CORRESPONDENCE

FLEXIBILITY IN THE USE OF FLUPHENAZINE DECANOATE

DEAR SIR,

Having read the article by Dr. Ian Martin and Dr. R. Townsend in the February 1974 issue (124, 173–6), we felt it would be of value to compare some of their results with data available at the first full-time Modecate clinic in Australia¹. Table I summarizes

the injection at intervals of five to seven weeks. Our use of anti-parkinsonian agents (46 per cent of the group) is higher than the quoted 30 per cent, despite the difference in mean age. Generally, the older age group would be expected to show more side effects. Our experience has been that it is difficult to stop giving anti-parkinsonian drugs such as benzhexol or benztropine once they have been prescribed. Extra-

 TABLE I

 A comparison of dosage distribution

| Dosage (mg.) | •• | 6.25 | 12.5 | 25 | 3 7 · 5 | 50 | 62.5 | 75 | 100-300 | Tota |
|---------------------|----|------|------|----|----------------|----|------|----|---------|------|
| Martin and Townsend | | I | 9 | 15 | | 9 | _ | _ | 5 | 39 |
| Royal Park | | 20 | 28 | 36 | 14 | 20 | I | 6 | 5 | 130 |

the dosage distribution of the two groups. It can be seen that we adhere to the policy of an individually tailored dose; although both in our group (91 per cent) and in their group (87 per cent), it was clear that most patients receive a dosage of 50 mg. or less of fluphenazine decanoate, with a mean dosage of 31 mg. and 45 mg. respectively. Our data are taken from a group of out-patients at our clinic on the last appointment day in February, 1974; the mean duration of treatment was 23 months, range being 12-51 months; the mean age was 40 years, the range being 18-70; the diagnostic groups were mainly paranoid schizophrenia (42 per cent) and chronic undifferentiated schizophrenics (39 per cent).

Flexibility is part of our procedure, and 27 out of the 48 patients on a dosage of 12.5 mg. or less receive pyramidal side-effects such as tardive dyskinesia and akathisia are at times difficult to treat.

Finally, we would emphasize the importance of reduction in dosage where improvement of a patient continues.

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Reference

I. MARRIOTT, P. F., GRIGOR, J., HIEP, A. & ZNANIECKA, V. (1974) A psychiatric clinic for depot phenothiazines. *Med. J. Aust.*, *ii*, 957.