

is not recognised unless a high index of suspicion is maintained. Neuroleptic-induced dystonia often may be discounted as odd behaviour caused by psychiatric disorder. Without the characteristic dystonia of larger muscle groups I might also have attributed the dysphonia and choking sensations to anxiety. Given the long half-life of chlorpromazine (and fluoxetine), the patient would have been at risk of further episodes of potentially dangerous laryngeal dystonia. It would be useful for clinicians to be given more explicit advice on the recognition of laryngeal dystonia and the rare possibility of asphyxiation.

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Risperidone response after no clozapine response

SIR: Risperidone has been shown to be effective in the treatment of chronic schizophrenia (Ereshefsky *et al*, 1989; Lader, 1992); we wish to report a patient who responded to risperidone but not to clozapine.

X, a 35-year-old man with a 20-year history of schizophrenia, has received most known anti-psychotic medications with only partial remissions. He was first hospitalised in December 1993, in a florid psychotic state, showing severe formal thought disorder, flight of ideas, auditory hallucinations and delusions of grandeur. He was given clozapine gradually increasing to 500 mg daily for six months. A deterioration in his mental state necessitated his transfer to a closed ward in April

1994. Treatment with clozapine was immediately stopped, after which he responded only minimally to anti-psychotic medication.

In December 1994 he received risperidone up to 4.5 mg. After 2 weeks of treatment his BPRS score dropped from 45 to 27 (18 items, 1-7 each item) and after 14 weeks his CGI score had improved from 6 to 2. He was transferred to a rehabilitation ward and discharged to his family three and a half months after beginning treatment with risperidone.

It has been reported that a patient responsive to clozapine was reported to be unresponsive to risperidone (Mok & Yatham, 1994). This case report is the first to our knowledge in which the opposite has been shown. As risperidone and clozapine have been shown to be similarly effective in the treatment of schizophrenia (Heinrich *et al*, 1990) we suggest that this report is an indicator that risperidone should be considered in the treatment of drug resistant patients with schizophrenia.

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