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Electroconvulsive Therapy in the Elderly

SIR: O'Shea *et al* (*Journal*, February 1987, **150**, 255–257) present the case of a 91-year-old patient who responded well to ECT. The oldest documented patient to receive ECT was a 94-year-old woman (Bernstein, 1972). We describe the successful use of ECT in a woman aged 103 years.

Case Report: The patient, who was born on 6 December 1883, was referred to us by her GP with a history of worsening depression over the preceding weeks. On admission she appeared very depressed and expressed the idea that God no longer wanted her. She felt that she was evil and that she belonged to the devil. She also said that she felt "dirty and rotten" inside. She was preoccupied with religious ideas and spoke of little else. Her family reported that her interest in outside events had diminished prior to admission and her appetite had deteriorated. She was diagnosed as suffering from a psychotic depression.

She told us that her first episode of depression had been 40 years previously, when she lived in England. This had recurred from time to time over the years and her first admission to this hospital was in 1977. That episode was similar in its presentation to the current one. At that time she was treated with ECT but relapsed soon after. Altogether, in 1977 she received three courses of ECT, each of approximately four treatments. There was no definite family history of affective illness. Physical examination during this recent admission revealed that she was suffering from mild congestive cardiac failure and atrial fibrillation. She was receiving digoxin and frusemide for this. She was treated initially with a course of mianserin and later of doxepin. These produced no change, and after eight weeks of in-patient care she was still depressed and miserable. We discussed ECT with her and her family and she agreed to receive a course. The anaesthetist had some reservations, but in view of her persistent depression and previous response to ECT he agreed that it was an acceptable risk to give her a general anaesthetic. She received two treatments in all and was remarkably improved after the second. She was somewhat confused after the treatment, but this disappeared within 24 hours. As she was by now well, it was decided not to proceed to a full course of ECT. It is now two months since the patient's discharge and she remains well.

We think that this report demonstrates the effectiveness of ECT as a treatment for psychotic depression even in the very elderly age-group. We agree with Weiner (1982) that ECT is a relatively safe treatment in the elderly if performed with due precautions.

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Delusional Parasitosis

SIR: Macaskill's report (*Journal*, February 1987, **150**, 261–263) of a patient's delusional infestation which responded to non-pharmacological treatment was optimistic, but probably describes a mild form of disorder – as might be expected when clear precipitants are present. However, the potential dangerousness of these patients must be emphasised.

Case report: After the death of his wife and 22 years of police service in Antigua this 70-year-old man emigrated to England, where he has lived alone and worked as a security officer for 18 years (until his retirement in 1982). His complaints about insects started in 1980 when he was rehoused in council property following compulsory purchase of his flat: since then his life has been dominated by delusions of infestation. He has persuaded the council to rehouse him three times, despite having set one flat on fire and been convicted of criminal damage for flooding another. He has also persuaded Environmental Health officers to fumigate his property eight times, although they have never seen any insects in his flats. He was detained under Section 3 of the Mental Health Act in 1983, following a fire, but he was discharged by a tribunal.

In November 1986 he was readmitted under Section 136 following two fires. Mental state on admission revealed a dishevelled, smoke-stained, angry man who shouted loudly and aggressively about his detention and complained that "insects swarm all over me". He was cognitively intact and had a normal computerised tomography scan. During the month of observation while detained under Section 2 this mental state persisted. A Section 3 order was made, and treatment with haloperidol syrup (Andrews *et al*, 1986), up to 30 mg/day, was started. There was a general improvement: he was able to conduct a normal conversation and he became calmer and even friendly. However, his delusions of infestation have persisted and he continues to buy large quantities of fly sprays. He has recently been treated with fluphenazine decanoate as a long-term treatment and because compliance was doubtful at times.

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