

Correspondence

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Patients and clients

We write to register our disquiet at the use of the word ‘client’ instead of patient in the pages of the *British Journal of Psychiatry* (e.g. Marsden *et al*, 2000). The choice of words has far-reaching consequences, and we believe that this change in usage represents a shift in our relationship with patients, and erodes professional standards. We would like to point out that patients themselves prefer to be called patients, rather than clients, customers, consumers or service-users (Upton *et al*, 1994).

The word client is derived from the Latin verb to hear or obey and referred to a commoner who was under the protection of a patrician or patron – a relationship that was by no means equal. The current dictionary definition captures this relationship well and gives neither side their proper dignity. The *Oxford English Reference Dictionary* (Pearsall & Trumble, 1999) defines client as “a person using the services of a lawyer, architect, or professional person other than a doctor, or of a business; a customer”. It is a term also used by other, not always very professional, callings.

We note the word is already used widely in documents from the Department of Health, The Sainsbury Centre, and other social research and planning groups but, none the less, we think that it should be resisted, particularly in our own professional documents. We ask the Editor to address this as a matter of policy. We would also like to encourage other psychiatrists and professions related to mental health, including managers, to use the word ‘patient’ in their local documents, as we have succeeded in doing in our own Trust.

This is a change in the use of language which only serves to muddy the waters of our professional work. Not to address this issue, whether through exhaustion or a misguided attempt to please non-medical colleagues, is to collude with this process. Our relationship with our patients is the

cornerstone of clinical practice, and we should be fighting to maintain it.

Marsden, J., Gossop, M., Stewart, D., et al (2000) Psychiatric symptoms among clients seeking treatment for drug dependence. Intake data from the National Treatment Outcome Research Study. *British Journal of Psychiatry*, **176**, 285–289.

Pearsall, J. & Trumble, B. (eds) (1999) *The Oxford English Reference Dictionary*. Oxford: Oxford University Press.

Upton, M. W. M., Boer, G. H. & Neale, A. J. (1994) Patients or clients? – a hospital survey. *Psychiatric Bulletin*, **18**, 142–143.

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Editor’s response: Although the *Journal* generally uses the word ‘patient’, it is not our policy to censor an author’s use of the word ‘client’ if it has been expressly and consistently used, on the assumption that the author has used that word for a good reason. There are people who, in some circumstances, accept the professional care of a psychiatrist but who do not regard themselves as patients. For example, people seeking treatment for drug dependence are unlikely to see themselves as having a ‘mental illness’ and thus may not see themselves as patients. I think we would be in danger of misrepresenting a proportion of users of mental health services (and antagonising a proportion of authors) if one word or the other were outlawed in the *Journal*. Instead, I believe authors are careful in their choice of language, reflecting their concern for the feelings of the people with whom they work.

Psychiatric features of vCJD similar in France and UK

We report a case of new variant Creutzfeldt–Jakob disease (vCJD) in a French 36-year-old woman. The patient was initially admitted to our psychiatric department in

the suburbs of Paris. She presented with psychiatric symptoms for 6 months: major depressive disorder and personality change including apathy, emotional lability and infantile affect. There were no specific psychiatric features allowing distinction from common depressive disorders. Drug treatments, clomipramine (125 mg/day) and venlafaxine (200 mg/day), were used with no benefit. She subsequently presented with delusions and auditory hallucinations that occurred transiently over a period of some hours. The delusions coincided with the onset of cognitive impairment: disorientation and memory impairment. Electroencephalogram showed non-specific slow-wave activity.

Neurological symptoms developed 7 months after the onset of depressive symptoms and included cognitive impairment, ataxia, myoclonus, excessive daytime drowsiness and headache. The patient tested negatively for the P14.3.3 protein in cerebrospinal fluid. She had no history of potential iatrogenic exposure. She was referred to a neurology department. Imaging investigations and neuropathological confirmation by cerebral biopsy have been detailed elsewhere (Oppenheim *et al*, 2000). The patient died in a state of akinetic mutism.

The psychiatric features of this French case of vCJD are clinically consistent with the cases identified in the UK (Zeidler *et al*, 1997; Allroggen *et al*, 2000; Will *et al*, 2000). The patient fulfilled diagnostic criteria for vCJD used by the National CJD Surveillance Unit (Will *et al*, 2000). The relationship between vCJD and bovine spongiform encephalopathy highlights the need for clinical surveillance in France as in the UK.

Allroggen, H., Dennis, G., Abbott, R. J., et al (2000) New variant Creutzfeldt–Jakob disease: three case reports from Leicestershire. *Journal of Neurology, Neurosurgery and Psychiatry*, **68**, 375–378.

Oppenheim, C., Brandel, J.-P., Hauw, J.-J., et al (2000) MRI and the second French case of vCJD (letter). *Lancet*, **356**, 253–254.

Will, R. G., Zeidler, M., Stewart, G. E., et al (2000) Diagnosis of new variant Creutzfeldt–Jakob disease. *Annals of Neurology*, **47**, 575–582.

Zeidler, M., Johnstone, E. C., Bamber, R. W., et al (1997) New variant Creutzfeldt–Jakob disease: psychiatric features. *Lancet*, **350**, 908–910.

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