marked reduction of muscle permeability to potassium. Effects of lithium on potassium metabolism have been well documented in vitro studies. Results are contradictory, depending on the study design and the patient's psychiatric state. No noticeable and consistent systematic effect of lithium on blood potassium has been reported. Nevertheless, lithium could enhance Na-K pump activity, similar to potassium.

Lithium therapy has already been proposed in various forms of familial periodic paralysis with varying results. In this case, carbonate lithium was administered to reach serum lithium levels up to 1-0 mmol/l. No benefit was observed, notably on attack frequency which remained about one per week. Biochemical homogeneity of FHPP may be questioned on the basis of such discrepant results. Some forms could be lithium sensitive and others, lithium resistant. Further studies are clearly needed to elucidate this problem. Lithium, as an oral potassium add-on therapy, is worth trying in FHPP patients before reaching standard therapy. It is safe and can be beneficial on rate of attack.

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Hyperphagia in dementia: fluvoxamine takes the biscuit

Marked overeating has been described in a number of conditions which involve brain damage. Such overeating can cause management difficulties, but there have not been any reports of effective drug treatments for this problem. We describe the case of a man with probable Pick's disease whose marked hyperphagia appears to have been reduced by fluvoxamine. A 69 year old man presented with a four year history of personality change and difficulty in planning tasks. All his personal interactions became bland and his persistent mood was one of fatalistic bonhomie. In addition he became incapable of carrying on his work as a builder. At this stage he scored 29/30 on the Mini Mental State Examination, but repeated examination over the next three years showed clear and increasing impairment in sequencing, categorising and problem-solving tasks. A diagnosis of Pick's disease was made on the basis of the history, neurological examination, the neuropsychological tests and SPECT imaging. His mother had died aged 54 years apparently confused and unable to walk. No further details of her clinical state are known.

Two years ago he began to eat large amounts, selecting 5-HT uptake blockers from his son's plate, from supermarket shelves, and continually searching the house for more food. He was admitted to a residential home but his persistent attempts to obtain food led to admission to a psychogeriatric ward. On the ward he ate all food put in front of him, took food from other patients and he raided the larder.

To see how much he would eat if given a limitless supply we observed the patient in a standard setting. On a table there were five plates containing a variety of biscuits (40 biscuits in all), a large pot of tea and four magazines. The observations were made from 9-10 am after an overnight fast. Mr C was invited to help himself to whatever he wanted. He was observed through a window from the adjacent room. The stock of biscuits was replenished if no biscuits were made approximately weekly.

On the hypothesis that the marked hyperphagia might be due to reduction in effective 5-HT function he was treated with fluvoxamine (a 5-HT uptake blocker) from 100 mg/day for four weeks. The medication was tailed off and observations continued for a further 11 weeks.

Three baseline observations were made in the standard setting before starting fluvoxamine. These showed that he ate at a constant rate throughout the hour consuming a total of 60 or 61 biscuits (about 5500 kcalories) on each occasion.

Within one week of starting the fluvoxamine the nursing staff reported a clear improvement in his behaviour. This improvement was confirmed by the standardised observation of ten days after starting fluvoxamine he ate 19 biscuits in the first 30 minutes and then looked through one of the magazines for the remainder of the hour. During this treatment phase we carried out five observations. The median number of biscuits eaten per hour was 21 (range: 15-40). The patient did not experience nausea whilst taking fluvoxamine.

On stopping the fluvoxamine there was considerable fluctuation in the number of biscuits eaten, but he did not return to the behaviour observed before treatment. Ward staff reported that, after stopping fluvoxamine, his behaviour worsened, but that it was considerably less of a problem than it had been before treatment. We carried out a further 12 observations during this period. The median number of biscuits eaten per hour was 18 (range: 7-47).

Animal studies have implicated the 5-HT system as crucial in the satiety mechanism. Fluvoxamine is a selective 5-HT uptake blocker. However, in this case it does not prove that the primary defect lies in the 5-HT system. Indeed, it implies that there is sufficient intrinsic 5-HT on which the uptake blocker can work. On discontinuing the fluvoxamine the patient's hyperphagia was coincidental. However, the marked change in long-standing behaviour on starting treatment would argue against this. A second explanation is that whilst he was on treatment there was sufficient progression of the disease to cause a change in his eating behaviour. A third explanation is that the fluvoxamine caused long-lasting effects on brain function. Whatever the mechanism, fluvoxamine appears to have had an effect on his hyperphagia which was measurable and clinically important.

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My Music—a case of musical reminiscence diagnosed courtesy of the BBC

Musical reminiscence is a disorder characterised by formed auditory hallucinations of a musical nature. This case is unusual in that the patient made the diagnosis and was subjected to NMR and SPECT studies.

On Christmas Eve 1985, an active 73 year old widow retired to bed in a particularly distressed state. She had just learned that her son and daughter-in-law were about to separate. On Christmas Day she was surprised to find her "elderly" neighbours playing Christmas tunes loudly on what she presumed to be a new music centre.

She was reluctant to object at first as she felt her old neighbours "had so few pleasures left to them". After a few days the continuous and repetitive tunes became so irksome that she asked her home-help to make discrete enquiries. She was dismayed to learn that her neighbours had not bought a new music centre. Sometime later her son visited and she described to him the sounds she was hearing. He realised that the sounds were based on his mother's complaints and initiated a series of medical referrals through the family doctor. The ENT surgeons prescribed a tinnitus
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