasma concentration of Risperdal but not those of the antipsychotic fraction. Fluoxetine may increase the plasma concentration of risperidone but less so of the antipsychotic fraction. **Side effects:** Generally well tolerated.

Commonly: insomnia, agitation, anxiety, headache. Less commonly: somnolence, fatigue, dizziness, impaired concentration, constipation, dyspepsia, nausea/vomiting, abdominal pain, blurred vision, priapism, erectile/ejaculatory dysfunction, orgasmic dysfunction, urinary incontinence, rhinitis, rash, allergic reactions. EPS are usually mild and reversible. Rarely, Neuroleptic Malignant Syndrome. Occasionally, orthostatic dizziness, hypotension (including orthostatic), tachycardia (including reflex) and hypertension observed. Raised plasma prolactin with associated galactorrhoea, gynaecomastia and menstrual cycle disturbances. Oedema and increased hepatic enzyme levels. A mild fall in neutrophil and/or thrombocyte count has been reported. Rarely: water intoxication with hyponatraemia, tardive dyskinesia, body temperature dysregulation and seizures.

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#### PRODUCT AUTHORISATION

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