Correspondence

EDITED BY LOUISE HOWARD

Anti-androgenic agent cyproterone acetate cured a woman of severe sexual obsessions

Sir: A previously healthy married woman, then 49 years of age, with two children, sought my advice at my psychiatric practice concerning a history of more than three years of obsessive sexual thoughts which occupied her mind every hour of the day. In her everyday thoughts she imagined herself engaged in a very violent sexual act with a male acquaintance of the family. These obsessive thoughts caused her a lot of pain and she was quite disabled by them. She did not dare to leave the house for fear of meeting the man. She could not go to her job as a teacher at a nursery school and had been on sick-leave for more than two years. She had been subjected to a complete hormonal investigation as an in-patient at a clinic for internal medicine without any pathological findings. She had had psychotherapy twice a week for more than two years without any improvement in her condition.

As sexual thoughts in men can be diminished by anti-androgenic agents (Cooper, 1981) and female sexuality is enhanced by the androgenic hormone testosterone (Sherwin *et al*, 1985), I started treatment with cyproterone acetate 100 mg every morning. After three days of treatment all the symptoms had disappeared and the patient was totally recovered. After a few weeks she returned to work. The treatment was prolonged for two years without any relapse and today, one year after withdrawal of the medication, she is still totally free from the illness.

The nature of this psychiatric disorder is of obvious interest. Though the symptoms were of a mainly sexual nature the patient fulfilled all the criteria stipulated in DSM–IV (American Psychiatric Association, 1994) for obsessive–compulsive disorder (OCD). Thus, this diagnosis seems to be the most likely. This assumption raises the question of whether anti-androgenic treatment might be effective in other cases of OCD, perhaps even in cases not involving any sexual symptoms. Treatment of patients suffering from OCD with anti-androgenic agents has previously been suggested by Casas *et al* (1986) who based their suggestion on a pilot study of four women suffering from OCD who all improved after treatment with cyproterone acetate. No study confirming these results has, to my knowledge, been published. Nevertheless, the possibility that anti-androgenic agents could be effective in at least some forms of OCD cannot be ruled out.

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Pisa syndrome during treatment with sertindole

Sir: The Pisa syndrome or pleurothotonus originally described by Ekbom *et al* (1972) is a rare side-effect of classical neuroleptic medication. We report the case of a patient who developed Pisa syndrome after 10 weeks' treatment with sertindole, a novel antipsychotic agent with high selectivity for the mesolimbic dopaminergic pathway and for dopamine D_2, serotonin 5-HT_2 and α_1 noradrenaline receptors (Zimbroff *et al*, 1997).

Mrs R., an 85-year-old pensioner who had no history of psychiatric disorder, was admitted to our old age psychiatry department with acoustic hallucinations followed by symptoms of anxiety and agitation. The patient had a history of hypertonia and the cranial computed tomography scan revealed a cerebral atrophy with extensive confluent periventricular hypodensities without lacunar lesions. We diagnosed a subcortical arteriosclerotic encephalopathy and started symptomatic treatment with haloperidol 5 mg four times daily for six weeks. Because of extrapyramidal side-effects psychopharmacotherapy was changed to sertindole 4–8 mg four times daily, leading to a complete recovery from psychiatric symptoms and a marked improvement in the neuroleptic-induced Parkinsonism. The clinical course was complicated by pneumonia and a stroke with right occipital and cerebellar infarction. During this event sertindole treatment was not discontinued, but the dose was reduced from 8 to 6 mg at week 6. After 10 weeks of sertindole treatment (five weeks after the stroke) Mrs R. was suddenly found leaning backwards and to the right side. This posture was maintained independently of body position. There were no other new neurological signs. The patient was diagnosed with Pisa syndrome and the sertindole was reduced to 2 mg four times daily. Four days after dose reduction all signs of dystonia had fully resolved.

Our patient met all major features previously described with Pisa syndrome: an axial dystonia with flexion of the trunk; a remarkable indifference to her grossly abnormal posture; current antipsychotic treatment; and the absence of other causes or family history of dystonia. The case is complicated in its interpretation by the patient's stroke that in itself could have produced motor abnormalities. The sequence of events, however, with the onset of Pisa syndrome five weeks after the stroke during continuous rehabilitation, together with the cessation of Pisa syndrome after dose reduction of sertindole, suggests a drug-induced effect. We conclude that Pisa syndrome may occur with sertindole treatment as it has previously been reported with clozapine (Kurtz *et al*, 1993). Even atypical neuroleptics should be used with caution in elderly patients at risk of developing motor side-effects.