

Correspondence

DEPOT INJECTIONS FOR AFFECTIVE DISORDERS

DEAR SIR,

It is now accepted that lithium is effective in reducing the recurrence of manic depressive illness. The success of lithium has meant that there has been little interest in the long-term use of major tranquillizers in prevention of relapses of manic depressive illness. We wish to report five cases where depot preparations of either fluphenazine or flupenthixol have appeared clinically to be of value.

1. A girl aged 17 years had five admissions from 1974 to 1976, suffering from mania, during which time she was treated unsuccessfully with therapeutic levels of lithium. In 1976, she commenced injections of flupenthixol 20 mg every two weeks but lithium was also continued. She remained symptom-free for 2½ years and so flupenthixol was withdrawn and five weeks later she was again admitted to hospital in mania. Flupenthixol was recommenced and three weeks later she was discharged symptom free.

2. A woman aged 57 years had six admissions to hospital between March 1959 and March 1973, on each occasion suffering from mania and after each admission she was discharged on lithium therapy. In March 1973 fluphenazine 25 mg four weekly was added to the lithium therapy. She remained well for 26 months and in June 1975 she stopped attending follow-up and stopped drug therapy. It was known that she soon relapsed but was not admitted to hospital until September 1976. She had two further admissions to hospital with manic attacks over the following year but during this period the patient refused to attend follow-up clinics and refused to take drugs between admissions. In August 1977 she was again started on fluphenazine 25 mg four weekly and lithium therapy was continued and she has remained well since, a period of 15 months.

3. A spinster aged 66 years had a history of 17 admissions to hospital since 1952 with a manic depressive psychosis, predominantly of mixed or manic type. After her 14th admission in 1974 long term maintenance lithium therapy was started. She suffered four separate episodes of mania in the following three years. In December 1977, following her last admission to hospital, she commenced fluphenazine decanate 25 mg three weekly; since then she has remained well, a period of over one year.

4. A spinster aged 55 years had six admissions to hospital between 1952 and 1975 with manic depressive psychosis of a manic type. Following her last admission, although discharged, she remained chronically manic and

was again admitted in March 1976. Then on discharge she was started on fluphenazine and lithium and she remained well for 8 months when fluphenazine was stopped because of 'facial masking'. Five months later she was again readmitted, manic for a period of three months and was discharged on fluphenazine 12.5 mg every two weeks together with lithium carbonate. At present she remains well, a period of 16 months.

5. A woman aged 57 years had three admissions to hospital between 1971 and 1975. Two of these admissions were with a depressive illness and one a mixed affective state. After her last admission she rapidly relapsed into a psychotic depression with paranoid delusions and was started on fluphenazine injections four weekly. Apart from one mild depressive episode when imipramine was added to her drug regime she has remained affectively well, a period of three years.

Clinically fluphenazine or flupenthixol appear to have been useful in these five patients in preventing relapses of manic depressive illness. This seems unlikely to have been a placebo effect since all patients had a history of frequent recurrences, in three of the patients lithium alone had been ineffective, and discontinuation of the depot preparation in three patients led to their rapid relapse. It is perhaps of significance that manic or mixed states, rather than depression, had been the predominant form of illness of four of the five patients. We would therefore suggest that fluphenazine and flupenthixol may have some role to play in the management of recurrent manic depressive psychoses and certainly merit further investigation.

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COLIN R. SCOTT

HYSTERICAL STUPOR AND DEATH

DEAR SIR,

Hysterical stupor is frequently mentioned but seldom described (Smith, 1978; Merskey, 1979). It accounted for only 10 per cent of a series of stupor in a psychiatric hospital (Joyston-Bechal, 1966). Two cases are presented:—