he had reduced his oestrogens and had experienced similar, although less severe, psychotic symptoms which eventually remitted at the same time as he increased the oestrogens.

Clearly a case history like this proves little, but the similarity to the case described by Dr Mallet *et al* is interesting.

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Fluvoxamine and lithium: an unusual interaction

SIR: The Committee on Safety in Medicines (1989) have reported the increased incidence of 5HT-related side-effects, from hyperarousal and nausea to tremor and convulsions, occurring with the combination of fluvoxamine and lithium.

We report a case of irresistible somnolence, the first time such a side-effect has been reported.

Case report: A 39-year-old married woman with a history of previous bipolar affective swings was admitted with depressed mood, biological features of depression, and second person, mood congruent, auditory hallucinations. She had been off all psychotropic medication for 10 months prior to the current episode. She was started on fluvoxamine, with good effect.

Because of the disruptive effect of the mood swings on her family life, it was decided to start treatment with lithium. Lithium carbonate (slow-release, 400 mg nocte) was added, and the patient went on weekend leave the following day.

On her return to the ward she was in a somnolent state, rouseable with some difficulty and falling asleep again almost immediately. Her husband reported that this condition had been continuous after the first night of her leave.

Neurological examination was normal apart from the level of consciousness. Lithium level (20 hours after the last dose) was 0.2 mmol/l; full blood count, urea and electrolytes, and liver function tests were all normal.

All medication was stopped. The following day she was fully conscious and becoming mildly elated. Lithium (800 mg nocte) was restarted 10 days later, and a satisfactory serum level achieved. She remains well on this medication.

After recovery she described the sleep as peaceful, refreshing, and untroubled by dreams. There was no sleep paralysis or cataplexy. An EEG was not performed, as she recovered on withdrawal of medication.

Fluvoxamine causes increased synaptic levels of 5HT. Lithium potentiates this effect by increasing 5HT synthesis (Gillies *et al*, 1986). In combination, therefore, one would expect these drugs to produce increased incidence and severity of 5HT-related side-effects.

Various studies have given equivocal or contradictory results as to whether somnolence can be directly caused by increased 5HT concentrations in the brain (Parkes, 1985).

Our patient had been treated with fluvoxamine alone for a previous depressive episode, and lithium alone on recovery from this episode, with no reported side-effects. We suggest that the combination of these two drugs caused the reported somnolence, possibly by increasing the 5HT levels in the brain to toxic levels, or by an idiosyncratic effect in this particular patient.

Combined therapy of lithium with an antidepressant is a recognised combination. Further case reports will elucidate whether this was an idiosyncratic reaction or a direct interaction of these two drugs.

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Fluvoxamine and liver enzymes

SIR: *Case report:* A 74-year-old woman with depressive psychosis was transferred to a psychiatric ward from a medical ward where she had been admitted for acute constipation. Systemic investigation at the time revealed a marked kyphosis, hypertension, a nodular swelling of the thyroid gland, and severe constipation. Routine blood tests, thyroid and liver function tests, chest X-ray, ECG, and computerised tomography scan were all normal. Family history was unremarkable; past medical illnesses included hysterectomy at the age of 25, hypertension, and left cataract operations.

Amitriptyline was prescribed, but stopped after she developed acute congestive cardiac failure, which responded to frusemide, amiloride, and nifedipine. On recovery, she was treated with fluvoxamine (50 mg nocte, increased to 75 mg after a week, and 100 mg after a fortnight). Prior to starting treatment, a series of four blood tests showed normal gamma-glutamyltransferase (γ-GT) and alkaline phosphatase (ALP), and marginally raised bilirubin on one occasion. Four days after initiation of fluvoxamine, ALP increased to 423 IU/l (normal <330 IU/l) and bilirubin increased to 31 IU/l (normal <22 IU/l). Weekly blood tests were undertaken, but fluvoxamine stopped after 3 weeks due to persistently raised ALP and bilirubin. ALP levels were highly significantly increased during treatment