INTRODUCTION

The efficacy of lithium salts in the therapeutic and prophylactic treatment of the bipolar phase of the affective disturbance—manic–depressive psychosis was first reported by case in 1949. It was subsequently confirmed by several investigators, notably Bastrup, Schou et al. in Denmark. Since then, numerous investigators, particularly in Europe and the United States, have tried using lithium salts in the treatment of other affective states, even in schizophrenia, with varying inconclusive results.

To my knowledge, there has been no report in the local literature regarding the successful treatment of a Filipino manic–depressive psychotic with lithium salt. As a matter of fact, review of literature reveals that the use of lithium for manic–depressive psychosis has involved exclusively non-oriental patients.

It is the purpose of this paper to present a case study of the successful control of a manic–depressive patient who is the first Filipino to be under lithium treatment.

CASE SUMMARY

A.M., 30 year old, Filipino, single, unemployed, high school graduate, from Eastern Visayas and presently residing in Quezon City, was admitted for the first time to the University of Santo Tomas Hospital Psychiatric Unit (“Community Center”) on October 26, 1971.

She has been suffering from recurrent episodes of a bipolar affective disturbance: manic–depressive psychosis, since 1959 at the age of 15. She was in her senior year in high school then.
During her manic phase, she would be characterized as euphoric, hyperactive in speech and behavior, flirtatious, insomnacentic, and sometimes assaultive when she is crossed. On the other hand, during her depressive phase, she would be melancholic or depressed, sometimes with suicidal ruminations, withdrawn and seclusive with psychomotor retardation, anorexic, and with early awakenings. (Delusional systems and disturbances in perception have not been described).

Apparently, no significant precipitation event could account for the start of her illness in 1959 except for some “anxiety and concern” upon the transfer of her best friend and classmate to another section. The patient was able to graduate from high school although her concentration and academic performance deteriorated.

In May 1960, after attending a town fiesta, she became increasingly anxious because a man who was rumored to be a “warlock” sat beside her. A few days later, she was seen pouring upon herself a bed pan of urine and then attempting to jump through the window. She had to be restrained in bed. She was brought to Cebu for treatment. After a series of electro-convulsive treatments (ECT) and unknown tranquilizers, she was reported to have “improved”.

From 1961 to 1963, she was brought to Cebu City two or three times a year for follow-up as an out-patient.

Late in 1963, she was brought to the National Mental Hospital in Mandaluyong, Metro Manila because she was “shouting, violent, suicidal, insomnacentic and restless”. She was treated as an out-patient and her regimen consisted of ECT and various tranquilizers. Because of her morbid fear of ECT, treatment was described as “erratic”. She frequently threatened suicide whenever her family would bring her to the National Mental Hospital for ECT.

From 1964 to 1971, she was brought to National Mental Hospital whenever there was an occurrence of relapses estimated to be about twice a year. During several of her manic episodes she became flirtatious, escaped from the house and was sexually abused but never became pregnant.

This present admission (October 26, 1971) was precipitated by hyperactivity both in speech and behavior, incessant smoking and going out of the house especially in the evenings. Three days before admission, she hurt a relative by pulling the latter’s hair and, because of inability to control her, the family decided to confine her at the Santo Tomas University Hospital (STUH) under my care.

The account of her past personal history did not reveal significant abnormalities during her developmental milestones. She started schooling at the age of 7, was described to be of average intelligence and industrious. She was active in school affairs, gay,
had a good sense of humor and was interested in religious activities. Menarche was at the age of 14 and was received with no untoward reaction.

The patient is the 7th of 9 siblings, 4 boys and 5 girls (she is the 4th of the girls). The father was a former judge while the mother was a fulltime housewife. Except for the patient, all the other siblings are professionals. She stays with her three unmarried sisters in a subdivision in Quezon City. In so far as the family history is concerned, no significant pathological relationships or events are revealed. None of the parents or siblings have suffered from the same illness nor has anyone required psychiatric help because of acute or chronic disabling psychiatric symptomatology. A distant paternal cousin was reported to have the same illness of short duration but details of this are lacking.

