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New Council Reports
Imprint of the Royal College of Psychiatrists

Offenders with Personality Disorder
CR71

Many people are understandably concerned about the risk to themselves and their children posed by a small number of dangerous men who are not mentally ill but have severe lifelong antisocial personality disorders. And the government is intending to introduce legislative proposals for powers to detain such people in secure institutions of some kind for as long as is necessary.

This authoritative report, by an expert committee of the Royal College of Psychiatrists, describes contemporary classifications of personality disorders and the rating scales and structured interviews available for diagnosis and assessment of personality disorders, particularly in forensic settings. The final and most important section of the report discusses the various therapies that have been employed in an attempt to enable personality disordered people to change their established ways of thinking, reacting and behaving, and to become less of a nuisance to others.

April 1999, £12.50, 104pp, ISBN 1 901242 34 X

Guidelines for Health Care Commissioners for an ECT Service
CR73

ECT is the most effective and rapidly-acting treatment for severe depression disorders. It is usually reserved for patients who have failed to respond to drug or other therapies, but it can be a first line treatment. It is particularly indicated for severely depressed patients who are at risk of suicide or at risk of death because of their refusal to eat or drink. There is a firm evidence base for the effectiveness of ECT. It also has a place in the treatment of other disorders such as schizophrenia, mania, catatonia and neuroleptic malignant syndrome. Its role in these conditions is usually when drug therapy has proved ineffective or for some reason is inadvisable. This council report explains all areas of ECT, answering questions such as, what is an ECT?, how does it work?, what adverse effects does ECT cause?, staffing, protocols and many other aspects.

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John has schizophrenia

$\text{Effective in negative and positive symptoms^{1-4}}$
and mood* in patients with schizophrenia

$\text{EPS no different from placebo across the full dose range (150 - 750 mg/day)^{1-4}}$

$\text{Plasma prolactin levels no different from placebo across the full dose range (150 - 750 mg/day)^6}$

$\text{Low level of sexual dysfunction (3 patients out of 1085) in long term use (3-5 months)^6}$

* Defined as the BPRS item score of depressive mood, anxiety, guilt feelings and tension.