

PARANOID PSYCHOSIS ASSOCIATED  
WITH PHENMETRAZINE ADDICTION

DEAR SIR,

A drug-induced psychosis similar to paranoid schizophrenia has been reported as occurring in patients receiving amphetamines (Connell, 1958; McConnell, 1963; Young and Scoville, 1938); Cocaine (Benedetti, 1952; Victor and Adams, 1953); Alcohol (Benedetti, 1952; Victor and Adams, 1953); Bromides (Levin, 1947); and Trihexyphenidyl (Bolin, 1960). There is also a report of a paranoid state occurring in an "immature psychopathic girl" who took more than 10 phenmetrazine tablets a day (occasionally combining this with about 5 glutethemide tablets at night) (Glatt, 1962).

As phenmetrazine usage and habituation are becoming more frequent (Council on Drugs, 1963; Oswald and Thacore, 1963) a further case of paranoid psychosis occurring in a patient on phenmetrazine is of interest.

*Case Report*

Mrs. C.M., a 42-year-old nursing sister, had been taking phenmetrazine tablets intermittently for 4 years. She stated that she took them in "order to keep awake" and that they "give her a lift". For three months prior to admission she increased her phenmetrazine intake to 12 tablets a day. She had some years previously taken large amounts of methyphenidate and alcohol, but denied having used either during the preceding year.

Her illness started suddenly one night when she "saw" red and green lights flashing amongst the trees. The lights would turn red when she approached them ("a warning") and green when she retreated. During the next few days she decided that she had stumbled across a Communist plot to start a revolution. She developed ideas of reference and persecution, believing that all Africans were "staring at me", "pointing at me" and "following me". A few nights later she "saw" numerous bright torches being flashed among the trees and decided that an attack was to be launched on the nursing home where she was working. That night she went to bed with a pot of pepper and a glass of water at her bedside for her defence. On other occasions she "heard" queer noises around the house, "as if somebody was on the roof, fixing up some electrical gadget". She became convinced that attempts were being made to kill her, and reported the revolutionary plot to the police.

She was seen by a psychiatrist who instituted electroconvulsive therapy and then referred her to this hospital where she reiterated the above story, and remained adamant as to its reality. She denied

the possibility that she might be ill, but did not find it strange that she should be alone in her beliefs. She was given thioproperazine 15 mg. a day. After two weeks her symptoms began to recede, and after one month she was symptom-free, although convinced that "there had been something". There was no change after a further month on thioproperazine. All drugs were then stopped. Three months later there were no symptoms of the above psychosis.

This patient had been seen at this hospital a year prior to the current episode. At that time there were no symptoms of schizophrenia and there were no paranoid ideas. The past history reveals an inadequate sociopathic personality without schizoid or schizophrenic features.

This patient was first diagnosed as suffering from paranoid schizophrenia. In view of the absence of any schizophrenic or schizoid symptoms in the past, and the association between the increased taking of phenmetrazine and the onset of the illness it seems likely that the psychosis was drug precipitated. As with amphetamine-psychosis it is very difficult to separate the illness from paranoid schizophrenia unless there is evidence of drug taking.

Yours faithfully,

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AMITRIPTYLINE AND IMIPRAMINE

DEAR SIR,

I have noted with interest the different findings reported on *re* the efficacy of amitriptyline as an antidepressant. I can perhaps add more light than