

Correspondence

Contents: Hypomania induced by gabapentin/Chronic fatigue syndrome/*Blu-Tack* – a novel substance of abuse/Scale for assessing hedonic tone/Neuroleptic associated extrapyramidal symptoms/Case reports and confidentiality.

Hypomania induced by gabapentin

SIR: In response to the letter by Short *et al* (1995) we would like to raise a few issues which are pertinent to people with learning disabilities and refractory epilepsy.

The relationship between the management of epilepsy and the development of psychosis in a patient like this can be very complex. Short *et al* offered only one possible explanation for the occurrence of psychosis in a patient with learning disabilities with epilepsy. The interaction between epilepsy, use of anticonvulsants and the appearance of psychosis is explored by Trimble (1985). He states “although a few authors have investigated this in a systematic way, the role of anticonvulsant drugs in provoking inter-ictal chronic psychosis of epilepsy seems minimal”. His paper was, of course, published before newer anticonvulsants were introduced. However, his classification of the psychosis of epilepsy into peri-ictal and inter-ictal psychosis is still useful.

In the latter group, also characterised as “chronic” (whereas the peri-ictal phenomena are described as “episodic”), he identifies “forced normalisation” as a form of inter-ictal psychosis. The term “forced normalisation” was introduced by Landolt (1958) describing cases in which an alternative clinical picture, namely psychosis or seizures, became overt depending on the EEG picture recorded during these episodes. Thus, during a psychosis, epileptic patients tended to lose their EEG abnormalities, which returned when the psychosis resolved. It is possible that the patient described by Short *et al*, could belong to this group. It is also unclear from their letter whether a good control of seizures was established with the use of gabapentin in this patient.

If good seizure control is to be achieved, the psychosis may become apparent and may need

treatment in its own right. It could be argued that it is thus theoretically possible to precipitate a psychosis in some predisposed individuals by adequately treating their seizures. In learning disabilities it is of course difficult to obtain repeat EEGs on patients; however, in cases which have shown similar clinical features to the case reported by Short *et al*, it has been our practice to treat both the epilepsy and psychosis fully, thus seeking to enhance the patient’s quality of life. As in every other case of epilepsy, not only the use of medication but the social and environmental measures play a vital part in the management of such complex cases.

We acknowledge, however, that gabapentin may have a mood elevating effect and it will be interesting to find out from long-term studies the effect of the newer anti-epileptic drugs on mood states.

LANDOLT, H. (1958) Serial encephalographic investigations during psychotic episodes in epileptic patients during schizophrenic attacks. In *Lectures on Epilepsy* (ed. L. de Haast). London: Elsevier.

SHORT, C. & COOKE, L. (1995) Hypomania induced by gabapentin (letter). *British Journal of Psychiatry*, 166, 679–680.

TRIMBLE, M. R. (ed.) (1985) The psychoses of epilepsy and their treatment. In *Psychopharmacology of Epilepsy* (Ch. 6). Chichester: Wiley.

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Chronic fatigue syndrome

SIR: There is an ongoing need to investigate the role of biopsychosocial factors in the development of chronic fatigue syndrome (CFS) and to properly evaluate efficacy of treatment. However, Shanks & Ho-Yen (1995) failed on both accounts largely because of methodological problems. First, they investigated various infective agents with a view to determining their role in the development of CFS. They purport to find evidence of a precipitating infection in 58% of their patients. However, in order to elucidate the role of infective agents in the pathophysiology of CFS, longitudinal prospective studies are required. While Imboden *et al* (1961)