LETTERS TO EDITOR

in life and beliefs should be considered at par with the functional variables. Thus how a patient judges the outcome and how the outcomes influences the health related quality of life is as important as clinician's judgement of prognosis. Hence considering a high prevalence (25%) of depression amongst the cancer patients we feel the presence of a psychiatrist, psychoanalyst alongwith the surgeon to completely evaluate the patient preoperatively.

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CATATONIA : NEED FOR CLARIFICATION

Sir, Payee et al. (1999) have confirmed contemporary opinion that lorazepam and electroconvulsive therapy are effective treatments for the catatonic syndrome irrespective of the etiology of the syndrome (Petrides & Fink, 1999). Two issues in their paper however beg clarification:

1. At several places in the abstract and text, the authors aver that the duration of catatonia did not predict outcome with lorazepam; however, their table shows that the greater duration of pretreatment catatonia in lorazepam nonresponders (as compared with responders) was statistically significant. Which conclusion is correct?

2. The authors do not discuss their patients' tolerance of lorazepam, the duration of lorazepam therapy specifically in treatment responders, and the experience of withdrawal of lorazepam after successful as well as unsuccessful therapy. These are important issues as high dose benzodiazepines are not always well tolerated, and as these drugs often occasion unpleasant withdrawal symptoms at the time of discontinuation.

The authors' response to these issues would be helpful.

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REPLY

Sir,

I am grateful to Dr. Chittaranjan Andrade for pointing out the error in Table-2 of our article titled "Catatonic Syndrome : Treatment Response to Lorazepam". Under duration of catatonia the mean rank score of responders should read as 22.85 and not as 12.85. The duration of catatonia was not found to be a significant predictor.

Patients included under the study were subjected to a detailed clinical examination and appropriate investigations to rule out organicity. Majority of patients (n=16) responded to
lorazepam by the end of second day of treatment. Five more patients could be declared as responders by the end of fourth day of treatment. Throughout the study period no adverse side effects were documented. No unpleasant withdrawal symptoms were reported following the termination of lorazepam. A large sample size needs to be studied to confirm these observations.

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