Epileptic attack, delirium, and periodic complexes in the EEG during mianserin treatment

Tricyclic and newer antidepressants have certain undesirable effects, including an increased susceptibility to delirium, myoclonic jerks, and epileptic convulsions. Two patients had an epileptic attack during mianserin treatment followed by delirium and EEG changes presenting as slow activity with periodic complexes similar to those seen in the Creutzfeldt-Jakob disease.

A 61 year old male had suffered from paranoid schizophrenia since 1975. The patient was admitted to hospital due to increased psychotic symptoms in August 1987. On admission, medication previously used (promazine 200 mg and mianserin 60 mg in the evening) were continued and chlorpromazine 100 mg, three times a day, was introduced. He developed acute left-sided hemiplegia five days after admission. CT of the head showed central atrophy and a new right parietal infarction. Five days after the stroke the temporarily discontinued neuroleptic and antidepressant medications were reintroduced due to nocturnal delirium and a continuation of psychotic symptoms during the daytime. Two weeks later he had numerous grand mal attacks associated with periodic slow complexes similar to that seen in Creutzfeldt-Jakob disease (CJD) on EEG. Both symptoms subsided after the introduction of carbamazepine and discontinuation of mianserin. The patient recovered from the hemiplegia and delirium, and during a follow up period of 18 months, no progressive cognitive deterioration or new epileptic attacks were observed.

68 year old female with mild depressive symptoms treated with a low doxepine dose (35 mg/day) developed a major depressive episode during the summer of 1989 and was admitted to a psychiatric hospital. At admission she was extremely depressed (Hamilton depression rating scale score 31), but showed no cognitive deterioration in the Mini-Mental State Examination (MMSE score 24), and her EEG was normal. Doxepine treatment was discontinued and mianserin was introduced slowly, reaching 90 mg on the evening of the first day, resulting in a therapeutic mianserin concentration of 359 nanomoles/litre (therapeutic level 200-450 nanomoles/litre).

Two weeks after admission she had an epileptic attack, after which she showed cog- nitive impairment (MMSE score 8), had myoclonic jerks, and met the DSM-III-R criteria for delirium during the next six days. Mianserin treatment was discontinued. Since her second EEG showed generalised slowing with periodic complexes similar to those seen in CJD, she was transferred to the Department of Neurology, where laboratory results including CSF and CT of the head were normal. After the delirious episode EEG was normal, cognitive functioning restored (MMSE 25), and the myoclonic jerks disappeared. DWR was 34 months. The date of admission and the date of departure were always present. The editors have recognised this and include future development sections in many chapters. The cruscato-skeletal chapters are superbly illustrated and written in an accessible style.

In some areas the clinical emphasis will seem strange to a British readership. For example, two pages are devoted to spinal cord tumours, 27 to examination of the testes and a similar number to temporomandibular joint dysfunction.

As a neuro-MR reference work this adds little to the much smaller "MRI of the CNS" by M. Brant-Zawadski and D. Norman. The chapter on normal neuro-anatomy cannot compare with "Cranial and Spinal MRI" by Daniels, Haughton and Naidich. The compact "Clinical MRI" by V. M. Runge and H. Runge is a more authoritative general reference work on clinical MRI is excellent at £118.
book is recommended for all those who are interested in neurobiology of higher cognitive functions, be they basic neuroscientists or psychiatrists.

PL LANTOS


The topic is clear. The editor defines subcortical dementia as a clinical syndrome characterised by bradyphrenia, impaired memory and executive function with mood and personality changes resulting from dysfunction of subcortical structures; the latter designated as white matter tracts connecting frontal lobe and subcortical nuclei. The problem is whether the condition exists. While the association of intellectual impairment with subcortical disease was proposed as early as 1861 by Charcot and Vulpian, and the term subcortical dementia was coined by von Stockert in 1932 when describing postencephalitic disease and was resurrected in 1974 by Albert and colleagues in a study of progressive supranuclear palsy, the identity of the condition remains controversial.

Dr Cummings has assembled a formidable team to plead his case. Diverse presentations, historical, clinical, neuropsychological, anatomical, neuroimaging, theoretical, conceptual and terminological are lucidly argued. It is also frankly conceded that very few diseases are exclusively limited to subcortical structures and the reservations of those who are unable to distinguish allegedly characteristic neuropsychiatric profiles are fairly presented and considered. Nevertheless a scholarly, historical view of the evolution of the concept by Mandell & Albert still leaves the question undecided. It would appear that despite the surfeit of comments and opinions there is still a remarkable paucity of metuculous serial, clinical and psychological assessments and neuropathological correlations. Until this information is available, and it will require patient and arduous labouring in the clinical fields, dispute will continue as well as the need for stimulating books of this kind.

