

In 1993 the NH&MRC was restructured. The outgoing Mental Health Committee recommended that the following priorities be addressed by the next panel: revisions and updating of the above reports [2]; the development of a paper on guidelines for drug and alcohol treatment in hospitals and primary health care; women and alcohol; and the prevention of alcohol related brain damage. Unfortunately the NH&MRC no longer has any avenue through which any alcohol and other drug issues can be effectively addressed.

As can be seen, the membership of the Panel has never "been dominated by psychiatrists". It is unfortunate that only the psychiatrist member has been able to bring projects to fruition. This may have given the impression of a domination which has never existed.

#### References

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#### Antidepressants and side effects

*David Grounds, Andrew Stocky, Peter Evans, Colin Scott, Rowan McIntosh, Estelle Morrison, Harry Derham, Rick Yeatman, Peter Farnbach, Richmond, Victoria:*

The availability of a number of new antidepressant drugs has been a boon for the sufferers of mood disorders in Australia. Many people resistant to treatment with tricyclic antidepressants, MAOIs and lithium, separately or in combination, have responded to one of the specific serotonin re-uptake inhibitors (SSRIs), or to moclobemide, the only reversal inhibitor of monoamine oxidase (RIMA) currently available in Australia.

One of the advantages of these novel preparations is that they do not have many of the side effects experienced by patients taking standard antidepressants. Although patients may experience a variable degree of nausea, headache, agitation, tremor or insomnia, most patients will be able to slowly increase the dose until it has a therapeutic effect.

The most worrying side effect which has occurred in the patients treated with fluoxetine by the undersigned group of psychiatrists is the occasional

development of a pre-occupation with thoughts of violent self-injury, or, possibly, of being violent to others.

Academic researchers have claimed that prospective studies do not show any statistically significant increase in suicidality in patients taking SSRIs

compared with standard antidepressants. Although it is possible that we have been blissfully unaware of preoccupation with violence to the self or others in the past, it is our belief that if it did occur it was much less likely to in patients on standard drugs.

Evidence that it is a real adverse effect and not due to the mood disorder is to be found in many of the cases. It tends to occur soon after commencement of treatment, or a dose increase. Cessation of fluoxetine results in abatement of the problem, and it usually recurs on rechallenge.

Another piece of evidence is that a patient who had never been known to cut themselves before started cutting their arms quite severely, and on cessation of fluoxetine stopped cutting within a few days, only to hit themselves for a further period of time before both behaviours disappeared.

A striking feature of this syndrome is that most of the patients do not want to die - they just want to kill or harm themselves. None of our patients have actually suicided (which probably accounts for the research finding of no significant difference from older antidepressants).

The sufferers do not usually become preoccupied with taking overdoses, just with violent self injury. Quotes which illustrate this include: "I didn't want to die, I just felt like tearing my flesh to pieces." "I suddenly found myself purposely driving dangerously - such as driving through a red light and driving on the wrong side of the road. I got frightened but I had to do it." "I got my cane cutters' knife in my right hand and wanted to cut my left hand off at the wrist."

Three of our number have experienced a case each with the other SSRIs available in Australia, and increasing numbers of cases may occur if paroxetine and sertraline increase their percentage of the SSRI market.

We believe that doctors should be alerted to the likelihood that a small percentage of people (but probably more than 1%) taking this drug experience this very distressing syndrome, so that they can warn patients that should it arise they should stop taking the drug and report as soon as possible to their physician.

While we are not saying that these patients actually suicide, there remains the possibility of increased suicidality in those experiencing the syndrome, masked by a lower suicidality in the SSRI treated group as a whole.

We would urge that further research be conducted in this area.

### **Trinucleotide expansion in Tasmanian HD families**

*Saxby Pridmore, Angela Cook, Graeme McCormick, Adrian West, Hobart, Tasmania:*

The Huntington's Disease (HD) families of Tasmania have been closely studied and an unusually large family has been identified [3]. We report a study which demonstrates a genetic similarity to overseas HD families.

The Huntington's Disease Collaborative Research Group [4] recently isolated the HD gene abnormality. A new gene (called IT15) was located which contains polymorphic CAG repeats. These repeats are unstable (can expand from one generation to the next) and are markedly expanded on HD chromosomes. Longer than "normal" CAG expansions were found in all 75 families studied. Harper [2] has given the normal range as 10 to 35 repeats, and the HD range as 36 and above repeats. There is, of course, need for caution in the borderline region and different methods may give different results in the order of up to three repeats.

This gene abnormality was initially demonstrated in USA (using North American and Venezuelan DNA), England and Wales [4]. A special issue of *Journal of Medical Genetics* (Volume 30, Number 12) contained confirmatory papers from Canada, Scotland and The Netherlands. Andrews *et al* [1], however, warned of the potential for different normal and HD ranges of repeat numbers in persons of different ancestry and that the frequency of clinical phenotype without trinucleotide expansion had not been adequately investigated. Accordingly, we set out to examine whether the Tasmanian HD families have also inherited this gene abnormality.

This study was conducted with the approval of the Royal Hobart Hospital Ethics Committee and a Royal Hobart Hospital Research Grant. Blood was taken from informed consenting HD affected and non HD family volunteers, and coded to maintain confidentiality. The PCR assay was established according to the published cDNA sequence of IT15 [4].

The results were that the trinucleotide expansion was demonstrated to be present in the Tasmanian HD population. Due to technical difficulties in establishing the assay, limited numbers of results could be obtained before the grant expired. Four HD chromosomes and 4 non HD family chromosomes were analysed. Three of the four HD chromosomes had 45 repeats, the fourth had 46 repeats, and the four non HD family chromosomes had 31, 29, 22, and 14 repeats.

The four HD chromosomes results came from two sets of sib pairs. In one pair both subjects had 45 repeats, and in the other pair one subject had 45 and the other had 46 repeats. Andrews *et al* (1993) reported a significant correlation between pairs of siblings for trinucleotide expansion, and a significant negative correlation between the number of repeats and the age of onset. However, they argued that factors other than the number of repeats must be involved in the age of onset. Our results support these observations. One pair had onset at 29 years of age and the other at 41 years of age. While all individuals had 45 or 46 repeats, there was a twelve year difference in the age of onset of the pairs.

This demonstration of the same trinucleotide expansion in the Tasmanian HD population as has been found overseas means that all subsequent beneficial developments which arise from the genetic abnormality should also be applied to this population.

### *References*

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### **Thyroid abnormalities in chronic schizophrenia**

*Sing Lee and Francis C. C. Chow, Hong Kong:*

We read with interest the study by Othman *et al* (*Journal* December 1994, 28:620-624) which revealed that there was a spectrum of non-specific thyroid function deviations ("euthyroid" sick syndrome, suppressed hypothalamo-pituitary-thyroid axis, subclinical hypothyroidism, thyroid antibodies) in 249