Hyponatraemia Masquerading as Malignant Neuroleptic Syndrome

SIR: We wish to report the case of a patient suffering from acute hyponatraemia with water overload presenting as malignant neuroleptic syndrome.

Case report: A 27-year-old male weighing 76 kg was admitted comatose with tremor, rigidity, pyrexia of 39°C, sinus tachycardia of 140/min, blood pressure 190/80 mmHg, urinary incontinence, and a right extensor plantar response within one day of receiving the eleventh fortnightly dose of clopenthixol decanoate (300 mg by injection) for schizophrenia. Malignant neuroleptic syndrome was tentatively diagnosed.

Laboratory investigations on admission were: white cell count 22.4 × 10/litre (85% neutrophils); Na 116 mmol/litre; measured plasma osmolality 234 mOsm/kg; urea 3.3 mmol/litre and the osmolality of the 2.2 litres of urinary output in the first 4 hours of admission was 108 mOsm/kg. Creatine kinase was 873 i.u./litre (normal range < 70), and bilirubin 33 μmol/litre (normal range < 17). Blood glucose and CSF examination was normal. A trace of salicylate only was found on screening for other drugs, and lithium was excluded.

Benztropine mesylate (2 mg) and normal saline (1 litre) were commenced. A rapid recovery ensued in the second 12 hours following admission, in association with a urine output of 7.2 litres in the first 24 hours. By the second day a mild degree of Parkinsonism was the only remaining sign, and the white cell count was 11.1 × 10/litre, Na 136 mmol/litre and bilirubin 21 μmol/litre.

The severe hyponatraemia with a calculated excess body water of 7.8 litres and the acute polyuria indicated that primary acute water intoxication was the key. The speedy recovery confirmed this. SIADH induced by a depot drug would have a much longer duration of effect. The raised total CK, pyrexia, and bilirubinaemia resulted from skeletal muscle hyperactivity, with some haemolysis and drug-induced cholestasis probably contributing to the bilirubinaemia. Pyrexia and varying neurological signs are features of acute severe water intoxication (Arieff & Guisado, 1976). Neutrophilia – almost certainly due to stress-related endogenous corticosteroids – pyrexia and autonomic instability are also features of the malignant neuroleptic syndrome (Abbott & Loizou, 1986). Thus plasma sodium is an important investigation in the diagnosis of malignant neuroleptic syndrome.

W. P. TORMEY
T. CRONIN
J. D. DEVLIN

Richmond Hospital
Dublin 7
Ireland

References

ABBOTT, R. J. & LOIZOU, L. A. (1986) Neuroleptic malignant syndrome. *British Journal of Psychiatry*, **148**, 47–51.

ARIEFF, A. I. & GUISADO, R. (1976) Effects on the central nervous system of hypernatremic and hyponatremic states. *Kidney International*, **10**, 104–116.

AIDS-Phobia

SIR: Five male patients presented to us with psychiatric symptoms associated with the fear that they had AIDS. They were tested by the enzyme-linked immunosorbent assay technique and found to have no antibody to the causative virus infection of AIDS. The common features included: an anxious neurotic premorbid personality; tendency to have low extraversion and high neuroticism scores on the Eysenck Personality Questionnaire; a history of promiscuous heterosexual contact, and symptoms and signs of an anxiety state.

Reports from Western countries have documented a similar condition, under the name 'AIDS-panic' or 'pseudo-AIDS', with obsessive and paranoid features in the premorbid personality (Schwartz, 1983; O'Brien & Hassanyeh, 1985), and a history of homosexual contact and clinical features of anxiety or depression (O'Brien & Hassanyeh, 1985; Miller *et al*, 1985). There are similarities and differences in these cross-cultural reports. Neurotic individuals appear to be more prone to develop AIDS-phobia in India than in the West. Both groups show neurotic reactions as a response to the fear. In the West a history of male homosexual exposure is usually present, as it is the predominant risk factor for AIDS. In India the infection has been found mainly among women prostitutes (Simoes *et al*, 1987), and the public have been warned of the danger of promiscuous heterosexual contact. Although the terms 'AIDS-panic' and 'pseudo-AIDS' have been used for this condition, 'AIDS-phobia' may be a better name, since it is similar to venerophobia.

K. S. JACOB
JACOB K. JOHN
ABRAHAM VERGHESE
T. JACOB JOHN

Christian Medical College Hospital
Vellore-632002, India

References

MILLER, D., GREEN, J., FARMER, R. & CARROLL, G. (1985) A 'pseudo-AIDS' syndrome following from fear of AIDS. *British Journal of Psychiatry*, **146**, 550–551.

O'BRIEN, G. & HASSANYEH, F. (1985) AIDS-panic: AIDS induced psychogenic states. *British Journal of Psychiatry*, **147**, 91.

SCHWARTZ, R. (1983) AIDS panic. *Psychiatry News*, August 17.