Egypt. J. Psychiat, 1990, **13:** 123-129

Journal Abstracts

A Case of Doll Phopia

By: S. Hatcher, *Br. J. Psychiat.,* **155:** 255 - 6, 1989.

Though the incidence of phobias in childhood , excluding school phobia, is thought to be low especially as the only symptom in a child, none reported excessive fear of toys. A unique case of doll phobia in a 14-year- old boy is presented as the first time in the literature. the boy's early development and education were normal and there was neither abnormal family relationships nor family history of psychiatric disorder. He has one 18-year- old sister. His first memory of being frightened by dolls was at the age of four when starting nursery school. The fear was worse with plastic larger dolls, especially black ones and was centered on the eyes and hair, regardless the sex or clothing, did not extend to other life-like toys or pictures of dolls, was mild on watching them on T.V.or windows of shops selling dolls. His parents could not sell dolls in a shop of their own and neither his sister nor his cousins could play with dolls near him.

He remembered that he had ceased night mares about dolls in the past. He showed no evidences of other psychiatric disorders on mental examination and recorded normal ranges on other phobic subscales, anxiety, and depressive scales.

In vivo gradual exposure over 12 weekly half-hour sessions with a homework of exposure exercises between appointments using dolls of increasing sizes and realism, succeeded to resolve the phobia completely 10 months after presentation .

Comment:

Accepting the emphasis of the rarity of the case presented does not allow the exclusion of psychopathological referrals that was not approached by the author who also should recommend follow-ups for the clinical significance of this rare case in the future.

M.R. ELFIKY

A Neuroanatomical Hypothesis for Panic Disorder

BY: J. Gorman .M., Leibowitz, A. Fyer and J. Stein .*AM. J. Psych..,* **146:** 148- 61, 1989.

Panic disorder is one of the most well-studied psychiatric disorders. Etiological hypotheses considered it to be either a biological or a behavioural disease. The authors here present a neuroanatomical model in which they merged the various competing views into a useful and comprehensive hypothetical model. This model proposed that there are three distinct components of panic disorder: the acute panic attack. anticipatory anxiety (of recurrence). phobic avoidance (for situations striking attack). that arise from excitation in three different neuroanatomical sites: brain stem,limbic system, and prefrontal cortex, respectively. Panic disorders are likely present in various mixtures. They combined biological, behavioural and cognitive and also utilized psychodynamic speculations. They put experimental tests to either validate or disprove their model. Different lines of treatment follow where antipanic drugs (imipramine, phenelzine, and alprazolam) will block brain stem evoked panic attacks, relaxa-

tion and breathing exercises and benzodiazepines will reduce anticipatory anxiety, and desensitization and cognitive therapies will relieve phobic avoidance.

Comment:

Panic disorder has become the focus of controversy in modern psychiatry. This hypothesis is ambitious to account for all eyes looking to the disorder. They succeeded to extend the reader's view towards various aspects of the illness, but there are several principa in their model as they reported that require emphasis, and surely such a study will foster more collaborative work in areas with opposing ideas.This admirable study on accounting for these rather contradictory or heterogeneity of aetiologic aspects, gives rise to a question; WHY DO WE STILL CALL PANIC ATTACKS AS "'DISORDER" THAN 'SYNDROME ?

M.R.ELFIKY.

Is Electroencephalogram Monitoring of E.C.T. Clinically Useful ?

By:R. McCreadie, K. Philips, A. Robinson, G. Gilhody, and W. Crombie., *Br. J. Psych .*, **154:** 229- 31.1989.

It was found that 43% of E.C.T. fits are inadequate in terms of E.E.G. signs if judged by clinical observation alone, and juniors may falsely diagnose an ECT- induce fit on basis of tonic contraction at time of electric stimulus The Present study monitored E.E.Gs. in 169 bilateral , and 114 unilateral application of ECTs, given to 51 patients with various diagnoses, mainly depression (no=21) using Ectron duopulse constant- current model to induce fits with position 1 for 4 seconds in all cases, monitored by single-channel EEG. recorder, giving 60-75mg methohexitone sodium, and 27-34mg suxamethonium chloride, assessment was performed by 2 psychiatrists with high(+0,92,p<0.001) inter- rater agreement in 20 EEGs.

