CASE OF INTEREST

Anorexia Nervosa Treated with Fluphenazine Decanoate

I find no published information on the treatment of anorexia nervosa with injectable fluphenazine and report a single case successfully treated with fluphenazine decanoate (Modecate).

Case Report

The patient first developed relevant symptoms in 1971 at the age of 20 years following a broken engagement. She suffered anorexia, regurgitation of food after meals, weight loss and simultaneous onset of amenorrhoea. Hysterical and obsessional features of personality were noted. Treatment with various tranquillizing and anti-depressive drugs over the next three months produced no improvement and she was admitted to hospital where she had an anti-depressive drug with a phenothiazine and twice daily insulin. She was discharged after two weeks, improved and gaining weight, being maintained on trifluoperazine. She appears to have remained sufficiently well during the next year not to require medical attention but had to be readmitted in October 1972 suffering from anorexia, vomiting, loss of weight and amenorrhoea which were said to have been present for a year. She was treated with small doses of benzodiazepines only and was discharged again "improving". In March 1973 she had a negative Gravindex test, presumably because of amenorrhoea, but she had periods in April and May that year.

She came under my care when she married a soldier in 1974 and presented with continued complaints of anorexia, vomiting, loss of weight and amenorrhoea. She was found to weigh 41.7 kg (92 lb) and to be 1.65 m (65 in) tall. No previous weights are recorded but she said her lowest weight had been 40.8 kg (90 lb). She was alert and normally energetic and felt well. Pubic and axillary hair was normal. At that time she was having no treatment and because of the prominent symptom of vomiting it was decided to give her fluphenazine decanoate by injection and she received 12.5 mg every two weeks. Vomiting ceased at once and her appetite improved quickly and she gained weight to 63.5 kg (140 lb). Drug treatment was stopped after 19 weeks. She had a period 5 weeks after commencing treatment and another 10 weeks later. The Gravindex test proved to be positive for the first time 22 weeks after commencing treatment.

Discussion

No doubt the circumstances relating to her marriage contributed significantly to her recovery but the drug was certainly important as well. She presented at just below the critical weight threshold of 45 kg at which gonadatrophic responses are said to change (Palmer et al 1974, Palmer et al 1975) and it is not really very surprising that effective treatment produced such a dramatic result so quickly. In the past her treatment had been intermittently successful but it seems likely that she was never brought above the weight level at which her gonadatrophic responses became normal and her menstrual cycle was never properly established. It is thought that she became pregnant approximately 18 weeks after the commencement of treatment with fluphenazine, but the
irregularity of her periods and the possibility of an early false positive Gravindex (Marks and Shackcloth 1966) makes the date uncertain. The pregnancy has now been confirmed.

Fluphenazine appears to have a potent anti-emetic effect as compared with chlorpromazine and other phenothiazines in dogs (Laffan et al 1961) so that its use in this particular cases seems soundly based on pharmacological effects as well as on route of administration. It would be of interest to know whether its use is supported by more detailed pharmacological knowledge or similar clinical experience.

Colonel T. B. STEPHENS

REFERENCES


LETTERS TO THE EDITOR

NOTES ON SUCESSION

SIR—“All the world's mad—save thee and me!”

In the halcyon days of my youth the blurb on the wrapper of “Horlick’s” jars carried the words “Good for Invalids and H.M. Forces”, as no doubt some of your older readers will remember. Later wrappers have been given a New Look and no longer carry the intriguing recommendation.

Although the commercial world appears to have lost its pristine interest in the Armed Forces, imagine my surprise when, being perfectly sober and in a state of sound and sane mind, on opening a Law Book a passage crashed into my visual retinal cells. The passage is reproduced below to vouch for the verisimilitude and terminological exactitude of my visual retinal cells:

Who may make a will

1. An Infant cannot make a will unless a soldier in actual military service or a sailor at sea (Wills (Soldiers and Sailors) Act 1918). If he falls within either of these categories, he has full testamentary capacity. [But if he dies an infant without having been married, perhaps he is deprived of his power to dispose by will of an equitable fee simple in land by A.E.A. 1925, s. 51 (3).] An infant may be able to dispose of some property, e.g., National Savings Certificates, by “nomination.”

I am, etc.,

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19 May 1975