Fluoxetine and extrapyramidal side effects

Article *in* American Journal of Psychiatry · June 1989

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illness (3). A diagnostic category for these cases is missing from *DSM-III-R*.

If we follow the decision tree for differential diagnosis of psychotic symptoms in *DSM-III-R* (appendix B) to find a diagnosis for catatonic symptoms ("catatonic stupor or excitement"), we are referred to the organic decision tree if an "organic factor that initiated or maintained the disturbance has been established." However, the word "catatonic" does not appear at all in the decision tree for differential diagnosis of organic mental disorders. It can only be inferred that the presence of such a diagnostic situation would lead to a diagnosis of either organic mental disorder not otherwise specified or delirium, if the catatonic symptoms "occur *exclusively* during periods of delirium."

On referring to the text on delirium (the diagnostic criteria for delirium do not mention catatonic features), we find that in delirium there may "even [be] certain features resembling catatonic stupor" (p. 101). Clearly, this description is not enough for a diagnosis of organic catatonia. For example, catatonic syndrome secondary to neuroleptic administration, globus pallidus lesions, diencephalic lesions, frontal lobe disorders, or periodic catatonia does not usually present with delirium (in contrast to limbic encephalitis, which does).

Organic mental syndrome not otherwise specified is the only remaining category in which such cases could be placed. There is no mention of catatonic features in the criteria for this category, nor would that be enough. We strongly feel that organic catatonic syndrome should be included as a separate category under organic mental syndromes in *DSM-IV*. This will facilitate clinical diagnosis and will help standardize future research in this important area.

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Fourier's View on Homosexuality

SIR: Although Freud never claimed that all of his ideas were original, the relationship between unconscious homosexuality and paranoia is generally considered to have been his personal discovery. The passage by Charles Fourier quoted here is, therefore, of historical interest. There is no evidence (e.g., citations in his writings or books in his library) that Freud was familiar with the work of Fourier.

Charles Fourier was a French idealist social reformer and philosopher who lived from 1772 to 1837. He was an isolated worker in his time, and his writings are now generally considered to be of only minor historical importance. The following quotation is from a translation by Susan Hanson of Fourier's "New Theory of Society."

> Dame Strogonoff, a Muscovite princess, seeing herself grow old, was jealous of the youth and beauty of one of her slaves. She frequently had her tortured and she herself often stuck her with pins. What was the real motive of her cruelty? Was it truly jealousy? No. It was lesbianism. Without knowing it, this lady was a lesbian, in love with the beautiful slave whom she tortured. If someone had acquainted Mme. Strogonoff with the idea of lesbianism and had arranged a reconciliation between herself and her victim, these two would have become passionate lovers. But the princess, failing to consider the idea, fell into a counter-passion, subverting her true feeling and persecuting the object, with whom she would have found pleasure. Her rage was proportionately greater as the repression came from a prejudice which, hiding from this lady the true nature of her passion, did not allow its ideal development. (1)

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Fluoxetine and Extrapyramidal Side Effects

SIR: We are writing in support of some preliminary observations by Jeffrey L. Tate, M.D. (1) on unexpected side effects of fluoxetine on extrapyramidal symptoms. Fluoxetine, in doses ranging from 20 to 60 mg/day, has been used since January 1989 in our neuropsychiatric research unit for 28 patients with major depressive disorders.

The patients were monitored in a blind manner with an assessment scale of extrapyramidal symptoms derived from the Colombia Rating Scale (2), which is currently used in pharmacological studies of Parkinson's disease (23 items are scored from 0 to 4, with a maximum disability score of 92; a score above 15 indicates functional disability).

Five patients showed a deterioration of their bradykinesia and rigidity subscores after introduction of fluoxetine. In three patients receiving 20 mg/day, the associated treatment (prednisone, 10 mg/day for one; pimozide, 2 mg/day, and a previous injection of fluphenazine decanoate, 37.5 mg, 4 weeks earlier for the others) led to difficult interpretations of the effect of fluoxetine. In two cases, reported here, fluoxetine was the only drug prescribed.

Ms. A, a 47-year-old woman with a diagnosis of borderline personality disorder, entered our unit during a major depressive episode that had lasted for 2 months. Two months before, her physician had canceled her prescriptions for haloperidol, 5 mg b.i.d., and benztropine, 2 mg b.i.d., which she had been taking for some months.

Ms. A's baseline parkinsonian score before starting fluoxetine was 6, and her symptoms consisted essentially of discrete asymmetrical cogwheel rigidity. At a dose of 40 mg/day of fluoxetine, she began to complain of clumsiness and restlessness; her face took on a masklike look and her gait was shuffling.

The cogwheel rigidity became obvious to the house officer as the patient's parkinsonian score increased to 22, and the fluoxetine was stopped. Within 2 weeks after the fluoxetine was withdrawn, Ms. A's parkinsonian score returned to the baseline level.