Disagreement between clinical and EEG assessment was in 2.5% of bilateral and 8% of unilateral applications as to whether a fit had occurred, rose to 7% in bilateral and 28% in unilateral applications when considering EEG-fit only if lasted longer than 25 seconds. Higher disagreement results in unilateral applications was seen due to more short fits they produced, the authors noted that disagreement is large enough to warrent routine EEG, monitoring if seizure duration is therapeutically crucial,which is still conflicting

Comment

The current study did not suggest any of the variables that were associated with disagreement e.g. concurrent psychotropic medications, number of ECT. application, dosages of anaesthetic and muscle relaxant, etc in addition to some methodologic bitfalls as non-harmonious diagnoses, the use of single- channel EEG machine which do not correlate with standard EEG. tracings and are susceptible to muscle and movement artifacts.A.Scott, et.al. (1989) in their work publsihed in same journal ,154,853-7 revealed more satisfactory result that is recommended for reading, in which they identified the potential value of EEG monitoring is to detect patients whose visible seizure was short but where cerebral seizure length is satisfactory.

M.R.ELFIKY

Efficacy of Low Dose Metoprolol in Neuroleptic Induced Akasthesia

BY: A. Kim, L. Adler, B. Angrist, and J, Rotrosen. *J. Clin. Psychopharm.*, **9:** 294-6,1989.

Recent studies have demonstrated the efficacy of B-blockers in treating neuroleptic- induced akathisia, B-blockers

which are more lipophilic and selective in action are especially effective, suggesting a central site of action. However, relative contribution of B-1versus B-2 blockade to its therapeutic effect remains unclear. The authors treated 9 chronic schizophrenic patients having neuroleptic induced akathisia with ages 36.8+7 y. using low doses [25-100mg/d.] of the B-blocker metoprolol which is B-1 selective at low doses, blocks B-1 and B-2 receptors at greater doses than 200mg/d. They exclude those with contraindications to receive B-blockers. All medications were stabilized 4 days prior to the trial and were held constant throughout the study.The doses started at 25-50mg/d., was increased by 25mg/d. according to improvement or side effects over 6.2+2.2 days after which all patients were directly crossed without with out periods to propranolol 40-60-mg/d. for 5.2+5.2 days. Ratings were scored using EPS Scale of Simpson. Angus at baseline after maximum improvement on metoprolol and end of propranolol treatment. 8 of the 9 patients had more than 50% improvement of akathisia with metoprolol at 50-75mg/ d. no further substantial improvement after propranolol beyond that seen with metoprolol.

Comment:

Redundancy of functions of B-receptors subtypes in the C. N. S. in addition to the cross-over effect of propranolol, and small size of the sample of the current open-design study suggest cautious consideration of the results.Double-blind study might be more promising.

M.R.ELFIKY

Clinical Differentiation Between Lethal Catatonia and Neuroleptic Induced Malignant Syndrome

By: E. Castillo, R. Rubin, and E. Holsboer-Trachsler. *Am. J. Psych.*, **146**: 324-8, 1989.

Potentially life-threatening states in psychiatry need prompt and careful recognition. However, their early detection is not easy, especially if the full syndrome is not present or signs are obscured by a concomitant medical or organic brain disorder, also in their final stages, they might be confused not only with each other, but also with other near-death acute confusional state of any etiology. N.M.S.is a severe drug reaction (iatrogenic) associated with more than 20 different neuroleptics, due to severe CNS postsynaptic DA receptor blockade. It presents with muscle rigidity, autonomic instability, altered consciousness, and fever. Its mortality rate is as high as 30%. Lethal catatonia is an acute psychotic exhaustion syndrome, presents with acute progressive mental excitement, fever, and continuous motor activity, oftenly resulting in exhaustion and death.

Some reported that both are clinically indistinguishable, others suggested a common pathophysiological mechanisms, so their differentiation is important because of treatment consideration: whereas in L.C. neuroleptics may be indicated in N.M.S. they must be stopped immediately. The authors outlined distinctions between the syndromes tabulated, continuous plastic muscle rigidity, absence of excitement or acrocyanosis characterizing N.M.S.

