LETTERS TO EDITOR

TREATING MANIC STUPOR

To the editor,

Dr. Chittaranjan Andrade brought his experience with a patient in "manic stupor" to my attention. The letter has much to teach us, and is a welcome reminder that manic depressive illness takes many forms, some of which are life-threatening.

Similar acute excited states have been described as Bell's mania, manic delirium, delirious mania, catatonic excitement, and oniriod state (among others) (Fink, 1999). The excitement and insomnia are often so severe as to call for repeated parenteral administration of high potency antipsychotic drugs. When patients are dehydrated, such treatment often induces a neurotoxic state marked by rigidity, negativism, and mutism. When this state is accompanied by fever and autonomic instability, the syndrome is labeled "neuroleptic malignant syndrome", a type of malignant catatonia (Fink, 1996).

The treatments that are prescribed vary with the therapist's views of the chemical pathology. When dopamine blockade is pictured as the cause of the illness, dopamine agonists and dantrolene are prescribed (Caroff S.N. et al., 1998). Alternatively, when the illness is pictured as a form of catatonia, benzodiazepines and/or ECT are prescribed (Fink, 1997). Dr. Andrade successfully followed the second script, relieving both the patient's neurotoxic illness and the primary manic state with ECT. We favor the second route. We have had similar experiences to that described by Dr. Andrade.

It excited manic patients, sedation with benzodiazepines and not with antipsychotic drugs is to be preferred. A strong case for withholding antipsychotic drugs has been recently been made by Taylor (2001).

Once the patient has developed a neurotoxic syndrome, antipsychotic drugs should no longer be administered. If the syndrome is not relieved by this simple expedient, accompanied by hydration and nursing care, ECT becomes the principal option (Philbrick, K.L. et al., 1994). In such
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acute instances, relief can be hastened by applying ECT on three or four successive days, a course described as “ECT en bloc” (Stromgren, L.S., 1997).

ECT is also an effective anti-manic agent. It relieves not only the catatonic features, but the manic episode as well. For continuation treatment, antipsychotic medicines should be avoided. Continuation ECT is a safer effective option. Dr. Andrade’s patient would probably have had a better clinical course with this continuation option.

Considering the dramatic nature of manic excitement, it is surprising that so few examples are described in the literature. A goodly number of the patients are reported in descriptions of NMS. More than half the recorded cases of NMS are preceded by a manic phase, with the toxic syndrome precipitated by high doses of haloperidol.

Dr. Andrade is to be congratulated in bringing this treatable, life-threatening condition to our attention.

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CARDIOVASCULAR EFFECTS OF ECT

Sir,

Effects of ECT on the pulse rate, blood pressure (BP), and electrocardiogram (ECG) were studied in fifty six consecutive physically healthy psychiatric inpatients undergoing ECT for their psychiatric disability. The patients were included in the study with their consent. Patients with systemic or neurological illnesses, substance dependence, concurrent anticonvulsant drugs or ECT in the past six months were excluded. All patients underwent a thorough physical examination and routine hematological and biochemical investigations. VDRL, ECG, skull radiograph and fundus copy. Pre-anaesthetic check up was carried out by the anesthesiologist.

All patients were given ECT in overnight fasting condition, modified with inj. atropine 1.2 mg IV, inj. thiopentone 5 mg/kg body weight IV and inj. succinylchoiine 0.75 mg/kg body weight IV. Vigorous mask ventilation with ox/gen was begun during induction of anesthesia and continued until the patient could resume effective ventilation. The ECT device was an electronic sinewave model manufactured by Associate Electronic Engineers, Bangalore. ECT was administered using standard bitemporal electrode placement. The initial stimulus was 110 V for 0.6 seconds. During each ECT voltage and duration parameters were noted. Seizure duration was measured by the cuff method. Occurrence of seizure i.e. presence of convulsions in the cuffed arm for at least 30 seconds was required for an adequate seizure. Pulse rate, BP and ECG was...