UNIVERSITY OF LONDON
BRITISH POSTGRADUATE MEDICAL FEDERATION

THE BETHLEM ROYAL HOSPITAL
AND
THE MAUDSLEY HOSPITAL

INSTITUTE OF PSYCHIATRY

DE CRESPIGNY PARK
DENMARK HILL
LONDON, SE5 8AF
01-703 5411

6th January 1982

Professor R. H. Cawley,
Institute of Psychiatry.

Dear Professor Cawley,

I am writing to you in your capacity as chairman of the meeting on the benzodiazepines held at the Medical Research Council on Wednesday 23rd September 1981. I am enclosing some additional information which I would have presented at that meeting if it had then been available. I understand that you are presenting the report of that meeting to the Neurosciences Board in the near future and you may consider that my supplementary information could be included.

As you will see from the table, 2 of our 14 patients have definite cortical atrophy, 5 have a borderline abnormality and the rest are normal. However, I am led to believe that the analysis of the radiologist was fairly crude and that more refined techniques might reveal further problems. Accordingly I think that the amount of abnormality is probably an underestimate.

Several of the patients are still on benzodiazepines but some have been off for quite some time.

Yours sincerely,

Malcolm Lader

M. H. Lader

cc Dr. James
Dr. Sturgess

Rec'd 18.1.82.

ACADEMIC DEPARTMENT OF PSYCHOLOGICAL MEDICINE

(KING'S COLLEGE HOSPITAL MEDICAL SCHOOL and INSTITUTE OF PSYCHIATRY)

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UNIVERSITY OF LONDON
BRITISH POSTGRADUATE MEDICAL FEDERATION

PROFESSOR ROBERT CAWLEY
DR. H. STEVEN GREER

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RHC/uml

14 January 1982

Professor Malcolm Lader
Institute of Psychiatry

Dear Malcolm

Thank you for your letter of 6 January and enclosures, in which you report information about your series of fourteen patients, previously on benzodiazapines for long periods, who had CAT scans.

I note that you have sent copies to Dr James and Dr Sturgess at the Medical Research Council. The Neurosciences Board, at its meeting on Tuesday 12 January, received the report of the ad hoc meeting we held in September 1981. I attended for that item and drew the Board's attention to the new data: so I can assure you that the Board is aware of the position.

Yours sincerely

Bob

R H Cawley

cc Dr D James
Dr E Sturgess

Do any on hypothalamus
S.

PATIENT	SEX	AGE	BZ. YEARS	ON/OFF BZs. AT TIME OF SCAN	RADIOLOGIST'S REPORT
G.Q.	M	37	16	OFF 2/12	Normal appearances
D.W.	M	23	3½	OFF 2/12	Normal scan
G.H.	F	40	2½	ON	Normal scan
L.M.	F	35	6	(ON)	Normal scan
M.L.	M	27	7	OFF 12/12	Normal scan
A.G.	M	76	20	ON	The sulci are marginally prominent but within normal limits considering the patient's age. The lateral ventricles are normal.
S.E.	M	58	30	ON	Scan appearances are normal for the age of the patient.
A.T.	M	50	8	ON	There is some widening of the interhemispheric fissure but no other evidence of cerebral atrophy. No focal lesion seen.
W.H.	M	43	11	OFF 10/12	There is minor prominence of the anterior inter-hemispheric fissure. There is no evidence of gross atrophy.
R.C.	M	59	16	OFF 10/12	The anterior interhemispheric fissure is widened as are occasional sulci over the frontal lobe only. The lateral ventricles are normal and the posterior aspects of the hemispheres are also normal.

PATIENT	SEX	AGE	BZ. YEARS	ON/OFF BZs. AT TIME OF SCAN	RADIOLOGIST'S REPORT
J.H.	M	34	12-15	ON	Superficially sulci are very minimally prominent considering the patient's young age. No focal abnormality is shown.
M.M.	M	40	11	ON	There is no definite cerebral atrophy present. The suloi are visible but probably just within normal limits for the patient's age.
J.M.	M	32	10	OFF 2/12	Superficial sulci in the highest most 5B cut are relatively prominent considering the patient's young age, do imply some early atrophy. The anterior interhemispheric fissure is also slightly wider than usual. Summary: There is evidence of mild cortical atrophy affecting both hemispheres superficially.
M.F.	F	39	14	ON	There is no displacement of any part of the ventricular system. The left lateral ventricle is dilated and there is widening of the left sylvian fissure. The sulci of both hemispheres are wide. There is enlargement of the superior cerebellar cistern. Conclusions: Cerebral atrophy, the left hemisphere being more affected than the right.