LETTERS TO THE EDITORS

PARENTERAL THIAMINE AND KORSAKOFF'S PSYCHOSIS

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We would like to respond to the Invited Commentary by Dr Thomson and Professor Cook (Thomson and Cook, 1997) and the original paper by Drs Ramayya and Jauhar (1997), which were both published in the May/June 1997 issue of Alcohol and Alcoholism, and question one of the inferences they make.

Ramayya and Jauhar (1997) described an increase in the number of cases of Korsakoff's psychosis in one location in Scotland in the years following the withdrawal of the parenteral B vitamin preparation Parentrovite and a causative link was postulated. Thomson and Cook (1997) cited this paper and referred to unpublished evidence for a similar rise in England in the period 1988–1994. This is against a background of constant alcohol consumption and constant admissions for alcohol detoxification.

In our own research on Korsakoff's psychosis in Scottish mental health hospitals, we surveyed the number of patients with diagnoses of Korsakoff's psychosis, alcoholic and non-alcoholic, and other alcoholic dementias over the past 25 years. We reviewed the number of patients with these diagnoses resident in Scottish mental hospitals on 31 December 1970, and on the same date at 5-yearly intervals (Fig. 1). The picture is that of a sustained increase with a peak in residents with these diagnoses in 1990. This is against a backdrop of decreasing psychiatric beds. We also reviewed the admissions to Scottish mental hospitals with the above diagnoses in the same time frame (Fig. 2). This reveals a more complicated picture of trends in the past 25 years.

Looking at admissions to psychiatric hospitals on its own is of limited value, due to the influence of local policy and practice. For example, the admissions to general hospitals in Scotland have

Fig. 1. Number of residents in Scottish mental hospitals 31 December 1970–31 December 1995.

Fig. 2. Admissions to Scottish mental hospitals 1970–1995.

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been increasing significantly (with the diagnosis of alcoholic psychosis) during this time period (Findlay, 1991; Chick, 1997) and many cases of alcoholic Korsakoff’s psychosis bypass the psychiatric system into residential care or the care of relatives. While keeping this in mind, a trend towards increased admissions for patients with these diagnoses is hard to deny over this longer time period when pressures are to reduce admissions to psychiatry and to ignore the need for rehabilitation.

We suggest that the increase in the number of cases of Korsakoff’s psychosis reported by Drs Ramayya and Jauhar is part of a longer-term sustained increase in the prevalence of this syndrome in Scotland and the influence of the withdrawal of Parentrovite is therefore harder to detect. Evidence from elsewhere (Price, 1985) suggests a role for social factors in influencing nutritional status and in turn the incidence of Korsakoff’s psychosis.

REFERENCES


 Editor’s note—Dr A. D. Thomson and Professor C. C. H. Cook do not wish to make a response at this point, because they believe that the issues raised by Drs Smith and Flanigan are considered in their major review of this topic, which appeared in Volume 33, No. 4 (July–August 1998, pp. 317–336) of Alcohol and Alcoholism. Dr P. Jauhar has made a response which now follows. (AA-BB)

REPLY

INCREASING INCIDENCE OF KORSAKOFF’S PSYCHOSIS IN THE EAST END OF GLASGOW

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Drs Smith and Flanigan have extrapolated from Scottish Medical Records (SMR) data collected by the Scottish Office. Our study included admissions both to the psychiatric hospital as well as the local general hospital for a catchment area population of 160 000. We studied individual records relating to all 47 patients with a diagnosis of Wernicke’s encephalopathy or Korsakoff’s psychosis. Furthermore, in 33 out of the 47 patients, who were seen at the psychiatric hospital (Parkhead Hospital), there was clear structured history-taking, which included basic information regarding social factors and nutritional status. As suggested in our paper, the withdrawal of Parentrovite appears to be a significant factor in the increasing incidence in diagnosis of Korsakoff’s psychosis, which is possibly better highlighted by Fig. 3.

It would be interesting if Drs Smith and Flanigan were to further analyse their data in relation to postal codes to note if there has been a consistently higher incidence of Korsakoff’s psychosis within our population, specifically in view of our catchment area including all male hostels and the homeless population. It would also be interesting to see if there has been an increase in the diagnosis of alcohol-related psychoses in general hospital admissions during the period 1990–1995. Unfortunately Drs Smith and