LETTERS TO THE EDITOR

Reply

Sir,

I am thankful to Dr. H.D. Chopra for his letter. He has raised the following important issues (1) Role of ECT in Schizophrenia (2) Prognosis of Schizophrenia in different populations and (3) Phenomenology of schizophrenia in different populations.

1) Role of ECT in schizophrenia is a controversial issue which is yet far from settled. Various workers have often made contradictory claims. Our findings are to be interpreted in this context, i.e. our observations and conclusions are restricted on to our study and should not be regarded as definitive or as the last word on the role of ECT in schizophrenia. We are aware that while some studies and reviews may corroborate our conclusions; others may contradict.

2) Many workers have observed and reported that schizophrenia has better prognosis in the developing countries as compared to developed countries. Moreover, schizophrenic patients in the developing countries improve with smaller dose of neuroleptics given for fewer days, less number of ECTs and require shorter hospitalization. (Which may be one of the reasons for the lesser incidence of side effects like tardive dyskinesia after neuroleptics and forgetfulness after ECT). Strong support from family members and relatives (dependability and not dependency) and ready social acceptance may also be the reasons for better prognosis in developing countries. In fact, WHO has undertaken a multicentre project to study the role of low dose vs high dose of neuroleptics in different populations. The results are awaited. In a similar WHO study undertaken for depression, it was concluded that while depressed patients in the developing countries had similar improvement with low or high dose (100 mg or 150 mg per day respectively) of tricyclic antidepressants, the incidence of side effects was higher with the high dose regimen.

3) It is also noted that catatonic and acute subtypes of schizophrenia are more common in developing countries; which have better prognosis than other subtypes.

RAVI ABHYANKAR
Hon. Asst. Psychiatrist
Jerbai Wadia Hospital for Children
Parel, Bombay 400 012.

Mental Health Bill

Sir,

Your editorial “Farewell to Mental Health Bill” (Journal 1985) makes a refreshing reading. I take this opportunity to draw our reader’s attention to one more lacuna in the said bill, which seems not to have been discussed anywhere so far. While this bill dwells at length on involuntary admission procedures, it is entirely silent about out-patient treatment of uncooperative psychotics.

In a city like Bombay, electro-convulsive therapy is given far more often on an out-door than an in-door basis, both in public hospitals and in private practice. It also hardly needs to be emphasised that psychotropic medication at times needs to be administered without patient’s knowledge in domiciliary treatment of psychoses.

With all these areas still left uncovered can we really hope to see “Indian Psychiatry” march into 21st century freed from the shackles it has been doomed to carry on with since the by-gone era of “Lunacy and Insanity”?

I strongly support the stand taken by
you in the editorial and take the liberty to add that any possible cases of alleged malpractices should be left to the Medical Council to decide about, judiciary coming into picture only in the exceptional circumstances!

References

CHANNABASAVANNA, S. M., (1985). Farewell to mental health bill. *Indian Journal of Psychiatry*, 27, 179-182.

MENTAL HEALTH BILL of 1981. Bill NO. XLI of 1981 (As introduced in Rajya Sabha).

D. K. DESHMUKH
Hon. Associate Professor of Psychiatry
Sir. J. J. Govt. Hospitals
Bombay