Comment

This is the first community based study in the United Kingdom that we know of that has examined alcohol consumption and possible alcohol dependence in the elderly. Despite being a fairly small study it raises several issues. Altogether 13% of respondents drank enough to put them at risk from alcoholic liver disease; this proportion might have been higher if data from non-responders had been available. Although this figure may seem high, a similar study of the elderly in New York reported 20% of men and 2% of women to be heavy drinkers.⁵

Surveys of self reported alcohol use and abuse all have problems with overreporting and underreporting, which may partly be why some respondents classified as alcohol dependent by the CAGE questionnaire claimed to be abstainers. The CAGE questionnaire also lacks sensitivity and specificity for current events. Care must therefore be taken in interpreting questionnaires on use of alcohol by the elderly; the CAGE questionnaire requires validation in this age group. Nevertheless, heavy alcohol consumption and alcohol dependence may be a largely unrecognised problem in the elderly.

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Effect of fenfluramine on autistic symptoms

The finding of raised blood serotonin concentrations in a subgroup of autistic children has been widely replicated, although its clinical and biological relevance remains unknown. Fenfluramine is an anorectic agent that lowers brain serotonin concentrations in animals.¹ Its administration to autistic children has resulted in symptomatic improvement in some studies² but not others.³ Our study was designed to evaluate the usefulness of fenfluramine in a local group of patients.

Patients, methods, and results

Twenty patients aged 7-20 were recruited into the trial from two local institutions for autistic patients. All the participants were in good general health, and none was receiving any psychotropic or anticonvulsive treatment. The study was double blind and crossover in design: all the patients received placebo for a two week run in period and then were randomly assigned to receive either fenfluramine 1.5 mg/kg daily (group A) or placebo (group B) for three months, followed by the other drug for three months.

Behavioural assessments were carried out on six occasions: at the end of the run in period (baseline), at one month and three months (immediately before the crossover), and then at four and six months. The final assessment took place one month after all treatment had stopped. The assessment used was the Ritvo-Freeman real life rating scale for autism.⁴ This scale assesses 47 types of behaviour grouped into five categories (motor, affect, language, sensory, and social) and can be administered by novice raters trained to code behaviours. Observations were made at the same time of day and in the same place in all but two instances. In addition, both teachers and parents completed questionnaires for each child's behaviour during the trial.

We used *t* tests to compare scores in the statistical analysis.

No serious side effects occurred but two patients in group A withdrew from the trial because of drowsiness soon after starting fenfluramine. Five children lost weight, all less than 10% body weight, and this was regained when fenfluramine was stopped.

The figure shows the mean scores on the Ritvo-Freeman scale for all the children at each assessment. A higher score reflects increased autistic symptoms.

There was no significant difference in the baseline or subsequent scores between the two groups. Neither was there any difference in the scores in either group after three months' treatment with fenfluramine and three months' treatment with placebo (assessments 3 and 5). There was no clear period effect. The mean scores at each assessment decreased during the trial, irrespective of whether fenfluramine was given before or after placebo. A small rise occurred in each group after treatment was stopped. When the five categories of behaviour were analysed separately no significant differences emerged.

Mean (SD) score on behaviour rating scale during and after treatment with fenfluramine or placebo.

Six children were thought to be clearly better during one half of the trial by both parents and teachers: four were receiving fenfluramine at the time and two placebo.

Comment

A report from a multicentre trial in the United States combined results obtained from small numbers of patients at several centres.² The experimental design did not entail a crossover of treatment and therefore did not permit an assessment of order effect. Had we not had a control group (group B) for comparison we too would have deduced that fenfluramine decreases autistic symptoms as shown by the lower scores in group A during the administration of the drug.

In our experience symptoms in many autistic children fluctuate. We have not shown fenfluramine to improve these symptoms significantly and would not advocate its widespread use in autistic patients.

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