

difficult to establish for the other 11, but there was no clear evidence for cause and effect.

When considering aetiology, an important point is that many of the features described in discussions of catatonic phenomena are also characteristic of autistic disorders. This has interesting implications for the nature of autism and catatonia, and their relationship to each other and to other psychiatric conditions associated with impairments of motor function. This will be the subject of a separate paper.

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In-patient detoxification after GHB dependence

Gamma-hydroxybutyrate (GHB) occurs naturally in the human brain (Roth & Giarman, 1970). It has a structure similar to γ -aminobutyric acid and has been used as an anaesthetic and in the treatment of narcolepsy (Mamelak *et al*, 1986) and alcohol dependence (Gallimberti *et al*, 1989). There have been cases of dependence with withdrawal symptoms (Galloway *et al*, 1997). I believe this to be the first reported case of in-patient detoxification.

Between October and December 1999 two patients dependent on GHB were admitted to our in-patient unit for detoxification. This report summarises the case history of the first patient admitted. The second patient had a similar history.

A 43-year-old male reported using GHB for 2.5 years. The effects of use were reported as feelings of relaxation, inner well-being, increased appetite and short, restful periods of sleep. Starting doses of GHB were difficult to quantify as it is generally taken in liquid form. The patient said his dose was originally 15 ml irregularly, but had increased to 30 ml every 3 hours by the beginning of 1999. The patient reported withdrawal experiences such as feelings of panic, terror and anxiety, often with a tremor. Other autonomic features included diarrhoea. Adverse effects of GHB were reported, including accidental injury when intoxicated and episodes of bizarre behaviour. In-patient detoxification was thought necessary as both patients were unable to stop using GHB at home.

On admission to the unit physical examination was unremarkable apart from some features of anxiety. Physical investigations were normal. The patient was commenced on a diazepam reducing regime from 20 mg over 11 days. Detoxification was uneventful. The patient was engaged in relapse prevention and referred to psychotherapy services.

Gamma-hydroxybutyrate has adverse effects but also produces euphoria and relaxation; GHB has abuse and dependence potential and so educational campaigns for the public may be important.

Gallimberti, L., Canton, G., Gentile, N., et al (1989) Gamma-hydroxybutyric acid for treatment of alcohol withdrawal syndrome. *Lancet*, *ii*, 787–789.

Galloway, G. P., Frederick, S. L., Stagers, F. E. Jr, et al (1997) Gamma-hydroxybutyrate: an emerging drug of abuse that causes physical dependence. *Addiction*, **92**, 89–96.

Mamelak, M., Scharf, M. & Woods, M. (1986) Treatment of narcolepsy with GHB. *Sleep*, **9**, 285–289.

Roth, R. & Giarman, N. (1970) Natural occurrence of GHB in mammalian brain. *Biochemical Pharmacology*, **19**, 1087–1092.

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Suicide in psychiatric hospital in-patients in Ireland

We were interested in the paper by Powell *et al* (2000) concerning suicide in psychiatric hospital in-patients. We conducted a 10-year review of the same phenomenon in Irish psychiatric hospitals (Corcoran & Walsh, 1999). Although this was not a case-control study in the sense of Powell *et al*, the findings were very similar, particularly in respect of the high proportion of suicides (70%) among in-patients who died 'off the premises' although 'on the books'. The Irish suicide rate among acute in-patients (i.e. those in hospital for less than one year), at 319 per 100 000 of population (*v.* 118 per 100 000 for long-stay patients), is higher than that reported by Powell *et al* (137 per 100 000 admissions).

However, the validity of calculating in-patient suicide rates on the basis of an admissions denominator is questionable. It ignores the length of time during which each individual is at risk during a hospital year, and is based on admissions rather than on the individuals contributing to these admissions. Many patients may have had several admissions in any given year. We approached the problem by the

person-year method which takes into account not only the number of admissions, but also their mean length of stay and other data which were available to us from the National Psychiatric In-Patient Reporting System. Our paper discusses the imperfections of this approach.

Corcoran, E. & Walsh, D. (1999) Suicide in psychiatric in-patients in Ireland. *Irish Journal of Psychological Medicine*, **16**, 127–131.

Powell, J., Geddes, J., Deeks, J., et al (2000) Suicide in psychiatric hospital in-patients. Risk factors and their predictive power. *British Journal of Psychiatry*, **176**, 266–272.

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Low blood pressure and depression in the elderly

Paterniti *et al* (2000) report welcome prospective data showing that low blood pressure precedes depression in older people rather than *vice versa*. However, important alternative explanations for this effect require consideration before conclusions can be drawn regarding causality.

Poor physical health and disablement have been shown to be strong risk factors for incident depression in older people (Prince *et al*, 1997). A large prospective community study showed that low blood pressure was associated with raised mortality but that this effect was eliminated after adjustment for comorbid physical illness (Boshuizen *et al*, 1998). The same may be true for depression. Paterniti *et al* comment that the number of chronic diseases was measured in participants and was not associated with depressive symptoms or low blood pressure. However, it is the severity of individual conditions and resulting functional limitation which are likely to be most important in depression rather than the number of different conditions. Important confounding effects may therefore have been missed. Both depression and low blood pressure may also be secondary to early cognitive decline, although this is less likely to explain results in the age range of participants for this study.

In order to develop effective strategies for the prevention of depression in later life,