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SERUM CREATINE PHOSPHOKINASE ACTIVITY IN ACUTE PSYCHOSIS

Dear Sir,

In a recent paper (*Journal*, October 1972, pp. 351–5) Gosling *et al.* confirmed my previous reports of increased serum CPK activity in acutely psychotic patients and its lack of an increase in non-psychotic patients. They inaccurately stated that I and colleagues had studied only admission serum CPK levels in non-psychotic patients. We have previously published the lack of an increase in serum CPK activity in samples obtained Mon.–Fri. throughout hospitalization from two sizeable groups of severely disturbed, hospitalized non-psychotic psychiatric patients (Meltzer, 1969; Meltzer and Moline, 1970).

Gosling *et al.* also claimed that there was a trend towards a higher percentage of psychotic patients with increased serum CPK activity who were diagnosed manic-depressive, manic phase, or paranoid schizophrenic, as opposed to psychotic depressive or non-paranoid schizophrenic. In our previous studies (Meltzer, 1969; Meltzer, Elkun and Moline, 1969), we have indicated that the incidence of increased serum CPK activity is not significantly different in non-paranoid schizophrenics, paranoid schizophrenics, or manic-depressives, manic phase. We reported on too few psychotic depressions, bipolar or unipolar, of recent onset to know if the enzymes are elevated in depressed patients with equal frequency (Meltzer, 1969; Meltzer, Elkun and Moline, 1969). In our current studies, looking only at patients admitted within one week of the onset of psychotic symptoms, but whose serum CPK activity was studied Monday to Friday throughout hospitalization, I have found increased serum CPK activity in 41 of 53 (78 per cent) acute schizophrenics of non-paranoid types, 29 of 32 (91 per cent) acute schizophrenics, paranoid type, 6 of 7 patients with paranoid states, 9 of 12 patients with manic-depressive psychosis, manic-phase and 3 of 3 psychotic depressives. There are no statistically significant differences between the incidence of elevations in these groups. In approximately one-third of these patients, the increases in serum CPK activity did not occur until after discharge from hospital. I suggest that the data of Gosling *et al.* are best explained by a greater delay in admitting non-paranoid schizophrenics and psychotically depressed patients to the hospital in comparison with paranoid psychotic patients and manic-depressives, manic phase patients.

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UK 3557 IN DEPRESSION

Dear Sir,

Dr. Wheatley's conclusion that UK 3557 'has a similar antidepressant effect to the control drug, amitriptyline, but that there are no therapeutic differences between them' (*Journal*, December 1972, p. 622) is unwarranted. The results of his trial show that amitriptyline was consistently superior to UK 3557 at all periods of assessment, although this did not reach significance. In the absence of a placebo control group no inferences can be drawn about the antidepressant effects of UK 3557, as the improvement shown during the trial could be entirely due to non-specific factors.

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Dear Sir,

In the interpretation of clinical trial results, it is always necessary to strike a balance between that which is statistically significant (or non-significant)