GERALD STERN


David Comings believes that the Gilles de la Tourette Syndrome should be perceived as one clinical manifestation of an autosomal dominantly inherited neuropsychiatric genetic disorder that may also cause attention deficit disorder and hyperactivity, obsessive-compulsive disorder, conduct disorder, dyslexia, anxiety with phobias and panic attacks, alcoholism and drug dependency, eating disorders, pathological gambling and periodic behaviours such as rage attacks and the premenstrual syndrome. This is in sharp contrast to the concept put forward some years ago by the Shapiro who considered Gilles de la Tourette syndrome to be a specific neurological disease and that tics are akin to other abnormal movements disorders such as dystonia and chorea. Despite the fact that Tourette Syndrome and Human Behavior was written with the lay reader and health or educational professional in mind it is a large tome containing 828 pages and 630 illustrations.

Comings confesses that it was conceived at a stage when his own ideas about Gilles de la Tourette syndrome were evolving and new biological information about the condition was flooding in. Instead of returning to his manuscript and shuffling the text to accommodate these changes he has heretofore opted to add on new ideas and data as they became available giving the overall impression of a book with no beginning or end, edging and flowing on a fertile sea of popular science. Comings fits delightfully and capriciously over his superb chapters on neurogenetics with alcoholism and sexual deviancy with tryptophan metabolism; and somehow despite the impulsive helter skelter of thought the book makes enjoyable and informative reading. I was disappointed with the case histories which were terse and sterile and failed to portray any better than descriptive text would have done the difficulties experienced by patients with these problems. The book has a West Coast flavour to it and may not translate easily to a European lay audience. However, it reflects accurately Comings’s expansive genetic viewpoint about Gilles de la Tourette syndrome and will well read with avid fascination by physicians and others involved in the management and care of those with this long-neglected, distressing condition.

The second book, also published by Hope Press, is a moving account of a mother’s experience in coping with her son’s Gilles de la Tourette Syndrome. It is written compassionately and conveys to a lay reader the horrific social traumas which Tourette syndrome may cause. It outlines the trials and tribulations resulting from the associated behaviour disturbances in a way which no textbook could, and the difficulties many families meet in attempting to obtain even a correct diagnosis, never mind appropriate treatment. The book contains a large number of helpful coping strategies for families and re-emphasises the old adage that having a name for one’s medical condition is a reassurance not just for the physician, but also for the patient, and a source of comfort and hope for relatives. Perhaps these two books should be sold together as a package as they complement one another extremely well. I now routinely recommend this book to parents of children with Tourette syndrome, most of whom I have commented that they have found it a blessing rather than a frightening saga of what lies in store.

A J LEES


This volume is the latest in this series of monographs and is based on the meeting of the International Society for the Study of Brain Edema held in Baltimore, Maryland, USA in 1987. It is made up of 68 papers and 22 Abstracts comprising presentations from over 200 contributors.

With increasing specialisation it is very difficult to keep abreast of all the developments that are taking place within the Neurosciences. The publication of series such as Advances in Neurology is therefore timely providing in this volume with a comprehensive amount of information of a clinical, investigative and an experimental nature. The importance of brain edema is stressed by the frequent association of patients following stroke, trauma and in association with tumour. In spite of modern non-invasive investigative techniques it remains somewhat of an enigma, although an increasing amount of knowledge about its pathogenesis is providing a more rational basis for therapy. The complexity of brain edema is shown by the large number of laboratory studies that report the diverse mechanisms and mediators of edema. Such understanding provides the basis of pharmacological intervention, the range of therapies now including calcium channel blockers, osmotic agents and steroids.

Although the information within this volume is dated by several years it nevertheless brings together a wide ranging literature that provides a comprehensive review for both expert and non-expert alike and as such is a ready source of reference material. Dr Long is to be congratulated on standardising the text of the various contributions most of which are well written and concise. It is therefore easy to recommend this additional volume to neuroscientists.

D I GRAHAM


The title of this short book may be unfamiliar to many readers. SAQ’s stands for Short Answer Questions, which come midway between multiple choice questions and essays and are now part of the MRCPsych examination. Each SAQ should be completed in about 5 minutes so it is important for candidates to have knowledge at their fingertips and to be able to express it succinctly.

In this short book Dr. Bhugra gives the answers to nearly 300 questions in SAQ format and these are accompanied by notes on the rationale of the question. SAQ’s and key references from books and journals. Nearly half of the book is concerned with questions on general psychiatry but there are separate sections for each of the major relevant specialties, including neuropsychiatry, psychology, statistics and the psychiatry of mental handicap. The book is nicely laid out and the model answers are succinct and generally comprehensive. I would recommend the Hospital Anxiety and Depression Scale is not an observer inventory—and the description of frontal lobe syndrome omits the specific clinical features and concentrates only on personality and mood change. However, minor errors are almost always unavoidable in books of this nature and could easily be ironed out in subsequent editions.

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