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TREATMENT OF MANIA WITH CARBAMAZEPINE AND LITHIUM

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SUMMARY

A young manic patient who showed poor response to lithium, neuroleptics and ECT and developed severe extrapyramidal side effects restricting the use of neuroleptics in high doses ; showed marked clinical improvement with a combination of carbamazepine and lithium with sustained recovery. The case reported to illustrate the possible synergistic action suggested earlier, encouraging the authors to take up a crossover trial.

While lithium salts are efficacious in manic states, 20% are nonresponders. Amongst various therapeutic advances which have occured, carbamazepine seems promising (Post, 1982). Further, when used in combination, carbamazepine and lithium seem to function synergistically (Lipinski & Pope, 1982). We had an opportunity to try this combination, in a manic patient who responded inadequately to lithium carbonate.

CASE REPORT

Ms. J, an 18 yrs. old female patient with a family history of affective illness was admitted in August 1982 with clinical picture of acute manic excitement, with history of three manic episodes earlier between 1978 and 1980. She was treated with Haloperidol (15 mgs/day) and lithium carbonate (1200 mgs/day) orally and was discharged 2 weeks later following clinical improvement. However, she was readmitted within 3 weeks in September, 1982 with a relapse in her clinical condition, though the family claimed full drug compliance. With Haloperidol (20 mgs/day) and lithium carbonate (1200 mgs/day) she had to be given 4 modified bilateral ECTs. She showed clinical improvement and was discharged six weeks later.

Within 3 weeks again, the patient had to be readmitted in acute manic excitement. Serum lithium estimation was carried out to ascertain the drug compliance which indicated that the compliance had been adequate. After admission, the patient showed no improvement with chlorpromazine (600 mgs/day) and lithium carbonate (1500 mgs/day).

Since the patient had not responded adequately to lithium carbonate as evidenced by rapid relapses and the persistent manic features despite adequate serum levels (between 0.7 to 1.4 mEq/L) for sufficient length of time (14 weeks) alternative management was considered and all the drugs were stopped. She was started on carbamazepine 600 mgs/day orally in divided doses. After one week, the clinical features remained static. Lithium carbonate (1500 mgs/day) was reintroduced along with carbamazepine (600 mgs/day). Within one week, marked clinical improvement was evident and the patient has been on regular follow-up as an out-patient. For 3 months she has not relapsed and main-

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tains complete recovery on lithium carbonate (1500 mgs/day) and Carbamazepine (400 mgs/day).

COMMENT

Our patient was treated with Lithium Carbonate and neuroleptics during the first two admissions. The improvement on each occassion occured after a long interval; 3 weeks on the first occassion and 6 weeks during the second admission, during which ECTs became necessary to obtain better results. After discharge, the improvement was sustained for a very short period (3 weeks) on both the occassions despite regular medication. During the second admission the patient had developed severe drug induced extrapyramidal side-effects restricting the use of neuroleptics in high doses. During the third admission, while the patient did not show any response to carbamazepine alone, with a combination of carbamazepine and lithium she showed marked improvement within one week. This improvement has been well maintained over a period of next 3 months. Thus, it supports the earlier report (Lipinski & Pope, 1982) of a possible synergistic action for this efficacy. Because a single case does not fully substantiate the routine clinical use of this combination when needed, we are at present evaluating the efficacy of this combination in a clinical crossover trial.

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