

**'REBOUND' MANIA AFTER LITHIUM  
WITHDRAWAL?**

DEAR SIR,

Sporadic reports have appeared in the recent literature describing the effects of withdrawal of lithium prophylaxis in manic-depressive patients. Small *et al* (1971) reported on five patients who relapsed into mania within six weeks of lithium withdrawal; Lapiere *et al* (1980) reported a 20 per cent relapse rate into mania within just five days of stopping lithium prophylaxis; Klein *et al* (1981) reported eleven out of twenty-one patients relapsing into severe psychotic states within fourteen days of lithium withdrawal. Margo (1982) in this current volume reports the relapse into mania of four patients within two weeks after lithium withdrawal.

However, the received opinion generally remains that these are exceptional findings and represent merely a recrudescence of the underlying affective disorder. For example, Schou (1980) states that neither withdrawal phenomena nor any accumulation of relapses—i.e. a 'rebound' effect—have been observed by him to occur. Rifkin (1980), in a review of considerations for the termination of lithium treatment does not even discuss the possibility of a rebound effect.

I wish briefly to report a case in which the withdrawal of lithium carbonate was followed on three occasions by a recurrence of mania within four weeks of stopping lithium prophylaxis. Re-institution of lithium treatment was followed by remission of mania, within three weeks, on two of these occasions; major tranquillizers were used to control the other episode.

The patient is a 62-year-old woman who had suffered three manic episodes in 1954, 1968 and 1970. Lithium prophylaxis was started after this last illness. She has never suffered a major depressive illness. She remained generally well until lithium was withdrawn in 1978; there followed a manic episode three weeks later which remitted within three weeks of restarting lithium. Lithium was again withdrawn because of lithium toxicity in early 1982 and a manic episode

followed within four weeks, lithium was reinstated with remission of symptoms, but after six weeks signs of toxicity recurred. Lithium was again stopped and there followed a recurrence of mania three weeks later.

It seems plausible to suggest that some form of lithium supersensitivity has occurred in this patient and that the regularity of relapse does indeed represent a 'rebound' phenomenon. The possibility of such a phenomenon occurring after a certain period of lithium treatment has important consequences when considering the initiation of lithium treatment or prophylaxis; it may account for an apparent increase in frequency of manic episodes in the natural history of the illness in any given patient. Until more is known, the empirical practice of gradual lithium withdrawal over a period of three to four weeks as recommended by others (Rifkin, 1980; Klein *et al*, 1981) would seem to allow greater opportunity to monitor and control adverse effects.

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