practice. So, for example, the Management Executive is pushing hard for health authorities to ‘disinvest’ in procedures or forms of treatment where evidence about effectiveness is lacking, and to switch funds to those services where there is evidence that they will produce health gains. But this is to ignore that ‘effectiveness’ is a conceptually slippery notion, particularly when applied to heterogeneous groups. Similarly, the notion of ‘health gains’ remains elusive: there are good reasons for scepticism about the various attempts that have been made to translate it into techniques for calculating the benefits yielded by different treatments in order to prioritize between competing claims on resources.

I therefore come to the same conclusion as Professor Swales: indeed his arguments seem to reinforce rather than contradict my thesis. This is that scientific knowledge can illuminate but cannot resolve the dilemmas of choice in the NHS. Where I differ from him is in taking the rhetorical aspirations of the Department of Health more seriously than he does. Hence my conclusion: if the scientific community feeds these aspirations, sooner or later there will be a backlash.

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References

Imipramine and amitriptyline in hyperactive children

Sir,

There seems to be almost a campaign in the media about the use of Ritalin (methylphenidate) in the treatment of hyperactive children. Anyone who has lived, for even a short time, with such a child has sympathy with the parents, especially when it is said there is no alternative to Ritalin. If people were told of the close chemical relation between Ritalin and ‘Ecstacy’, they might not be so keen on the former. It is unfortunate that the use of tricyclic antidepressants is rarely mentioned.

Comparative studies between imipramine or amitriptyline and methylphenidate have been described and a double-blind cross-over study with imipramine and methylphenidate showed that they were comparable, but imipramine had a superior effect on sleep. Amphetamine-like drugs raise the level of noradrenaline in the blood, and tricyclics which block reuptake of noradrenaline have a similar effect on the CNS. The role of the noradrenaline pathways in the coping mechanism in the brain has been discussed, so it is not surprising that these two groups of drugs have been used in hyperactive children. By school age, the attention deficit leads to demands for treatment, if only to decrease disruption in class.

Some years ago, a number of young women presented at my clinic with features suggesting a stress disorder. It was soon clear that they were suffering from severe sleep loss from the hyperactive child at home. Helping the mothers required treating the children. Having treated teenagers for dependence on amphetamine, I was loathe to use methylphenidate. They were treated with amitriptyline in the form of syrup. About twelve patients in all, in the second to fourth year of age, were so treated in dosages of 1 to 2 mg/kg. Occasional children required higher doses to enable them to sleep reasonably, and when the dose approached 3 mg/kg they were also given sodium valproate (20 mg/kg) to prevent the fits which have been described with imipramine doses of 5 mg/kg.

Mothers had to be trained not to use repeated stimulation with moving objects, bright lights, etc. to keep them quiet. Such activities raise arousal level in the brain, and when fatigue eventually sets in the sleep produced is of short duration. Corcoran has described how sleep deprivation lowered coping ability in extraverts but seemed to raise arousal and efficiency in introverts. Normally, the introverts ran their lives at the peak of the inverted-U curve relating efficiency to arousal, but extraverts were part-way up the ascending portion of the curve. Our studies of compulsive behaviour in relation to anorexia indicated to us that introverts are often perfectionists and drive themselves excessively, sometimes using sleep deprivation to increase coping over short periods.

After six months of stable state, gradual reduction in the dose of amitriptyline was started. A plastic syringe to measure the dose accurately was a great help to the mothers. All the children treated were weaned off amitriptyline in one to three years with no relapse. Some needed a small increase in dosage on going to nursery or ordinary school, and the mothers were advised to lessen stimulating activity after they came out of school for a while.

Although there is a high resistance to the use of Ritalin in this country, it would be helpful to many
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mothers if more doctors were aware that there is an alternative treatment.

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References