PYRIDOXINE AND SCHIZOPHRENIA

DEAR SIR,

I wish to report the following pilot study which was carried out to see whether pyridoxine would be of any therapeutic value in the treatment of chronic schizophrenic patients who had only partially responded to antipsychotic drugs.

Fifteen chronic schizophrenic patients (8 women and 7 men), ages ranging from 41 to 63 years, with a prevalence of age in the forties, and all with a history of long-lasting schizophrenia for which in the past they had been admitted to hospital more than once, were selected. All were free from primary symptoms, but remained rather apathetic, withdrawn, idle and indifferent, showing no interest in their personal habits or their environment. None of them had been working for years, and every attempt made from time to time in the past to induce them to participate in some kind of occupational or vocational rehabilitation programme had always failed. Their maintenance dose of one of the neuroleptic drugs, continued for more than one year, was renewed monthly when they attended the out-patients clinic.

Without any other change in their therapy, during the month of September 1970 pyridoxine was added to their previous drug-regimen in the dose of 50 mg. t.i.d. As the drug was prescribed, the patients were informed that the new pill was 'a sort of vitamin' and they were asked to return to the clinic every other week, instead of once a month.

After 4 to 6 weeks of this neuroleptic-pyridoxine therapy, 8 out of 15 patients reported a certain degree of subjective improvement, claiming to feel more alert and responsive, more active and less anergic. The improvement was only subjective and it was acknowledged only as such, since no noticeable clinical change could be elicited by the physician. As the therapy continued, however, an improvement of their mental status became slowly but progressively more and more apparent, and 8 to 10 weeks after the beginning of the new drug regimen the patients appeared no longer blunted in their affect, nor indifferent to their personal habits and their environment. While in the past most of them had shown complete lack of interest in becoming involved in conversation, now they were willing to talk about themselves and their illness. At the end of the third month of therapy the lack of drive and motivation and the blunted affect had been replaced in 8 patients by feeling of well-being, and they agreed to be referred either to occupational therapy or to a vocational and rehabilitation programme, and in brief became active participants.

While the number of patients treated is too small to be statistically significant and the lack of a control group of patients may cast some doubts on the validity of the results, nevertheless, considering the theoretical and practical implications, it is the writer's opinion that these results warrant further investigation.

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ANTIDEPRESSANTS IN OBSESSIONAL NEUROSIS

DEAR SIR,

The beneficial effects of tricyclic antidepressant medication in patients with obsessional neurosis have previously been reported from this Department (1).

A blind crossover controlled trial is planned to test the effects of clomipramine in obsessional neurosis and in anxiety states with prominent obsessional features. The crossover will take place at six weeks.

Because of the small numbers of new cases with obsessional neurosis that present in hospital practice, it is difficult to undertake trials at a single centre. We would therefore like to explore the possibility of organizing a multi-centre project.

Communication with this Department from those wishing to take part in the trial will be welcome. We would also appreciate notification of patients with obsessional symptoms so that either these can be rated personally, or assistance in rating can be given.

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REFERENCE

1. FREED, A., KERR, T. A., and ROTH, MARTIN (1972). 'Treatment of obsessional neurosis.' *British Journal of Psychiatry*, **120**, 590–1.

CATATONIA FROM FLUPHENAZINE

DEAR SIR,

Long acting fluphenazine has been successfully used in chronic apathetic schizophrenics to increase their working capacity. But in one such case, reported here, the reaction produced was undoubtedly catatonia, and on removal of the drug and with treatment by antiparkinsonian drugs there was improvement in the catatonic as well as the extrapyramidal symptoms, and the patient reverted to his original clinical state.