NARDIL RESPONSE IN A CHRONIC OBSESSIVE COMPULSIVE

DEAR SIR,

Before the introduction of the mono-amine oxidase inhibitors, there was a tacit assumption in psychiatric practice that the so-called neurotic disorders should be treated primarily by psychotherapy and psychoses by drugs and physical treatments. The discovery that certain neurotic illnesses will respond specifically to drugs implies a biochemical basis for some of these disorders, and the terms 'neurosis' and 'psychosis' may eventually fall into disuse. Nowadays, when confronted by a psychiatric disorder, one tries to decide whether it is a reactive one having no biochemical change or an endogenous illness with a fundamental alteration of biochemistry. West and Dally (1959) were able to separate out a group of atypical depressions with hysterical and phobic symptoms that responded specifically to iproniazid. More recently, Sargant and Dally (1962) have shown the advantages of combining a mono-amine oxidase inhibitor with a tranquillizer in phobic anxiety states, particularly when the premorbid personality is an adequate one.

The following case history shows that a mono-amine oxidase inhibitor can be effective in a very chronic obsessive-compulsive disorder, even when leucotomy has failed to alter the course of the illness.

Case History

Mr. W. was a grocer's assistant, aged 49, who was first admitted to St. Mary's Hospital, Hereford, in 1959. He was terrified of leaving doors unlocked and of causing fires, and he kept counting all knives and cutlery.

His father suffered from alcoholism, and all the father's relatives were very emotional. His mother had a stable personality. A brother had died of cancer. Two brothers and a sister were alive and well.

His childhood was spent in Bridgnorth where his father worked as a tailor. The family was unsettled by his father's heavy drinking, and the patient was disliked by his mother and two brothers. He was so miserable that he ran away from home on one occasion at the age of twelve. His only frightening experience in childhood was a large fire in a nearby tan-yard.

He was above average at school, but his parents could not afford a grammar school placement. So he worked at farming for two years, then went into the furnishing trade, and was finally employed in one grocer's shop for ten years. He did well and was supervising nine assistants when he fell ill.

He married at the age of 26, and they had one daughter who turned out an unstable and irresponsible character. The patient tended to be irritable and anxious, but he insisted his marriage was a success until he remitted from his illness. He then revealed that his wife had been unfaithful shortly before its onset.

He gave a history of two minor neurotic reactions. He had an ill-defined disturbance at the age of 21 when he ran away from home. Shortly before marrying at the age of 26, he lost his confidence and was sacked from his job.

The present illness was of rapid onset in 1959. It began with fears of causing fires and leaving doors unlocked. Soon phobias dominated his existence. Cutlery had to be constantly inspected and counted, first by himself, then by his wife. Everything had to be brought out again after it had been washed up and put away. Meals became impossible. When he went for a walk, his gaze would be attracted to small objects, and he had to bring them home to make sure he had not swallowed them. He spent hours counting door knobs at home for the same reason. Involved rituals centred round the placement of his dentures at night and he could not shave or take a bath on his own. His symptoms depressed him but he slept reasonably well.

On admission to hospital in 1959, he showed all the symptoms of a severe obsessive-compulsive disorder with extensive phobias. He spent much of the day in the performance of various rituals and normal, routine activities were curtailed. Psychometric tests gave a Wechsler intelligence quotient of 108 with a potential above this.

He was treated with long courses of ECT, modified insulin, phenothiazines and tricyclic antidepressants. There was no improvement, and so a bilateral rostral leucotomy was performed in 1961, two years after the onset of his illness. The only result was to make him more argumentative. Rituals continued as before, and they were too incapacitating to permit discharge from hospital. Deep narcosis, abreactions and large doses of librium were tried without success.

In 1964, he was transferred to Hollymoor Hospital, where research was being carried out into obsessional disorders. The mainstay of treatment was behaviour therapy, but he failed to respond and he was referred back after a year's treatment.

His condition became chronic, with extensive obsessions and compulsions; he continued on Largactil and Tryptizole with little symptomatic relief. At review in 1968, nine years after the onset of his disorder, it was noted that he had never received a mono-amine oxidase inhibitor drug. Treatment was started with Nardil and Librium, and his symptoms gradually remitted over a period of six weeks. He was stabilized on a dosage of Nardil, 30 mgms. b.d., with Librium, 25 mgms. b.d., and was discharged home.

Improvement was maintained at six months follow-up. He was a cheerful and active man, leading a normal life, and was able to give a detailed account of his feelings during the illness. He was not at work, but this was expected as his age was now sixty and he lived in an isolated Herefordshire village with little local employment.

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