

Beneficial delusions?

DEAR SIRs

Mr A., a 66-year-old man, was admitted following an accidental fall in which he fractured a femur. Following surgery, he expressed bizarre ideas and was referred for a psychiatric opinion. This assessment revealed a long-standing complex delusional system in which he believed he was in constant contact with "spirits from the other side". This involved clear auditory hallucinations which occurred frequently and he described the spirits discussing his activities among themselves. He had been having these experiences for over ten years. There was no evidence of persistent mood change nor underlying organic disorder. The illness had begun about five years after his divorce and three years before he retired. He was diagnosed as suffering from late onset or paranoid schizophrenia.

Mr A. denied any distressing aspect to his illness and considered himself gifted. He refused to attend for any out-patient follow-up and saw no need for help of any kind.

(This brief summary involves a combination of details from three cases which raised the same issue.)

When the above vignette was discussed at a case conference, the possibility of compulsory treatment was raised. Mr A. presents with delusions, hallucinations and lack of insight amounting to serious mental illness, and could be seen as having a right to treatment. This case raises the question of the purpose of such treatment. If it is to relieve distress and enhance the quality of life it could be argued that his psychosis is not a problem in that he enjoys his experiences and finds them life-enhancing. A treatment that could remove the illness would leave him lonely and bored. In practice antipsychotic medication may not have that great an impact on such a long-standing delusional complex and will bring with it potential side-effects. As Mr A. is refusing treatment, he would need to be compulsorily admitted and medicated. In the light of the above, could this be justified?

That delusions may be beneficial was raised and examined by Roberts (1991). He found that a group

of chronically deluded subjects found life as "meaningful" as a group of Anglican Ordinand and more so than a group of psychiatric nurses. This suggests that a delusional system can have a similar effect to a religious belief system, helping the holder to attach meaning to life. In such cases, which it would seem reasonable to call "successful psychotics", can intervention be justified?

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Reference

ROBERTS, G. (1991) Delusional belief systems and meaning in life: a preferred reality? *British Journal of Psychiatry*, 159 (suppl. 14), 19–28.

ECT supplemented with defibrillation

DEAR SIRs

We had an elderly lady who suffered from severe recurrent depression and in the past required ECT. She had already started ECT sessions with this particular episode, which initially improved matters, but over the weekend she had deteriorated and become withdrawn. She was given her third ECT on a Tuesday. During recovery from this, she had a cardiac arrest which was successfully treated by defibrillation with three successive DC shocks.

Following this episode she became confused, disinhibited, disorientated and needed considerable specialised nursing to contain the situation. Gradually with medication, skilled nursing and time, the illness remitted and since then she has had no further episodes of depressive illness.

I wonder if there have been any other reported episodes where ECT has been supplemented with defibrillation with dramatic results.

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