

occurs in the absence of clinical or laboratory signs of toxicity. Further studies are necessary to resolve this point.

M. J. AMINOFF, JOHN MARSHALL,
EILEEN SMITH, MARIA WYKE.

*National Hospital for Nervous Diseases,
Maida Vale Hospital,
London, W.9;
and the Institute of Neurology,
Queen Square,
London, W.C.1.*

REFERENCES

- AMINOFF, M. J. & MARSHALL, JOHN (1974) Treatment of Huntington's chorea with lithium carbonate. *Lancet*, *i*, 107-109.
- SHOPSIN, B. & GERSHON, S. (1973) Pharmacology— toxicology of the lithium ion. In *Lithium, its Role in Psychiatric Research and Treatment* (ed. Gershon, S. & Shopsin, B.), pp. 107-46. New York-London: Plenum Press.

EFFECT OF LITHIUM ON DISTURBED SEVERELY MENTALLY RETARDED PATIENTS

DEAR SIR,

We wish to report on the therapeutic effects of lithium salts on the disturbed behaviour in severely mentally retarded patients.

Ten patients (six male and four female) were selected for a trial period of twelve weeks to observe the therapeutic effect of 'Lithium Phasal'. All were severely mentally retarded and displayed aggressive and self-mutilating behaviour. Previous treatment with various tranquillizers and behaviour modification therapy had had little or no effect. Two of the patients were well controlled epileptics: The age of the patients ranged between 16 and 58 years and most of them had been in hospital for more than eight years. A simple rating scale was used to assess the patients' behaviour with regard to aggressiveness, self-mutilating tendencies, affectivity, social behaviour and personal habits. During the trial period the patients were assessed every two weeks.

Following a full general physical examination, 'Lithium Phasal' was administered in doses of 900 mg. daily, in addition to the existing medication which was not changed for at least three months preceding the trial. Subsequently the dose was adjusted according to the lithium plasma level. Lithium tests were done weekly for the first four weeks and fortnightly thereafter. Serum lithium was maintained between 0.6-1.4 mEq./L. No side effects were observed.

We found that five out of the nine patients who

had aggressive tendencies showed significant improvement. Three patients improved slightly and in one there was no change. The outbursts of aggressive behaviour became less frequent and easier to control. The therapeutic effect of lithium treatment was found more evident in patients whose main problem was self-mutilating behaviour. Six of the eight patients with such tendencies improved to a point where self-mutilation ceased. One patient improved mildly and one patient showed no improvement. It was also noted that all the patients became less irritable, and more co-operative, and developed an increase in their social tolerances.

The result of this pilot study suggests that lithium salts have a significant effect on the disturbed behaviour in severely mentally retarded patients. Our findings agree with the findings of T. Dostal and P. Zvoloski concerning anti-aggressive propensity of lithium, but we were surprised that self-mutilating behaviour responded even better.

We hope that these findings will stimulate further studies on the use of lithium in this field.

VITOMIR MICEV.
D. M. LYNCH.

*Turner Village,
Mile End,
Colchester, Essex.*

REFERENCE

- DOSTAL, T. & ZVOLOSKI, P. (1970) Antiaggressive effect of lithium salts in severe mentally retarded adolescents. *Pharmacopsychiat.*, *5*, 203-207.

ABRUPT WITHDRAWAL OF ANTIPARKINSONIAN DRUGS

DEAR SIR,

Referring to the paper by McClelland *et al.* (*Journal*, February 1974, *124*, 151-9), I feel that the practice of prescribing antiparkinsonian drugs with neuroleptics, particularly with depot drugs, remains an important safeguard for patients, unless further and longer term studies confirm the authors' findings.

Their reported relapse rate of 8 per cent extrapyramidal symptoms is much lower than that found in previous studies, but only 9 per cent of the patients studied were taking chlorpromazine (or equivalent) in doses of more than 100 mg. three times daily. Patients aged over 70 years were excluded, but these form a large proportion of long stay in-patients, and their exclusion, combined with that of out- and day-patients, may prejudice the relevance of the study. While the deterioration of some patients taking antiparkinsonian drugs may be 'statistically non-significant' this statement could be less meaningful