marked reduction of muscle permeability to potassium. Effects of lithium on potassium permeability have been investigated 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 body potassium has been reported. Nevertheless, lithium could enhance Na-K pump activity, similar to potassium.2

Lithium therapy has already been proposed in various forms of familial periodic paralysis with varying results.4,14 To our knowledge, there is only one other report concerning lithium therapy in a patient with FHPP.1 In this case, carbonate lithium was administered to reach serum lithium 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 as standard therapy. It is safe and can be beneficial on rate of attack.5

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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.1 Such overeating can cause management difficulties, but there have not been any reports of effective drug treatment 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, categorizing 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 for 5-HT uptake blocker 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, he 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 from a window from the adjacent room. The stock of biscuits was replenished if remaining observations 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 serotonin uptake blocker) 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 kilocalories) 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 observations taken during this period. 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.4,5 Fluvoxamine is a selective 5-HT uptake blocker. Fluctuance in this case 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 overeating behaviour did not return to the pre-treatment levels. One possible explanation is that the apparent effect of fluvoxamine was purely 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 reminis- cence diagnosed courtesy of the BBC

Musical reminiscence is a disorder characterized 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 complain 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 these were the basis for his mother’s complaints and initiated a series of medical referrals through the family doctor. The ENT surgeons prescribed a tinnitus

Letters to the Editor

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