LETTERS TO EDITOR

discipline of medical profession) by the IPSs of the states, when compiled and edited would form an excellent reference work, and can be published. Such a reference work will also become a basis in future to argue that the postgraduate students of every discipline need 2 to 3 months’ posting in psychiatry.

I hope that the profession will rise to the occasion and achieve the desirable end result.

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HIGH DOSE FLUOXETINE IN OBSESSIVE COMPULSIVE DISORDER

Sir,

Fluoxetine has proven efficacy in treatment of obsessive compulsive disorder (OCD). Double blind, randomized trials of fluoxetine using 20, 40 or 60 mg doses showed a dose response relationship with greater efficacy at 60 mg/day dose (Montgomery et al., 1993; Tollefson et al., 1994). The maximum recommended dose of fluoxetine in OCD is 80 mg/day. In literature search I did not come across any report of use of more than 80 mg/day of fluoxetine. I hereby report two cases of OCD who showed good response to more than 80 mg/day of fluoxetine with minimal adverse effects.

Case I: A 40 year old, married male, diagnosed as a case of OCD (ICD-10). The chief symptoms were recurrent intrusive faces of persons known to him, repeated touching of objects in the room an performing rituals while walking on the road. These symptoms were present for 6 years. Because of severity of symptoms he was unable to carry out his work at home and office. He was given fluoxetine which was increased up to 80 mg/day in four months. The improvement was 75% on this dose. The dose was further increased gradually in two months upto 100 mg/day. There was complete remission of symptoms. The adverse effects were mild anorexia, tremors in hand and occasional headache which decreased further with time.

Case II: A 35 year old married male, shopkeeper by occupation presented with symptoms of repeated checking of money while receiving and returning it back to the customer. Symptoms were affecting his work and was unable to run his shop properly. He was diagnosed as a case of OCD (ICD-10). He was given fluoxetine to start with 20 mg/day and gradually increased upto 90 mg/day in 6 months. On this dose he showed almost complete remission of symptoms. He continued to have mild anorexia, no other side effect was reported by him.

Both of them are maintained on these doses ior last six months. In view of the above two cases, a conclusion may be drawn that persons suffering from OCD fluoxetine may be given at higher than 80 mg/day, as the improvement is dose related, and side effect are minimal, rather than switching to augmentation or other drugs once the maximum recommended dose of fluoxetine is reached.

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BURDEN OF CARE IN PARENTS OF CHILDREN SUFFERING FROM HAEMATOLOGICAL MALIGNANCIES

Sir, We read with interest the above article.

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by Kulhara & colleagues in this Journal (Vol. 40, 1, 13-20, 1998). Close on the heels of the IPS presidential address, exhorting one and all to integrate our specialty with other branches of medicine it is indeed a welcome study. In the course of our consultation liaison work, we too have noted significant burden in families, where a child has chronic medical/surgical illness. Highlighting this as a necessary focus of management plans and facilitating such plans do form a key role for child psychiatrists in the general hospital setting and we congratulate the authors on their effort.

We, have certain comments on the study. A child psychiatric control would have placed the situation in some perspective. Regression analysis using the global burden scores (we appreciate that total burden is not possible with the instrument used) would have been interesting. We are intrigued by the use of the FBS, an instrument which was basically devised to measure burden in families of patients with chronic mental illness. It would be useful to know the authors experience of using the FBS in this vastly different sample. Also information on number of other children in the families would have been of clinical value, as the families are faced with issues like death of the ailing children and so on.

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