

Letters to the editor

Homosexual erotomania responding to risperidone

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Erotomania is a rare syndrome with the core symptom being a delusional belief that one is passionately loved by another. The erotomaniac patient becomes convinced that she or he is desired by another person (the object), who allegedly uses surreptitious and covert means to signal his or her devotion to the patient. The object is almost invariably of a higher social or financial background to the patient and is generally in some way unattainable. The vast majority of erotomaniac patients are female, with a small minority of male cases reported. Most male cases with erotomaniac features described in the English-language psychiatric literature have been identified in a forensic setting (Menziés et al, 1995). Erotomania can occur as a 'pure' or primary form, or secondarily as part of a more generalised psychotic illness, most commonly schizophrenia. We describe a rare case of homosexual erotomania responding to risperidone, a benzisoxazole derivative.

A 21-year old male student was referred by his general practitioner for inpatient treatment. He had become acutely disturbed and deluded over the previous two days. He was convinced that a male 'supermodel' had fallen in love with him and had arranged for both of them to travel to Greece that day. He had seen this model the week previously walking in the street. The patient admitted that he had had no actual contact with this man, but insisted that they had made eye contact, and at that moment he realised that the model was in love with him. He had not seen him since, but believed that in some way they had maintained contact and that the model wanted them to be together. He admitted that he reciprocated the model's affections, but not to the same degree. He insisted on the day of admission that he had to travel to see this model appearing in a fashion show and that they would then go together to Greece. He stated that he would kill himself if he was prevented from doing so.

The patient had had two previous admissions to hospital, and was diagnosed as schizophrenic. On these occasions he had presented with third-person auditory hallucinations, delusions of reference and passivity phenomena. These had responded to treatment with neuroleptics. On this admission, he had been taking risperidone 2 mg daily and was also prescribed flupenthixol 50 mg fortnightly. Following admission risperidone was increased to 3 mg qid and flupenthixol was continued;

the patient's erotomaniac delusions remitted and he was discharged symptom-free within a month.

This case is unusual in that there are, to our knowledge, only three previous cases of male homosexual erotomania reported in the English literature (Lovett Doust and Christie, 1978; Peterson and Davis, 1985; Boast and Coid, 1994). Four female cases have been reported. Homosexual erotomania therefore appears to be a very rare phenomenon. The case is unusual also in that this is the first case reporting a complete resolution of erotomaniac symptoms in response to risperidone. In general, erotomaniac symptoms in particular those secondary to schizophrenic illness pursue a chronic course over time. Our patient has remained well for some months over follow-up.

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Neuroleptic-induced antinuclear antibodies

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An article by Spivak et al (1996) published recently in *European Psychiatry* reported on a study involving the presence of antinuclear antibodies (ANA) in a group of bipolar patients and its possible relationship with their having been previously treated with lithium salts.

We carried out a study using similar methodology two decades ago (Ayuso et al, 1976). In spite of the time lapse, our findings coincide, but only regarding the lack of a relationship between treatment with lithium and the appearance of ANA.

However, our study showed a significant correlation between those patients who had received neuroleptic medication for chronic conditions and the detection of ANA, which was positive in 35% of the group treated

($N = 20$) versus 6% in the rest of the patients analysed ($N = 73$): $\chi^2 = 15.51$; $P < 0.001$).

This same observation had been made previously by Berglund et al (1970), Gallien et al (1975), and more recently by Canoso et al (1990). All these authors suggest that it is the prolonged administration of phenothiazine neuroleptics that induces the production of antibodies.

We wonder if in the clinical sample used by Spivak et al (1996) the incidence of neuroleptic treatment previous to the period referred to in which the patient took no other medication (one year in the group of patients treated with lithium, three months in the control group) could explain the results. This seems quite probable considering the average age of the subjects (44.2 years), and the fact that in the natural evolution of a bipolar disorder the need to resort to neuroleptic treatment presents itself in a high percentage of cases.

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