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indications for which the drug is indicated and the formula based on average dose does not stand to practical reality. It is scientific but drug prescribing practices are far from scientific. It was and is the observation of the author that all the diagnoses noted on the prescriptions are either depression and/or AN. Patients after a single visit, use the same on and off for prolonged periods. Under these circumstances coming to any other conclusion based on one's own presumptions is hazardous. Ground realities are far different and ignoring them will lead to confined conclusions.

A thorough reading of the article will show newer antipsychotics, which are costly, had less sales so the question of costly drugs pushing up the sales did not arise. Further simple computation of data presented shows that the order of sales in Rs., is in agreement with all India sales-tranquillisers, including alprazolam, Rs. 19.38 lacs, antidepressants, including fluoxetine, 16.35 lacs and antipsychotics Rs. 8.27 lacs. This indicates that prescribing practices are same in other parts of the country.

I thank Chittaranjan Andrade for pointing an alternative interpretation of the data presented and for the pure scientific value of it.

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DRUG PROPHYLAXIS OF SCHIZOPHRENIA?

Sir,

We wish to draw attention of the readers of your prestigious journal to the aspect of drug prevention of schizophrenia. This becomes more relevant as the market for newer antipsychotic drugs especially atypical ones may expand in view of ideas expressed at recently concluded 6th world Congress of Biological Psychiatry in Nice. According to Prof. Patrick McGorry of Melbourne University, prophylactic or preventive treatment of pre-schizophrenics with neuroleptics could become an important area. He says 43% of individuals with a certain cluster of risk factors (genetic loading, psychosocial dysfunction and paranoia) may become psychotic within 12 months (Products, 1997). The so called prodromal symptoms may develop many years before full-blown positive symptoms such as delusions and hallucinations appear. These combined with lack of motivation, initiative and decreased emotional responsiveness to external stimuli in surroundings resemble more closely to negative symptoms. These features have also been described in simple schizophrenia. Do negative symptoms precede positive symptoms? This is another question worth investigation. But in this context prevention of schizophrenia with atypical neuroleptics, though controversial, could become pertinent. Eli Lilly in collaboration with National Institute of Mental Health have planned to initiate treatment with olanzapine to delay or even prevent the onset of disease. However, the continuing advance in understanding of genetics of the disease would help in identification of persons at relative risk with greater accuracy. But in our view such prepositions where neuroleptic drugs shall be used over a prolonged period there are two major limitations-first precipitation of psychosis and second appearance of side effects.

There is evidence that increased dopamine (DA) receptor binding sites in the neostriatum and this alongwith DA supersensitivity due to chronic receptor blockade are responsible for tardive dyskinesia (Burt et al., 1977). Similarly after chronic exposure to neuroleptics, there may be an increase in DA receptor binding sites in mesolimbic area as well. This could result in the appearance of psychotic symptoms when neuroleptic medication is withdrawn, decreased or even held at constant dosage for a certain period of time. There is an evidence that psychosis can develop in patients suffering from nonpsychotic disorder treated with neuroleptic...
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drugs or withdrawn from neuroleptic drugs even though they have never been psychotic in their lifetime. This neuroleptic induced psychosis (withdrawal and tardive psychosis) is separate from illness related psychosis (Chouinard et al., 1978). However, it could become difficult to differentiate between these two entities especially when an individual is receiving neuroleptic for a prolonged period of time. The two important aspects in relation to long term drug therapy are for how long and in what dosage. However it is difficult to predict time course of neuroleptic exposure which would render an individual susceptible for development or precipitation of psychosis and also to find a dose level which would produce intended prophylactic effect without enhancing the DA receptor binding sites.

Further, atypical neuroleptic drugs may affect the dopamine receptors differently and as they have been claimed to produce no or minimal extrapyramidal effects, their propensity to increase DA receptor sites in mesolimbic area could also be less than typical neuroleptic drugs (Farde et al., 1992). In that case the treatment of preschizophrenics, if proven effectively in controlled clinical trials, would be a useful proposition.

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