Physical examination including a neurological survey and systems review were unremarkable.

Very briefly, the psychiatric mental status was only remarkable as far as her affective sphere was concerned. She was euphoric, voluble in speech, hyperkinetic, flirtatious, easily irritated when crossed, anorexic and insomneic. Absent were the typical flight of ideas, delusions of grandeur and perceptual abnormalities. Quite evident was the harmony in affect, behavior and thought content. Insight was poor.

Her course in the ward was described as: sociable, jolly, devoid of flight ideas, with good memory and judgment. Her medications included: haloperidol, benztropine, trifluoperazine and Betachlor. A series of 6 ECT’s were administered. She improved markedly, behaved favorably in the ward, was cooperative, amenable and courteous. On November 9, 1971, her 15th day of hospitalization, she was released from the hospital as “improved”.

PATIENT’S COURSE PRIOR TO LITHIUM TREATMENT

(November 1971 to December 1972)

After her discharge from the hospital, the patient enjoyed a lucid period of about 2 weeks. Thereafter, progress has been rather stormy and extremely unstable. From late November 1971 to December 1972, it was recorded that she had at least ten relapses of the “circular” type with virtually no lucid intervals (see Figure 1).
Figure 1: Clinical Course Prior to Lithium Treatment
Hospitalization was prevented by the use of neuroleptics (such as haloperidol, trifluoperazine, chlorpromazine, and thioridazine) when in the manic phases, and antidepressants (mainly desmethylamphetamine and imipramine) during depressive phases.

**PATIENT’S COURSE DURING LITHIUM TREATMENT**
(December 1972 to January 1973)

On December 23, 1972, during one of her manic phases, the patient was started on lithium carbonate 300 milligram tablets, one tablet 3–4 times a day, daily except Sundays. Haloperidol and chlorpromazine were discontinued until about mid-January of 1973 when she appeared to be in a lucid state (7). As there was no laboratory facility to monitor the serum lithium determination level at that time, close attention was given for any sign of lithium side effects and/or toxicity. Written instructions were also provided for the family whose members were cooperative and dependable.

The patient continued to take lithium salts solely up to December 1973, a year after her first dose. Her progress was quite remarkable in that her manic-depressive attacks were controlled (see Figure 2). The patient claimed to be her “usual self” prior to her illness. Plans to go back to school or take a vocational course were made. In November 1973, she was slightly on the euphoric side but she reverted to her lucid state after a week when the lithium carbonate was increased to 5 tablets (1500 milligram) per day. At that time, a laboratory facility started to do serum lithium determinations by atomic absorption spectrophotometry. The serum level was 0.5022 milliequivalent per liter with 1800 milligram of lithium carbonate per day. The serum lithium level on January 4, 1974 was reported to be 0.8 milliequivalent per litre (7,10).

**PATIENT’S COURSE DURING LITHIUM TREATMENT WITHDRAWAL**
(January to June 1974)

Late in January 1974, the patient had to stop lithium treatment because of the local unavailability of the drug and the prohibitive costs of imported preparations.

Shortly after stopping lithium salts, the patient reverted back to a circular pattern of hypomania and/or depression lasting from a few days to about two weeks. In assessing the patient’s course at this point, a sister commented, “If she is high, we give her Melleril and when she is depressed, we give no medications at all. It seemed that her manic attacks occurred during her menses.”

**PATIENT’S COURSE UPON RESUMPTION OF LITHIUM TREATMENT**
(July to September 1974)

By July 1974, the patient was again hypomanic requiring sedating
Figure 2  Clinical Course during Lithium Treatment
Figure 3 Clinical Course: Withdrawal from Lithium and upon Restoration of Lithium
neuroleptics for sleep. Lithium carbonate (prepared locally) 300 milligram-capsules, 2 capsules, after breakfast and 2 capsules at bedtime, was reinstated. On her July 27, 1974 follow-up visit, the patient was lucid. Since she resumed lithium carbonate, there were only two evenings wherein she needed the Melleril 100 milligram, Benadryl 50 milligram-capsule regimen for sleep. The serum lithium level (done on July 23, 1974) was 0.58 milliequivalent per litre. Until her last office visit in August 31, 1974, the patient has remained asymptomatic.

