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Correspondence

Editor: Ian Pullen

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Periodic psychosis associated with menstrual cycle

SIR: All monthly cycles are not menstrual. It has long been established that regularly recurring episodes of depression, catatonic schizophrenia, epileptic fits, bleeding, pyrexia, etc., with monthly periodicity can occur in men (Reimann, 1963; Richter, 1965). In women, when the dates of onset of menstruation and of psychological disturbance are accurately recorded over a year or more, two distinct rhythms can be discerned, which may gradually draw apart. In both sexes, syndrome rhythms of other than 30 days (6, 42, 70, etc.) may be seen, and these are unaffected by the menopause. Furthermore, the menstrual cycle is metabolically (endocrinologically) divisible into at least two or three sections: follicular, luteal, and menstruating, which are different, so that the same psychological phenomena are unlikely to be associated with all phases of the cycle. In other words, it is important in probing the mechanism of illness and treating it effectively to distinguish between disturbance precisely associated with one phase of the menstrual cycle only, and disturbances which recur independently but with about the same wavelength.

Lovestone (*Journal*, September 1992, **161**, 402–404) claims his patient's psychosis was associated with the menstrual cycle, but his chart of seven periods and six mental episodes does not show this convincingly: three periods fell in the middle of an episode, one occurred in the middle of a remission, and two began as the episode began. In the absence of any other evidence his claim is inaccurate and fogs the pathology. We expect more accurate timing, some hormonal measures perhaps, but particularly a demonstration that blocking the menstrual cycle interferes with the mental episode. If an acute hormonal intervention during a natural remission will provoke mental symptoms briefly, so much the better for clarifying the illness.

Others (e.g. Endo *et al*, 1978) make Dr Lovestone's mistake, whereas Gerada & Reveley (1988) report a case with precise, always premenstrual, timing and brief spontaneous remission in an amenorrhoeic cycle, together with 'cure' by dydrogesterone. My case (Crammer, 1986) similarly had an episode of depressive type filling 14 days preceding the onset of each period, except in one spontaneous amenorrhoeic cycle, and was 'cured' by stopping the cycle with an oestradiol implant. However, the illness appeared to be related to cortisol level rather than to sex hormone disturbance. There is something rather complex to be disentangled here. It is relevant to the pathophysiology of premenstrual states. We shall only make progress by recognising that monthly cyclical mental states can arise through more than one physical disturbance, some not linked to the sex cycle at all, others linked, but by some indirect hormonal pathology, and so on.

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SIR: I read with interest Lovestone's article (*Journal*, September 1992, **161**, 402–404), and would like to comment on the association of the recurrent psychosis in the premenstrual period with an increased blink rate.