Matters arising

Sir: We were interested to read the results of the trial of tiapride in 12 Huntington's disease patients by Girotti *et al.*[1] Comparing tiapride treatment 600 to 800 (mean, 650) mg per day with placebo scores in the same patients, there was no difference in functional scores, and the reduction of AIMs score of 19% on tiapride was not statistically significant. However, the dosage of tiapride was relatively modest, and Student's *t* test rather than Wilcoxon statistics was used for the non-parametric scores. Thus it is possible that an effect of the drug in reducing involuntary movements could have been disguised by these two factors. Our own findings with another benzamide drug, sulpiride,[2] revealed a significant reduction in movement count and chorea score, but no significant change in functional score, a feature of neuroleptic use also stressed by Girotti *et al.* In an ongoing study of similar design, examining the effect of tiapride, 600–1200 (mean, 1114) mg per day, seven Huntington's disease patients have so far been assessed. Median abnormal movement count fell by 42%, chorea score by 6·5%, and functional score by 18·4%. Unfortunately, the numbers so far are too small to show any significant difference between tiapride and placebo movement counts, but the picture is beginning to look strikingly similar to our findings with sulpiride—that is, that tiapride may indeed reduce movement count in patients with Huntington's disease, but that this change is not reflected in any significant functional benefit to the patients.

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References

[1] Girotti F, Carella F, Scigliano G, *et al.* Effect of neuroleptic treatment on involuntary movements and motor performances in Huntington's disease. *J Neurol Neurosurg Psychiatry* 1984;**47**:848–52.
[2] Quinn N, Marsden CD. A double blind trial of sulpiride in Huntington's disease and tardive dyskinesia. *J Neurol Neurosurg Psychiatry* 1984;**47**:844–7.

Caraceni et al reply

Quinn and Marsden found a significant reduction of AIMs in 11 Huntingtonians after sulpiride treatment and report a similar trend with tiapride 600–1200 (mean 1114) mg per day in their ongoing study. We ourselves suggested that the lack of a significant effect of tiapride in our series might be due to the lower dosage, that is 600–800 (mean 650) mg per day.

We are glad to see a nice fit between the two studies above all as far as the functional benefit of AIMs reduction is concerned. We would like to stress that the main point of our study was the observation that choreics' performance did not improve despite a reduction of AIMs suggesting a more fundamental motor impairment which we termed choreic akinesis.