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Correspondence

AIDS-Panic: AIDS-Induced Psychogenic States

DEAR SIR,

We read with great interest the report of the syndrome of AIDS panic in New York, as described by Deuchar (*Journal*, December 1984, **145**, 612–619), and wish to report two cases of psychogenic states in British subjects, in which concern about AIDS was the principal precipitant.

Case 1: A 32-year-old married man was admitted to a general hospital in Newcastle with a sudden onset of paralysis of the left arm, left leg, and left side of the face, with anaesthesia in these areas. The attending physicians felt that the most likely diagnosis was of a conversion state, and he was therefore referred to the liason psychiatry service. He improved rapidly with simple relaxation, reassurance and support, accompanied by physiotherapy, regaining full power over a period of 72 hours. The illness had developed after a 'flu-like illness he had had eight weeks earlier. At the time the media were seized with frenzied headlines about AIDS. A friend had also said to him, in jest, that he had heard that AIDS would lead him to be paralysed down one side of his body. He became filled with terror and preoccupation about AIDS, and he also developed ideas of guilt concerning an extra-marital affair he had had recently, and the effect on his wife of transmitting AIDS to her. At the time of admission he was deluded in that he felt he had sinned before God and was therefore being punished with AIDS for his marital infidelity. This delusion rapidly resolved along with his rapid physical recovery. It was relevant that he had four years earlier developed difficulty in swallowing, with hypochondriasis that cancer was causing his dysphagia; his symptoms had been the result of an anxiety state which had developed when a plane flight had to be cancelled, delaying departure on holiday. There was no history of homosexuality, nor of any sexual problems, nor any history of psychiatric illness.

Case 2: A 36-year-old married woman, who has low factor VIII, and who has an 11-year-old haemophiliac son, presented with a two months history of increasing feelings of worthlessness and inability to cope, progressing to retardation and being frankly unable to do her housework. Over this period feelings of guilt were prominent for having given birth to a haemophiliac son, and having placed him in danger of contracting AIDS. This had occurred in the wake of local concern about AIDS, following the death of a haemophiliac from infusion of factor VIII received from America. Tricyclic medication and psychotherapy with a cognitive approach was not successful in her case. She became profoundly depressed and suicidal, requiring ECT, with good effect. She had had a mild neurotic depressive episode which resolved with no antidepressant medication after the birth of her now nine-year-old daughter—in that illness also, guilt over her son's haemophilia had been important. There was no history of homosexuality, nor of any family psychiatric illness.

Comment: AIDS panic is described (Schwartz, 1983) as "demanding AIDS testing at the first appearance of some cutaneous lesion or persistent cough": it is said to be more common in individuals whose personalities have prominent obsessional and paranoid features. In both of our cases, florid psychiatric symptomatology has occurred through a psychogenic mechanism in individuals who illustrate a variant of the obsessional features cited by Deuchar; namely, a concern for health, in these cases against a background of physical illness factors. This took the form of a 'flu-like illness in Case 1, and of haemophilia-associated problems in Case 2. Their concern about AIDS reached them through different mechanisms, the end point being illnesses with certain similar features, in particular delusions of guilt, which Deuchar cited as being common amongst AIDS victims.

We thank Dr. S. P. Tyrer for allowing us access to Case 2 in this report.

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Reference

SCHWARTZ, R. (1983) AIDS-Panic. *Psychiatry News*, August 17.

Contraceptives without Consent?

DEAR SIR,

I have recently been asked by a local general practitioner whether a depot contraceptive injection could be used to prevent recurring pregnancies in a 22-year-old girl with simple schizophrenia.

The patient's five year borderline psychosis has never really remitted. Her first pregnancy 2½ years ago resulted in a post-partum exacerbation of symptoms and compulsory admission. The baby was temporarily fostered but returned to the patient under supervision when she was discharged. A slow deterioration in her mental state resulted in a further three month compulsory admission, this time with the eight-month-old baby. Since then she has lived with an approved family and then in her own flat, with Social Services supervision of the baby and