

Caution is still needed when prescribing atypical antipsychotics

Sir

The recent article in your journal by Khan and Tham (vol 69(3), 2008, p. 171) usefully highlights a case of neuroleptic malignant syndrome associated with the atypical antipsychotic drug quetiapine.

The disorder catatonia, which shares common features with neuroleptic malignant syndrome, was first described by Kahlbaum in 1874, and neuroleptic malignant syndrome itself was first described in the 1960s. Neuroleptic malignant syndrome is indeed well recognized to be associated with use of typical antipsychotic drugs (Carey et al, 2001). I would suggest, however, that atypical antipsychotic drugs are perhaps less free of blame in this regard than was suggested by Khan and Tham.

A useful review in the *American Journal of Psychiatry* (Hasan and Buckley, 1998)

described nine cases of neuroleptic malignant syndrome associated with clozapine use and eight with risperidone use. In clinical psychiatric practice we quite often see significant autonomic dysregulation and, at times, elevation of creatinine kinase levels in association with clozapine use.

Atypical antipsychotic drugs represent a substantial advance, and help many with schizophrenia to lead active and enjoyable lives in the community, but they should still be prescribed cautiously – and this article well described their dangers in overdose.

Stephen Carey

*Consultant in Adult Psychiatry
NHS Fife
Stratheden Hospital
Cupar KY15 5RR*

Carey SJ, Hall DJ, Jones GA (2001) Grand Rounds: Catatonia. *Psych Bull* **26**: 68–70
Hasan S, Buckley P (1998) Novel antipsychotics and the neuroleptic malignant syndrome: a review and critique. *Am J Psychiatry* **155**: 1113–16

globin and serum ferritin levels although glycosylated haemoglobin levels remained unchanged (Hansen et al, 2006).

Haplotype DQ2 of the HLA system is also shared between coeliac disease (Green and Jabri, 2003) and Addison's disease (Myhre et al, 2002), and this may account for the finding that 0.25% of 15 439 individuals with coeliac disease had a diagnosis of Addison's disease before or after diagnosis of coeliac disease *vs* the reference population matched for age, sex, calendar year and county in whom only 0.02% of individuals had a diagnosis of Addison's disease before or after study entry. Individuals with coeliac disease were also shown to have an 11-fold increased risk of subsequent Addison's disease (hazard ratio (HR) = 11.4; 95% CI = 4.4–29.6). Conversely, individuals with Addison's disease were shown to be at an eight-fold increased risk of subsequent coeliac disease (HR = 8.6; 95% CI = 3.4–21.8) (Elfström et al, 2007). Accordingly, the authors of the study recommended that individuals with Addison's disease should be screened for coeliac disease, and that there should be an increased awareness of Addison's disease in individuals with coeliac disease (Elfström et al, 2007).

Oscar Jolobe

*Retired Geriatrician
clo John Rylands University Library
Manchester M13 9PP*

Bao F, Yu L, Babu S et al (1999) One third of HLA DQ2 homozygous patients with type 1 diabetes express celiac disease-associated transglutaminase autoantibodies. *J Autoimmun* **13**: 143–8
Elfström P, Montgomery SM, Kämpe O, Ekblom A, Ludvigsson JF (2007) Risk of primary adrenal insufficiency in patients with celiac disease. *J Clin Endocrinol Metab* **92**: 3595–8
Freemark M, Levitsky LL (2003) Screening for celiac disease in children with type 1 diabetes: two views of the controversy. *Diabetes Care* **26**: 1932–9
Goh C, Banerjee K (2007) Prevalence of celiac disease in children and adolescents with type 1 diabetes in a clinic-based population. *Postgrad Med J* **83**: 132–6
Green PH, Jabri B (2003) Coeliac disease. *Lancet* **362**: 383–91
Hansen D, Brock-Jacobsen B, Lund E et al (2006) Clinical benefit of a gluten-free diet in type 1 diabetic children with screening-detected celiac disease. *Diabetes Care* **29**: 1452–6
Myhre AG, Undlien DE, Lovas K et al (2002) Autoimmune adrenocortical failure in Norway: Autoantibodies and human leukocyte antigen class II associations related to clinical features. *J Clin Endocrinol Metab* **87**: 618–23
Sjoberg K, Eriksson S (1999) Regional differences in celiac disease prevalence in Scandinavia? *Scand J Gastroenterol* **34**: 41–4
Van Heel DA, West J (2006) Recent advances in coeliac disease. *Gut* **55**: 1037–46

The changing face of coeliac disease and shared genetic traits

Sir,

In acknowledgement of the changing face of coeliac disease (vol 69(2), 2008, p. 84), patients with disorders such as type 1 diabetes and Addison's disease, which are both characterized by genetic traits which they share with coeliac disease, should be screened for the latter disorder.

For example both type 1 diabetes and coeliac disease are strongly linked to haplotype DQ2 of the HLA system (Bao et al, 1999; Hansen et al, 2006), and the two disorders co-exist more frequently than would be expected by chance (Van Heel and West, 2006; Goh and Banerjee, 2007). Consequently, in the UK, where coeliac disease has a prevalence of 0.99% (95% confidence interval (CI) = 0.74–1.29) among children, and 1.2% (95% CI = 0.9–1.4) among adults (Van Heel and West, 2006), a 4.4% prevalence of biopsy-proven coeliac disease has been documented in a clinic-based population of 113

children and adolescents with type 1 diabetes (Goh and Banerjee, 2007).

Even in Denmark, where the prevalence of paediatric coeliac disease is only 1:10 000 (Sjoberg and Eriksson, 1999), a strictly population-based study identified a 12.3% (95% CI = 8.6–16.9) prevalence of biopsy-proven coeliac disease among 269 diabetics aged <16 years (Hansen et al, 2006). However, as recently as 2003, in a debate about the merits of screening for coeliac disease in children with type 1 diabetes, doubts were expressed about the long-term outcome of subclinical coeliac disease in such children (Freemark and Levitsky, 2003).

Since then evidence has emerged, exemplified by the outcome of implementation of a gluten-free diet in children with type 1 diabetes who had screening-detected coeliac disease, arguably justifying coeliac disease screening in patients with type 1 diabetes (Hansen et al, 2006). Initially, in that study, diabetic children with coeliac disease had a lower score for weight and height than counterparts without coeliac disease. Nevertheless, over a period of 2 years, gluten-free diet resulted in weight gain, an increase in height in those aged <14 years, and also an increase in haemo-