necessity to ensure further validation and replication on fresh samples.

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References

BERNEY, T. B., KOLVIN, I., BHATE, S. R., GARSIDE, R. F., JEANS, J., KAY, B. & SCARTH, L. (1981) School phobia: a therapeutic trial with clomipromine and short-term outcome. *British Journal of Psychiatry*, **138**, 110–118.

GOLDBERG, D. P. (1972) *The Detection of Psychiatric Illness by Questionnaire*. Maudsley Monograph. Oxford: Oxford University Press.

LAWLEY, D. N. & MAXWELL, M. A. (1963) *Factor Analysis as a Statistical Method*. London: Butterworth.

PUIG-ANTICH, J. (1980) Affective disorders in children. *Psychiatric Clinics of North America*, **3**, 403–424.

TAYLOR, C. C. (1972) *Principal Component and Factor Analysis in Exploring Data Structures*, Vol. 1. (eds C. A. O'Muircheartaigh & C. Payne). New York: Wiley.

Psychiatric Morbidity and the Mentally Handicapped

SIR: Day (*Journal*, December 1985, **147**, 660–667) reported that 30% of mentally handicapped residents aged over 40 years and 20% of those admitted to a psychiatric day hospital for the mentally handicapped aged over 40 years had a significant psychiatric disorder. This study contains artefacts which lead to an over-estimation of the prevalence of psychiatric disorder.

No information is given concerning reliability. Poor reliability may have occurred at the time of diagnosis, during transcription of diagnoses from case notes, when diagnoses were re-classified into five super-ordinate categories (e.g., into the categories "psychosis" vs "psychosis"), and when diagnoses were made from case notes only (as in 6% of cases).

If the aim of the study was to estimate the current prevalence of psychiatric disorder then the inclusion of people with a history of psychiatric disorder clearly inflates this. For example, people may have previously suffered a single episode of an illness or may have been treated and no longer show the disorder.

Day gives no formal definition of "behaviour disorders" although he refers to examples of this. Whilst some instances of such behaviours have been shown to be associated with specific disorders (e.g., Lesch-Nyhan syndrome) it is not clear what *proportion* of such behaviours are indicative of psychiatric morbidity. Some behaviour disorders are associated with painful physical illness such as otitis media, undetected dental abscesses and chronic nasal infection. Others may be considered examples of learned behaviours. Behaviour disorders are clearly of heterogeneous origins and only some are psychiatric in nature (Jacobsen, 1982).

Finally, Day includes a number of offensive and troublesome behaviours as psychiatric morbidity. These include behaviours such as wandering, stealing, and public masturbation. Such problems may not reflect psychiatric morbidity in all cases but a variety of other problems such as lack of privacy, poor learning history or an environment which maintains aberrant behaviours.

Behaviour disorder accounted for 50.5% of psychiatric disorders in the long-stay residents and 35.5% of the day hospital admissions. If a substantial proportion of these could not be demonstrated to be psychiatric in nature then the prevalence of psychiatric morbidity would fall substantially.

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Reference

JACOBSEN, J. W. (1982) Problem behaviour and psychiatric impairment within a developmentally disabled population. I: Behaviour frequency. *Applied Research in Mental Retardation*, **3**, 121–129.

The Effect of Sulpiride on Negative Symptoms of Schizophrenia

SIR: Activating or disinhibitory effects of neuroleptics given in low doses to patients with schizophrenia were described when these drugs were first introduced to psychiatry (Delay *et al*, 1957), but subsequent experience with conventional anti-psychotic drugs has failed to provide convincing evidence of a useful dose-related bipolarity of effect. From the time of its original use in psychiatry, however, subsidiary effects of sulpiride – described in a variety of terms such as "anti-autistic" or "thymo-analeptic" have repeatedly been noted (Collard, 1969), and neuro-pharmacological studies (Sokoloff *et al*, 1980; Brown & Arbuthnott, 1983) suggest sulpiride may show a clinically useful separation of dose-related effects on psychiatric symptoms, low doses having activating and/or antidepressant properties, while higher doses are effective against positive symptoms of schizophrenia.

Since there are no controlled studies in this area, we have undertaken a double-blind comparison of normal versus low dose sulpiride in patients with chronic schizophrenia characterised predominantly by the negative symptoms poverty of speech and flattening of affect.

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