

3. Chacko RC, Harper RG, Gotto J, Young J: Psychiatric interview and psychometric predictors of cardiac transplant survival. *Am J Psychiatry* 1996; 153:1607–1612
4. Lunde DT: Psychiatric complications of heart transplants. *Am J Psychiatry* 1969; 126:369–373
5. Kraft IA: Psychiatric complications of heart transplantation. *Semin Psychiatry* 1971; 3:58–69
6. Ling MHM, Perry PJ, Tsuang MT: Side effects of corticosteroid therapy. *Arch Gen Psychiatry* 1981; 38:471–477

PETER A. SHAPIRO, M.D.
New York, N.Y.

Insight and Aggression in Schizophrenia

TO THE EDITOR: The research literature on the association between deficits in awareness and aggression in patients diagnosed with schizophrenia is limited; therefore, it was pleasing to read the article by Peter F. Buckley, M.D., and colleagues (1). Their findings highlighted the legal dilemma that mental health experts are faced with in many competency-to-stand-trial evaluations. If a schizophrenic patient who physically assaults another person during a psychotic episode lacks insight into his or her mental illness and does not understand the implications of the violent act, is he or she then mentally fit to be held accountable and to stand trial? The authors briefly discussed this sensitive topic but did not elaborate on an answer.

It is not entirely clear, however, why the authors chose an outpatient population, rather than a forensic or an inpatient population, as the nonviolent control group. The outpatients displayed more insight and less psychopathology than the physically violent patients in a forensic setting (jail or court psychiatric clinic). One might argue, however, that the forensic population displayed symptom profiles similar to those of an institutionalized population because both are involuntarily “locked up” and unable to function in society. The significantly higher scores on the Positive and Negative Syndrome Scale (2) total score in the violent group appear to support this view. Consequently, the insight data might simply be a reflection of the clinical difference between outpatients and institutionalized patients that is unrelated to violent behavior. In other words, an outpatient control group, whether *violent* or *not*, would always display higher insight into their mental illness because better awareness is what characterized this group as being able to function in society. In support, the authors reported on the results of Arango et al. (3), who found that lack of awareness predicted violent behavior in inpatients with schizophrenia. The authors, however, did not discuss other studies that have failed to find a relationship between insight and violence in severely mentally ill forensic patients (4), outpatients (5), and inpatients (6). Preliminary analyses of insight data from our inpatient unit at the Nathan Kline Institute for Psychiatric Research–Rockland Psychiatric Center suggest that inpatients with schizophrenia tend to score high on lack of insight—whether violent or not.

References

1. Buckley PF, Hrouda DR, Friedman L, Noffsinger SG, Resnick PJ, Camlin-Shingler K: Insight and its relationship to violent behavior in patients with schizophrenia. *Am J Psychiatry* 2004; 161: 1712–1714

2. Kay SR, Fiszbein A, Opler LA: The Positive and Negative Syndrome Scale (PANSS) for schizophrenia. *Schizophr Bull* 1987; 13:261–276
3. Arango C, Calcedo BA, Gonzalez S, Calcedo OA: Violence in inpatients with schizophrenia: a prospective study. *Schizophr Bull* 1999; 25:493–503
4. Carroll A, Pantelis C, Harvey C: Insight and hopelessness in forensic patients with schizophrenia. *Aust NZ J Psychiatry* 2004; 38:169–173
5. Yen CF, Yeh ML, Chen CS, Chung HH: Predictive value of insight for suicide, violence, hospitalization, and social adjustment for outpatients with schizophrenia: a prospective study. *Compr Psychiatry* 2002; 43:443–447
6. Swartz MS, Swanson JW, Hiday VA, Borum R, Wagner HR, Burns BJ: Violence and severe mental illness: the effects of substance abuse and nonadherence to medication. *Am J Psychiatry* 1998; 155:226–231

DANIEL ANTONIUS, M.A.
Orangeburg, N.Y.

Dr. Buckley and Colleagues Reply

TO THE EDITOR: We appreciate the insightful (no pun intended!) comments on our recent publication examining the relationship between violence, psychopathology, and insight in schizophrenia by Mr. Antonius. His point regarding the differential severity of illness across treatment settings is well taken, and we agree that an acute or long-term inpatient comparison group may have been more apt. He concurs with our statement that research on this patient population is difficult to conduct and, consequently, the population is underrepresented in the psychiatric literature. Because our article was limited in scope by the Brief Report format, we are pleased that the citations of Mr. Antonius in this correspondence further detail the literature on this topic. We have provided more lengthy discussions on the medical-legal implications of lack of insight and the treatment implications thereof in other publications (1).

Reference

1. Buckley PF, Wirshing DA, Pierre J, Bushan P, Resnick S, Wirshing WC: Lack of insight and treatment adherence in schizophrenia. *CNS Drugs* (in press)

PETER F. BUCKLEY, M.D.
DEBBIE HROUDA, M.S.S.A.
LEE FRIEDMAN, PH.D.
STEPHEN G. NOFFSINGER, M.D.
PHILIP J. RESNICK, M.D.
KELLY CAMLIN-SHINGLER, M.S.S.A.
Augusta, Ga.

Conclusions Inconsistent With Results With Citalopram

TO THE EDITOR: In their article, Eric J. Lenze, M.D., et al. (1), after noting three limitations of their trial (its small size, problems with random assignment, and diagnostic heterogeneity in their study groups) reported positive summary statements in their conclusions and elsewhere. For example, they wrote, “Notwithstanding these limitations, this study suggests that, as in younger people, SSRIs [selective serotonin reuptake inhibitors] are efficacious and well tolerated in the treatment of anxiety disorders in elderly persons” (p. 149).