

Letters to the Editor

Post-stroke depression and cerebral laterality

Sir,

Stroke is the most common serious disorder in the world accounting for half of all the acute hospitalization cases of diseases [3]. Until recently, little attention has been paid to the neuropsychiatric sequelae of stroke. Current observations demonstrate that neuropsychiatric disorders are frequent after stroke and lesions of specific regions or functional systems of the brain result in behavioral syndromes similar to idiopathic conditions [1]. Views have been expressed that the risk of depression is greater with left and anterior hemispheric strokes as compared to posterior and right hemispheric strokes. However, the subject remains controversial. There are few reports in literature in which the symptoms of depression have been reported with right hemispheric stroke.

In a study consisting of 15 patients with stroke, 10 had left sided lesions and depression was seen in seven patients (70%) whereas three (30%) had symptoms resembling generalized anxiety disorder. In rest of the five patients, lesions were found in the right hemisphere and out of these three (60%) had depression and one (20%) had symptoms resembling generalized anxiety disorder whereas one had symptoms resembling obsessive compulsive disorder. In a majority, the onset of symptoms was in the second week followed by those in third and fourth weeks. Hypertension was present in all the patients whereas four also had diabetes mellitus. There was family history of stroke in five patients.

Depression occurs in 30–50% of patients after stroke [1]. Robinson and Price [4] have found depression and vegetative symptoms in 63% of patients with left hemispheric injury and 1.4% in patients with right hemispheric injury. Carson et al. [2] did a meta-analysis of 143 articles and included 48 articles in the study. Only two reports of original data supported the views of association of post-stroke depression with site or laterality. In the present study also, no association of hemispheric laterality with depression was found in patients with stroke.

References

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Amisulpride-associated pedal edema

Sir,

A new generation of antipsychotics, such as risperidone [1] and olanzapine [2], has been reported to be associated with pedal edema in patients with schizophrenia. Amisulpride was recently marketed for the treatment of schizophrenia. It is known to have a satisfactory safety profile [3], and there have been no case reports regarding amisulpride-related pedal edema. Here we report a case of bilateral pedal edema after the use of amisulpride.

Mr. Lin is a 51-year-old male who was first admitted to psychiatric ward with the symptoms of delusions of being controlled, persecution and auditory hallucination for one and a half years. He was treated with amisulpride 400 mg per day and lorazepam 2 mg per day. Within two weeks, amisulpride was increased gradually to 800 mg per day, and the psychotic symptoms improved markedly. However, approximately three weeks after amisulpride treatment, Mr. Lin reported significant bilateral pedal edema. Physical examination was unremarkable except 3+ pitting edema on both lower extremities. He had no past history of cardiac, hepatic, vascular, immunologic, or renal diseases. Laboratory examination showed results of urinalysis, blood count, electrolytes, renal, liver and thyroid function were within normal limits. However, immunoelectrophoresis study demonstrated that the IgE value was elevated up to 57.1 IU/ml (normal range <28.6 IU/ml), whereas C3 and C4 were within normal limits.

Diuretic therapy with furosemide 40 mg per day resolved the edema completely within four days. Thereafter, furosemide was continuously administered 40 mg twice per day with amisulpride 800 mg per day. Pedal edema repeatedly