Brit. J. Psychiat. (1981), **139**, 79–83

Correspondence

Correspondents should note that space is limited and shorter letters have a greater chance of publication. The Editors reserve the right to cut letters and also to eliminate multitudinous references. Please try to be concise, strictly relevant and interesting to the reader.

SOMNAMBULISM, BED-TIME MEDICATION AND OVER-EATING

DEAR SIR,

Several cases of somnambulism induced by bedtime medication have been reported in the literature in the last few years.

Huapaya (1979) reported seven cases of somnambulism induced by combinations of bedtime medication, including hypnotics, neuroleptics, antidepressants, minor tranquillizers, stimulants and anti-histamines. Sometimes the patients also drank alcohol.

Luchins *et al* (1978) reported a case of filicide performed during somnambulism induced by a combination of bedtime psychotropic medications.

Case Report:—Mrs B. a 35-year-old woman, divorced mother of two daughters, had a 10 year history of a schizo-affective illness.

During these ten years she was treated with many combinations of psychotropic drugs. While the patient was a teenager and before she took any medication she had experienced two episodes of somnambulism.

In January 1979 the patient weighed 91 kg and she put herself on a diet of 1200 calories per day. Her severe anxiety, depression and insomnia increased as she attempted to lose weight. She had been on 400 mg of chlorpromazine and 100 mg of amitriptyline per day, the whole dose to be taken at bedtime. As the patient continued to complain of insomnia methyprylon 300 mg was added at bedtime, shortly after the patient went on the 1200 calorie diet. She stayed on this regimen for two weeks. During this time she experienced 5 episodes of somnambulism. In her sleepwalking episodes she laid the table in the kitchen and ate all the food available in the refrigerator. The patient had total amnesia about the sleepwalking episodes. She became aware of these episodes when her daughter woke her at 1 a.m. while the patient was sitting at the kitchen table and eating. This happened during the fifth and last episode.

When the patient reported the episodes of sleepwalking the methyprylon was discontinued and replaced by chloral hydrate. There was no recurrence of sleepwalking during a follow-up of over one year, although she continued to take chlorpromazine and amitriptyline.

Scrutiny of the histories in the published cases of psychotropically induced somnambulism reveals several factors in common.

(1) Most of the patients who experienced somnambulism had a history of sleeptalking or sleepwalking, in the past, while taking no medication.

(2) In these cases, when taking medication at bedtime, it seems that only a specific drug, or combination of drugs, different for each individual, induced sleepwalking. When this combination was altered, the sleepwalking ceased.

If a history of sleepwalking or sleeptalking is obtained, the physician should refrain, whenever possible, from prescribing a combination of psychotropic drugs as bedtime medication in order to avoid the potential hazards of somnambulism.

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LUCHINS, D. & SHERWOOD, P. (1978) Filicide during psychotropic-induced somnambulism: A case report. *American Journal of Psychiatry*, **135**, 1404–5.

ANTICIPATORY GRIEF

DEAR SIR,

Parkes (*Journal*, February 1981, **138**, 183) acknowledges our caveats concerning the research on anticipatory grief, but fails to heed them in his letter. He asserts that among studies of young spouses (i.e. under 45 years of age) the findings are unanimous: forewarning of beareavement leads to good outcome. But as we observed in our article, the studies cited may not have successfully operationalized and measured 'forewarning' and 'outcome'. This casts some doubt on the internal validity of those several studies and may make any 'clear evidence' of a relationship illusory. The difference between us here, we believe, is that we choose to approach these seemingly consistent findings with greater scepticism.

Parkes discounts the single study (Maddison and Walker, 1967) which challenges his conclusion, on the