

### Parenteral vitamin therapy in alcoholism

Sir: Anaphylaxis is a recognised reaction to Parentrovite administration. The most recent data from the CSM show that up to August 1994, there have been 134 reports describing 251 reactions to intravenous Parentrovite, three of which were fatal (1 from cardiac arrest, 2 from anaphylactic shock). During the same period however, there have been 22 reports describing 36 reactions (1 fatality from 'aggravation of depression') to intramuscular Parentrovite (CSM, personal communication).

It seems from the CSM that parenteral administration should only be considered when this route was essential (Committee on Safety of Medicines, 1989), that many psychiatrists have misinterpreted the recommendation and stopped administering Parentrovite altogether, preferring oral vitamin therapy even in malnourished alcoholics. Oral administration is not appropriate in alcoholism due to unreliable absorption from the gastrointestinal tract, and the difficulty in reliably diagnosing alcoholic Wernicke's encephalopathy (Harper, 1979) when parenteral vitamin therapy is essential (Guthrie & Elliot, 1980).

Overall, the proportion of anaphylactic and serious allergic reactions was significantly greater for the intravenous than intramuscular routes (58 v. 3, one-sample  $\chi^2=49.59$ , d.f.=1,  $P<0.001$ ). Cardiorespiratory reactions were also proportionately greater for intravenous than intramuscular routes (61 v. 4, one-sample  $\chi^2=49.98$ , d.f.=1,  $P<0.001$ ).

Firm conclusions cannot be drawn from such data without knowledge of population routes of administration, confounding patient variables and variation in levels of reporting (though serious/fatal reactions may be more likely to be reported). Nevertheless, clinicians may feel that the intramuscular route for Parentrovite administration is safer and preferable.

Parentrovite has been withdrawn from circulation in the UK for technical reasons, (SmithKline Beecham, personal communication) but an alternative, Pabrinex (Link Pharmaceuticals) with an identical composition is available for both intramuscular and

intravenous administration. It would seem inappropriate to apply the same prudence to the route of administration of this product.

COMMITTEE ON SAFETY OF MEDICINES (1989) Parentrovite and allergic reactions. *Current Problems*, **24**.

GUTHRIE, D. N. & ELLIOT, W. A. (1980) The nature and reversibility of cerebral impairment in alcoholism: treatment implications. *Journal of Studies on Alcohol*, **41**, 147-155.

HARPER, C. (1979) Wernicke's Encephalopathy: a more common disease than realised. A neuropathological study of 51 cases. *Journal of Neurology, Neurosurgery and Psychiatry*, **42**, 226-231.

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### Balancing dependency and independence for the mentally ill

Sir: Doyle and Craig (*Psychiatric Bulletin*, 1995, **4**, 223-225) give a realistic but encouraging account of the development of a community mental health team for the severely mentally ill. However, I had a feeling of heartsink when I read of the ethos of normalisation and development of independent living skills. If this was all, it seems rather restrictive and unlikely to meet many of the needs of the target group. What about containment, making up for deficits with care or even curing? Has the pendulum swung so far in psychiatry that we are afraid to advertise the fact that our patients are not necessarily on a programme, towards normality, but have special needs that may have always to be met by others, including psychiatric services? Balancing dependency needs with the need for independence is perhaps a task for all considered relationships and a statement of service aims that emphasises the latter at the expense of the former is unlikely to guide or inspire service providers.

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