COMMENTS

The circumstances relative to the lithium therapy of this patient are strikingly similar to the first case report of Dr. J. Cade (3,4). In both patients, relapses occurred when lithium was withdrawn and remission of symptoms happened when lithium was restored. Both patients served as their own "controls".

A most serious question that may be raised is whether or not lithium carbonate was responsible for the patient’s lucid state for almost the entire year 1973. In manic-depressive psychosis, it is not uncommon for patients to be “cured” spontaneously. Are we, therefore, seeing a pure coincidence of spontaneous cure in spite of the lithium? In my opinion, this was not the situation with the patient. On the contrary, lithium was responsible for the prophylaxis from the relapses for the following reasons:

(a) Review of the progress of the illness prior to lithium treatment revealed a very frequent course of manic and depressive episodes with almost no lucid interval for over a month. The natural course of manic-depressive psychosis is that there is an inverse relation to the frequency of relapses and the duration of the lucidity. Hence, one year is much too long for just a lucid interval (9);

(b) Withdrawal from lithium precipitated the same stormy clinical picture as during pre-lithium therapy. Certainly, a period of six months without the drug would rule out “placebo” factors;

(c) Re-administration of lithium produced a dramatic control of her illness in about 3 weeks, and her continuing lucidity of 3 months is much too long for “placebo” effects;

(d) Serum lithium level determination showed that she was within the therapeutic range while the relapses were controlled (7,10). Thus, lithium was clearly responsible for her lucid periods.

In so far as the side effects or toxicity of Lithium carbonate are concerned, the only persistent side effects attributable to the drug were frequent thirst and polyuria which interrupted her sleep (6,7). Some improvement was achieved when the last dose was given earlier in the evening.

A final comment may be made on why the dose of lithium given did not correlate well with the serum levels (7,10). Except perhaps for quality control
The Therapeutic and Prophylactic Effects of Lithium on a Filipino with Manic-Depressive Psychosis
Eduardo L. Jurilla

In this paper, the author reports on a Filipino patient with manic-depressive psychosis successfully controlled with lithium. As far as I know, this is the first patient in the Philippines to receive and benefit from lithium.

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ในชายไทยบิปเนส
(รายงานฉบับ 1 ราย)
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ผู้รายงานเด็กชายคนใช้ชาพิลิปปินส์ อายุ 30 ปี 1 คน เป็นโรคจิตอารมณ์คลื่น—เรียกว่า
มา 15 ปี และอาการซับซ้อนกับการใช้ lithium ไม่เคยมีรายงานเช่นนี้มาก่อนในวรรณกรรมทาง
แพทย์ของพิลิปปินส์ การรักษาโดยทางจิตเวช รวมถึงการช่วยด้วยไฟฟ้าไม่ได้ผลดีนัก คนใช้
เวิร์มได้รับ lithium เมื่อ ธันวาคม ค.ศ. 1972 และเดือนกันยายน ค.ศ. 1973 ไม่มีอาการเกี่ยวกับยา

น้าเสียหายที่ยังอยู่ใช้ lithium ใน 6 เดือนแรกของ ค.ศ. 1974 อาการของคนใช้
กลับเป็นมากเหมือนเมื่อก่อนใช้ lithium ยิ่ง โดยไม่สามารถหยุดเช่นนี้เรื่อยเลย แต่เมื่อ 3 เดือนที่
แล้วหลังจากกลับมาใช้ lithium ยิ่ง อาการของคนใช้ก็คืบขึ้น และพฤติกรรมจับปิ้งบินน

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