Comment:

Findings of this exhaustive review challenge the notion that L.C. and N.M.S. are clinically indistinguishable, and elucidated the contrast between both. In fact, differentiation between these two syndromes aid clinicians in the prevention, early detection, and treatment contrary to relating them under a mask of similarities.

M.R.ELFIKY

Benefits and Problems of Rourine Investigations in Adult Psychiatric Admissions.

BY: A. white, and B. Barraclough. *Br. J. Psych.*, **155:** 65-72, 1989.

The authors referred to the definitive relations of the lab to. clinical psychiatric practice and mechanisms by which mental and physical illnesses coexist. They expressed that lab. may be used to generate income, and testing can sometimes be therapeutic. They examined case notes of 1007 psychiatric nongeriatric admissions, recorded 1843 requests that produced 8663 results. The survey indicated that 40% of admissions had no results, and mean of 14 results were obtained for each of 60% of admissions investigated The investigation rate was highly related to diagnosis, affective disorders had the most, and personality disorders had the least, and increased for over 55ys. 10.2.% of results reported to be abnormal (25.D.of mean sides), 61% of admissions had at least one abnormal result most in alcoholism and in schizophrenia. Important results were related to thyroid function tests that were abnormal in 9 women not on lithium, 2 were new diagnoses.5 positive syphilis serology in cases acquired infection through disinhibiting mental illness. Urine analysis could screen asymptomatic infections in 9,6.% of results mostly for women . W.B.Cs. were raised in 70 results due to smoking, lithium, and unmasked chest infections.Glucose testing cleared 3 new diagnoses of mature onset diabetes.M.Corpuscular V. yielded macrocytic anaemia especially in alcohol abuse. Liver F.T. were abnormal in 10.7% of tests, 7.1% were associated with positive clinical findings in alcoholics, and could occasionally discover a case with rare Gilbert's syndrome. K, P, HCO, Urea, Creatinine screening resulted into clinically unimportant abnormalities. The authors denoted tests with expected abnormalities (e.g.) creatinine in lithium treatment, thyroid F., and syphilis serology tests with anticipated abnormality (e.g) liver F., MCV, glucose, and autoantibodies, and tests with unanticipated abnormality for screening purposes (e.g) urine for women, serum trace elements, urea. They coined sources of errors, and discussed problems of confidentiality, coasts, and lastly the benefits.

They did not support extent of investigatinos seen in adult psychiatric practice and justified tests for routine use to eliminate expense and risks without sac rificing detection.

Comment

It is a good attempt to establish patterns and benefits of lab. use in psychiatry which has received less attention. In this respect the present study makes the initial step, but prospective surveys are desirable. Good practice involves the correct level of investigations; too much is bad, as well as too little. Psychiatrists should be more familiar with indication, uses of tests, and their interpretations. Certain criteria make tests useful, prevalence of diseases must be adequate, tests must have appropriate sensitivity and specificity, and benefits must be expected from an abnormal result. IDEALLY, tests of high sensitivity are to be used for screening, and those of high specificity for diagnosis.

M. R. ElFIKY

Psychopathology in Patients with Wilson's Disease

By: A. Medalia. and H. Scheinberg. *Am. J. Psych.* , **146:** 662- 4,1989.

20% of patients with this autosomal recessive disease of cu. metabolism present in 30/100.000 in all ethnic and geographic groups, manifest with psychiatric disturbances. This work examined 24 patients diagnosed both clinically and by lab. as having Wilson's

disease.66. 7% had neurological disease, with age 31.7±6.3 y. and 8.7±8.2y. of established diagnosis. Other 33.3% had normal neurological exam., aged 26.5±4.7y and 17.3±3y. after being diagnosed. Only one of second gp. had minor psychiatric symptoms compared to ten of other gp. who exhibited detectable behavioral changes. MMPI schizophrenic, paranoia, depression, and mania subscales were used to measure psychopathology. Neurologically impaired patients scored higher on schizophrenia, depression, and psychopathology index (average- e scores of 8 of 10 clinical scales of MMPI). These results indicate that neurologically impaired patients exhibit clinically significant psychopathology than are neurologically asymptomatic patients of Wilson's disease.This in turn points out to possible association between psychopathology and neurologic affection in this illness. The author lately included clinical assessment in which they reported past history of psychiatric morbidity.

They resorted the results to Cu-induced cerebral pathology, and motoric dysfunction.

