LETTERS TO EDITOR

schizophrenic patients who do not respond to other medications; however, such patients are often poorly compliant with treatment regimes. We present a situation in which family members of a noncompliant patient resorted to a novel if unorthodox method for the administration of clozapine.

CASE HISTORY

Mr. S, a 30-year-old male, was brought with a 6-year history of delusions of persecution, auditory hallucinations, volatile mood swings, and deterioration in functional abilities. He had failed previous trials of haloperidol, pimozide, flupenthixol, and risperidone. These drugs had been given in adequate doses for adequate periods of time, and compliance had been ensured by the use of depot preparations of haloperidol and flupenthixol. Antidepressant and benzodiazepine drugs had also been unsuccessfully added to the medication regime at various points in time.

The family refused a trial of electroconvulsive therapy. In view of the clear treatment-refractoriness, clozapine was advised. After approximately a month of treatment, by which time a dose of 200mg/day was attained, there was moderate attenuation of psychotic symptoms; however, the patient refused to continue treatment any further because he insisted that he had recovered completely and that he could remain well on will power alone.

His family did not wish to lose the gains that had accrued with the introduction of clozapine. They therefore crushed the tablets and administered the powder in his food. However, despite the serving of the medication along with rice, fish curry, and other preparations, the patient perceived an odd taste in his meals. He began to suspect, and rightly so, that medication was being added to his food. He therefore insisted upon eating only chappatis as the staple element of his meals.

As a last resort, the family administered the crushed and powdered tablets, nightly, along with scrambled eggs, with salt and pepper added.

THE SURREPTITIOUS ADMINISTRATION OF CLOZAPINE: CRITICAL ISSUES

Sir,

Clozapine is a useful drug for
to taste. The strong taste of the egg, along with
the spicing, effectively masked the taste of
clozapine.
One and a half years have elapsed since
the inception of this novel method of
administration of clozapine, and the patient
continues to maintain the improvement that he
had initially shown.

DISCUSSION
This case highlights four important issues:
1. Scrambled egg, along with salt and pepper,
effectively masks the taste of clozapine. This,
therefore, is a practical method for the
surreptitious administration of medication to a
noncompliant patient.
2. The above notwithstanding, it is unethical and
illegal to treat a patient without his knowledge;
this holds true even when the family members of
the patient themselves undertake the
responsibility for the act. Legally, an unwilling
patient can be treated against his will only if
committed to psychiatric care through
appropriate judicial processes.
3. It is particularly wrong to surreptitiously treat
patients with clozapine because blood monitoring
for granulocytopenia and agranulocytosis
becomes difficult to effect. Current
recommendations are that patients be monitored
weekly for the initial 6 months, and once in two
weeks thereafter (Physicians Desk Reference,
1999). In the case of the present patient, the
family took a calculated risk against medical
advice, weighing the approximately 0.5% risk of
agranulocytosis against the benefits afforded by
clozapine.
4. That the family readily obtained clozapine
without a medical prescription is an damning
indictment of the system of drug availability
in the country. There is a pressing need for
greater ethical practice amongst pharmaceutical
dispensers.
Interestingly, the surreptitious administration of clozapine has been reported
from other countries as well (Pereira et al., 1999). The practice of administering medication in food
and drink may be widespread in settings such as long stay facilities for the elderly (Treolar et al., 2000). In this contest, Treolar et al. (2001) discussed ethical and related issues, and
suggested recommendations on the subject.

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LETTERS TO EDITOR

Sir,
Association of personality disorders with
tattooing, though previously reported, is mostly
limited to antisocial personality disorder (Raspa
& Cusack, 1990). A case of repetitive tattooing, a
kind of self-mutilatory behaviour, is described in a
patient with borderline personality disorder with
comorbid obsessive-compulsive disorder (OCD).
A 52-year-old single white male was
admitted to the Veteran’s Administration Hospital,
Pittsburgh, USA, with a history of obsessive-

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