Improper terminology
Sir: We warmly welcome the issues raised in the paper by Haghighat & Littlewood (Psychiatric Bulletin, July 1995, 19, 407–410) which raises the issue of potential labelling and stigmatisation of people suffering from mental disorders. It is our duty to treat people with respect; as individuals, yet holistically. This should be made clear in the way that we, as professionals, refer to patients, their problems, and their illnesses.

Since Haghighat & Littlewood’s paper, we have been surprised and disappointed to note the continued use of terms such as ‘schizophrenics’ (e.g. Fagin et al., Psychiatric Bulletin, August 1995, 19, 533) and even ‘dements’ (Psychiatric Bulletin, November 1995, 19, 704) to refer to patients.

We strongly believe that as “The Journal of trends in psychiatric practice” the Bulletin should take the moral lead on this issue, and avoid publication of such pejorative and stigmatising labels.

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Correcting drug-induced hyperprolactinaemia
Sir: Duncan and Taylor (Psychiatric Bulletin, December 1995, 19, 755–757) describe possible clinical usage of two drugs relatively unfamiliar to psychiatrists, amantadine and bromocriptine. They suggest this would correct a common side-effect of antipsychotic drugs, hyperprolactinaemia. We believe that a simpler strategy should be followed initially.

Patients treated with antipsychotic medication can experience a variety of unpleasant endocrine side-effects; most commonly gynaecomastia, galactorrhoea and amenorrhoea. This is considered to be due to hyperprolactinaemia caused by antagonism of the action of dopamine on tuberoinfundibular neurones (Meltzer & Fang, 1976).

The atypical neuroleptic clozapine is known to cause either a minimal or no rise in serum prolactin (Jann et al., 1993). Clozapine is indicated for the treatment of schizophrenia in patients unresponsive to, or intolerant of, conventional antipsychotic drugs (British National Formulary, 1995).

Our practice, in this not uncommon clinical situation, would be to change to clozapine. Duncan and Taylor point out that amantadine may precipitate mania and is unlicensed for hyperprolactinaemia. They also point out that bromocriptine is contraindicated in any psychotic...