Comment:

The goal of this study is appreciable, but the methodology appears invalid.Their work missed clinical backgrounds including familial psychiatric morbidity particularly in this inheritable illness. effect of hepatic pathology. and drugs used in dealing with excess Cu.

M.R. ELFIKY.

Psychotherapy and General Practice:

By: L. Gask and G. McGrath. *Br. J. Psych.*, **154:** 445 - 53,1989

The authors provided an extensive historical review of a large body of literature comprising 86 references that cover from 1964-87. on the development of liason psychotherapy in general practice. They argued that a SKILL-SHARING approach, where G.P. retains treatment role. is a more efficient model than a consultation approach. They emphasized the need for psychiatrists and psychotherapists to be more involved in teaching basic Psychotherapeutic skills to G.Ps.

Comment:

The authors did not offer clear practical guidelines to psychotherapeutic procedures, and questions about their attractive title remained unanswered. Realizing that G.Ps. deal with about 90% of psychiatric morbidities for which they are the main treatment providers, necessitates employing a system at a level of simplification not sophistication that they feel they can achieve training G.Ps. to possess basic psychotherapeutic skills, will enable patients to obtain help earlier than they would otherwise have minimize prescribing psychotropics by them, and will generally potentiate practice of the Holistic Medicine.

In fact, there is a need for such studies identifying full descriptions of the training to offer to G.Ps.

M.R. ELFIKY

Dopaminergic Activity of the Antimuscarinic Antiparkinsonian Agents

By: J. Modell, R. Tandon, and T. Beresford. *J. Cl. Psychopharm.*, **9:** 347-51, 1989.

Although antimuscarinic antiparkinsonian agents are effective in reducing E.P. symptoms caused by neuroleptics,. their use was reported to antagonize neuorleptic effects, and also may cause psychotic syndromes, mood elevating, and stimulant effects, stereotypy, dyskinesia, behavioural agitation, and dependance in both psychiatric and normal populations. These agents also function as potent DA agonists, by blocking its presynaptic re-

uptake, or through increase D A synaptic release via bloking inhibitory muscarinic receptors in presynaptic D A terminals, NA agonist, and weak 5-HT agonist. Benztropine is the strongest between these agents as indicated in the review, that gives neuropharmacologic evidences from literature suggesting these effects which are similar to amphetamine actions. Greater attention was advised to these properties that may aid interpretation of relevant clinical research observations involving this group of antimuscarinics.

Comment:

It seems true when Voltaire wrote "doctors give drugs of which they know little to patients of whom they know even less". Here in this review the data presented suggest significant DA and possibly NA effects of antimuscarinic agents. As noted in the review, increased DA may underlie pathogenesis of disorders mentioned and commonly seen in practice with this class of drugs. Hypothesis of central cholinergeic mechanisms, as referred to by their well-known name"anticholinergics" may not represent the only explanation for their effects. The name might be added to the list of misnomenclature in psychiatry! Re- evaluation of agents used in treating our patients would add to how much do we really know about the available armamentarium. The use of psychotropics should be always weighed in terms of positive and negative effects.

M.R. ELFIKY

Lithium Prophylaxis: Myths and Realities

By: M. Schou, *Am. J. Psych.*, **146:** 573-6,1989

The author examined some widely held views about relapse-preventive treatment with lithium. He answered with evidences all these questions negatively The article reviewed, lithium effect in unipolar affective disorders, in rapid cyclers, frequency of side effects, long-term effects on thyroid and kidney functions, development of intoxication with therapeutic doses and serum levels, need for lab. monitoring and risk involved in its combination with neuroleptics. He also presented an estimate for a point prevalence of lithium use in press made by Vestergaard and himself, that showed it to be 1.5. of every 1,000 in the studied population .He recommended following precautions and guidelines to ensure its maximum efficacy and safety.

Comment:

The author assessed the extent of the truth in the doubting opinions through analysis of existing evidences and provision of new evidences, but in doing so he intruded himself in an anti- American sarcastic criticism! His estimate of lithium use need to be replicated. One of his good comments is that we should impress in our patients using lithium that it is neither a pleasant nor a reliable self - destructive agent to use in committing suicide, to combat the commonest cause of lithium intoxication seen.

M.R. ELFIKY