TSENG, R. & MCDERMOTT, J. F. (1981) *Culture, Mind and Therapy: An Introduction to Cultural Psychiatry*. New York: Brunner/Mazel.

JUSTIN HAY

Research Office
Mapperley Hospital
Porchester Road
Nottingham NG3 6AA

Idiopathic genital pain and fluvoxamine

SIR: Idiopathic genital pain in men (prostotadynia) is a puzzling and refractory condition. It has not so far been the subject of rigorous psychiatric assessment and treatment. We attempted to determine which psychological factors were related to a good outcome in a prospective drug-treatment study. Fluvoxamine was chosen because of evidence that reduced levels of central 5-HT could cause chronic pain syndrome (Messing & Lytle, 1977).

In a urology clinic, 50 consecutive patients with idiopathic genital pain were given a psychiatric interview, including pain and psychosexual history, supplemented by the Hospital Anxiety and Depression scale (HAD) (Zigmond & Snaith, 1983) and analogue pain scores. Pain was typically reported as being mainly testicular (42%) or perineal (30%) but radiation to other perigenital sites was common. It was described as aching (46%) or burning (20%) with a mean duration of 5.6 years (range 3 months to 40 years).

Post-ejaculatory exacerbation was reported by 42%, and 90% gained no benefit from analgesics. Aetiological factors included genital surgery (26%), infection (18%), and trauma (19%). The complaints included dyspareunia (26%), premature ejaculation (16%) and erectile impotence (10%). The following DSM–III–R diagnoses were made: major depressive episode in 26%, anxiety disorder in 14%, conversion disorder in 12%, and none in 48%.

In view of the high incidence of depression and poor response to analgesics, an open trial of fluvoxamine was performed in 24 patients. Of these, 12 suffered from affective disorder (major depression 8, anxiety disorder 4) and 12 had no psychiatric disorder. The group with major depression and anxiety after eight weeks showed statistically significant reductions in mean pain scores on an analogue scale (depression mean pain score falling from 5.8 to 2.1, and anxiety from 7.5 to 1.0). In the affective disorder group, both anxiety and depression improved, both on patient report and on the HAD scale. Interestingly, the group with no psychiatric diagnosis did equally well with the mean pain score falling from 6.2 to 2.8 after eight weeks and with no change in anxiety or depression scores (HAD scale). It cannot therefore be claimed that it is simply the treatment of the affective disorder which is giving rise to the analgesic effect in these patients. Patients with sexual dysfunction and voiding disturbances reported concomitant improvement in these symptoms as pain resolved. It would appear that fluvoxamine may have a role in treating this chronic pain syndrome and associated symptoms whether or not there is coexisting affective disorder.

The likely mechanism here is of an increase in pain threshold and inhibition of nociception due to increased spinal 5-HT turnover. 5-HT neurons project from the nucleus raphe magnus to the dorsal horn of the spinal cord. Experimental stimulation of these neurons has been shown to increase the nociceptive threshold and induce analgesia (Fields, 1984). We await further clinical studies to determine whether 5-HT reuptake inhibitors are of value in other chronic pain syndromes.

FIELDS, H. L. (1984) Brainstem mechanisms of pain modulation. *Advances in Pain Research and Therapy*, **6**, 241–252.

MESSING, R. B. & LYTLE, L. D. (1977) Serotonin containing neurones: their possible role in pain and analgesia. *Pain*, **4**, 1–22.

ZIGMOND, A. S. & SNAITH, R. P. (1983) The Hospital Anxiety and Depression Scale. *Acta Psychiatric Scandinavia*, **67**, 361–370.

DOUGLAS TURKINGTON

Department of Psychiatry
St Nicholas Hospital
Newcastle Upon Tyne

PARSLEY POWER SMITH

Department of Psychiatry
Northern General Hospital
Sheffield

JOHN GRANT

Department of Urology
Northern General Hospital
Sheffield

'The current literature' – Worcester Development Project

SIR: Although within the Worcester Development Project there has always been a feeling that we got on with the job while others wrote learned dissertations about how it should be done, it must be admitted that published work is somewhat scanty. I was indeed grateful to the Editor for his efforts which ultimately resulted in the book describing the project, published under the Royal College of Psychiatrists' imprint in 1991 (*The Closure of Mental Hospitals*, edited by Peter Hall & Ian F. Brockington).

There have, nevertheless, been a few other publications over the years, for example, an early account by the Unit Manager and myself (Hall & Gillard, 1982), and other valuable articles by non-psychiatrists. These have, for example, included Christine Bennett's (1989) paper; the article by Dr Chris Dowrick *et al* (1980); and by the Worcester