

behavioural techniques (tracking, aversive response substitution and relaxation training). Other treatments seem to concentrate on the use of intra-oral appliances.

I found no mention in the literature of lip-biting during sleep, but it appears that the use of a star-chart in this circumstance may lead to a prompt and effective response.

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Lithium-Induced Reaction

SIR: I wish to report a patient who has recently suffered a rare combination of side-effects with lithium carbonate—hair loss and severe acneiform lesions during a three month course of this drug. Although both of these side-effects have been reported very infrequently the combined effects in such a short space of time have not been documented.

Lithium is an alkali metal which is known to accumulate in hair (Kusumi, 1971), and hair loss of varying degrees can occur in the absence of pathology with normal lithium levels (Mortimer, 1984; Muniz, 1982). Often the hair loss subsides despite continuation of the drug. Other cases have reached alopecia totalis, the drug being then discontinued; in all cases the hair re-grew back to normal. The same response can be observed with regard to acneiform eruptions, which can occur in varying degrees, all skin reactions clearing up either with drug continuation or cessation (Okrasinski, 1977; Vacflor, 1970). The above phenomena occur predominantly in females.

Case report: The patient was a 47 year old woman who had suffered from chronic manic-depressive illness for over twenty years. Her physical health was good, although she had undergone a hysterectomy for severe endometriosis

five years previously. She also suffered from mild acne in her teenage years. She had never taken lithium prior to this course.

In early November 1985 she was started on lithium carbonate (250 mg t.d.s.). Physical examination, including thyroid and renal function tests, were normal. Within two weeks lithium was increased to 250 mg q.i.d., and kept at this dose as her serum lithium levels were within acceptable limits (0.7–0.9 mEq/L). Her mental state improved considerably over the next month—so much so that she was discharged from hospital following a nine-month admission. On the sixth week after commencement, she complained of sudden generalised hair loss. This was quite severe, but eased by the ninth week. Serum lithium levels remained within normal limits during this time. As the hair loss subsided, the patient noticed small acneiform eruptions over her neck and face. These became painful, enlarged and pusy, and this continued in varying degrees of severity until the thirteenth week—at which time the drug was discontinued. Within two weeks her skin condition had almost completely recovered, but unfortunately her depression had returned and readmission was necessary.

It should be pointed out that over this time the patient opted to remain on lithium despite the hair loss and skin eruptions as her mood disorder had improved considerably. I would be grateful for further comment by any colleagues who may have encountered similar reactions with this drug.

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Psychiatric Manifestation as an Early Symptom of Behçet's Disease

SIR: Neurological involvement is seen in approximately 25% of patients with Behçet's disease (BD). In general, these complications develop in the late stage of the disease when major physical symptoms such as recurrent oral ulcers, uveitis and skin eruptions have already occurred. Psychiatric symptoms usually occur as incidental findings in about half of