

Better understanding of the stages of such disorders should aid therapeutic procedures.

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AN OBSESSIONAL PATIENT TREATED WITH CLOMIPRAMINE

DEAR SIR,

Following a recent description of phenomenological differences in patients with obsessional symptoms treated with Clomipramine (Capstick, N., and Seldrup, J., *Brit. J. Psychiat.*, 1973, **122**, 719-20), I should like to present the following case history:

A 45-year-old married male ex-teacher has had a variety of obsessional symptoms since the age of 18, comprising obsessional thoughts of harming others, particularly relatives. The thoughts had a bizarre quality, though insight was retained. For example, when passing a tree he could not avoid thinking that evil would flow from him into the tree, to spring out and harm the next passer-by. He had a repertoire of compulsions to avoid harming others, and numerous other checking rituals. He was incapacitated for up to two hours each morning with cleaning after defaecation, and handwashing. His symptoms were accompanied by subjective tension and irritability. He also possessed a well-developed visual memory which contributed to rumination over memory images of past activities.

He is a highly intelligent man, with traits of meticulousness and high morality, who nevertheless has an ability to make relatively deep relations. He has had seven separate breakdowns with exacerbation of obsessional symptoms. During one of these, which was accompanied by depressive shift, he took 100 Parstelin tablets.

He had been treated with major and minor tranquilizers, monoamine oxidase inhibitors, and, during the depressive shift, ECT, all with minimal success for the obsessional symptoms. For two years he was in psychoanalytically orientated psychotherapy, which produced a lessening of his tension but little improvement in the obsessional symptoms.

He was referred because of a worsening of his obsessional symptoms and guilt about not working. It was planned to explore his symptomatology with a view to behaviour therapy. He received behaviour therapy and supportive psychotherapy for some months, but there was improvement only in the tension. The obsessional symptoms finally increased to incapacitating levels, together with tension and fatigue, during a frustrating work situation. He showed no features of endogenous depression, though he did show some depressive ideation and affect in response to the obsessional symptoms. He was put on to haloperidol 0.5 mg. t.d.s., with little effect on tension, then started on oral Clomipramine 75 mg. daily, rising to 150 mg. daily. It was explained to him that the purpose of the drug was to decrease his tension and depression, and he was warned that the obsessive-compulsive phenomena would not be substantially affected, though he might feel more adequate to deal with them.

Within ten days to two weeks he was reporting almost complete freedom from obsessional thoughts and compulsions, though he remained rather fatigued. An unsolicited letter from his wife, previously resigned to his condition, commented on his remarkable improvement and freedom from symptoms for the first time in many years. The behaviour therapy involving relaxation practice and thought-stopping became more effective.

He was subsequently employed on an equally frustrating job involving exacting work at high speed under conditions of isolation and darkness (photo-finishing). Previously, during a similar task, he had experienced elaborate obsessions, including the thought that calamity would befall the photographed figures unless the work was carried out to perfection. In the present job, however, he was unable to continue because of tension and fatigue, but at no time did he experience obsessional thoughts.

Although the value of the single, impressionistic study is limited, this case would seem to be an example of obsessional phenomena alone responding to Clomipramine, in a long-standing history of pure obsessive-compulsive neurosis, with absence of endogenous mood change. From the expectations given, placebo effect is unlikely.

R. L. SYMONDS.

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