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
Flanigan, whilst suggesting a role for social factors, have failed to demonstrate that withdrawal of Parentrovite was not a significant factor in the increasing incidence of diagnosis of Korsakoff’s psychosis within this population. It is noteworthy that, whilst SMR data are well collated by the Scottish Office, our study was perhaps more rigorous in that all diagnoses were made by the same consultant psychiatrist, all patients had a clear structured history and the majority of patients had both neuropsychological assessment as well as brain imaging. Hence, whilst we acknowledge the suggestion of Drs Smith and Flanigan of poor nutritional status and social factors playing a role in the increasing incidence of Korsakoff’s psychosis, in view of our in-depth analysis of the 33 admissions to a local psychiatric hospital over a 6-year period, the inferences from our data, including the relevance of discontinuation of Parentrovite, are appropriate.

Further to this study, we have studied a sample of this population, to include patients with acute onset Wernicke Korsakoff’s psychosis and insidious Korsakoff’s psychosis. This sample had neuropsychological assessment, primarily specific memory tests; magnetic resonance imaging as well as SPECT scans. The data recently collated from this study suggest that both groups have similar morphological and functional damage as well as cognitive deficit consistent with Korsakoff’s psychosis. This suggests that patients with insidious onset Korsakoff’s psychosis may have had sub-clinical Wernicke’s encephalopathy, possibly due to poor thiamine intake or inadequate thiamine replacement.

In conclusion, although we welcome Drs Smith and Flanigan’s confirmation of the increasing rate of admissions for alcoholic psychoses, including Korsakoff’s psychosis, and acknowledge their suggestion that social factors and nutritional status play a significant role, we nevertheless suggest that discontinuation of Parentrovite may have been a singular factor in the increase in Wernicke-Korsakoff’s syndrome.