LETTERS TO THE EDITOR

ANTISOCIAL PERSONALITY DISORDER

To the Editor:

I thank Drs. Myers, Berman, Scheibel and Hayman (Meyers et al 1992) for their fascinating article, "Case Report: Acquired Antisocial Personality Disorder Associated with Unilateral Left Orbital Frontal Lobe Damage." They did an excellent job of documenting the results of neuropsychological testing and the extent of the patient's brain damage. However, no mention was made of behavioral variables, such as his sleep pattern, energy level, and the presence or absence of behavioral cycles in his presentation. His personality changes included "suspiciousness, irresponsible behavior at work and at home and grandiose beliefs about business deals, which the patient said would make him 'millions, billions and trillions of dollars'." These signs of illness and most of the others mentioned in the article could be explained by an antisocial personality disorder, but they might also be consistent with a bipolar disorder, mixed, or with an organic mood disorder, manic. I would be very interested to read their thoughts and data regarding the possible diagnosis of an organic affective disorder.

Again, I thank them for their contribution to the understanding of this difficult area.

REFERENCE

Meyers CA, Berman SA, Scheibel RS, Hayman A (1992) Case report: acquired antisocial personality disorder associated with unilateral left orbital frontal lobe damage. J Psychiatr Neurosci 17(3):121-125.

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REPLY

To the Editor:

It is our pleasure to reply to the interesting and cogent comments of Dr. Cooper regarding our article. He raises the question of whether our patient's symptoms could be explained equally well on the basis of a bipolar disorder or an organic mood disorder, manic. As Dr. Cooper points out, many of the patient's symptoms were consistent with mania, including grandiosity and irresponsible behavior. However, these symptoms were not cyclical, and the patient did not exhibit the racing thoughts, pressured speech or sleep disturbances which are often associated with a manic episode. There was also no evidence of a persistent mood disturbance in either his behavior or his responses on the Minnesota Multiphasic Personality Inventory. Instead, the predominate affective symptom was emotional lability, which is consistent with organic personality syndrome.

Persistent changes in personality were the most salient and socially disabling features of our patient's neuropsychiatric disorder. Suspiciousness, impaired social judgement and indifference are among the DSM-III-R criteria for organic personality syndrome, and, as we stated in the article, these symptoms are similar to those of antisocial personality disorder (American Psychiatric Association 1987). A similar clinical presentation has been observed in other patients with brain dysfunction, but ours is the first documented case where this condition has been associated with a unilateral lesion in the left orbital frontal lobe.

REFERENCE

American Psychiatric Association (1987). Diagnostic and Statistical Manual of Mental Disorders, Third Edition, Revised. Washington, DC: American Psychiatric Press, Inc.

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NEW MECHANISMS OF ACTION OF IRREVERSIBLE MONOAMINE OXIDASE TYPE B INHIBITORS

To the Editor:

Recent studies have demonstrated new mechanisms of action for (-)-deprenyl and other monoamine oxidase type B (MAO B) inhibitors which have implications for the treatment of neurodegenerative and other neurological conditions. In the treatment of Parkinson's disease, (-)-deprenyl potential L-dopa therapy delays the onset of disability necessitating L-dopa therapy (Birkmayer et al 1975; Parkinson Study Group 1989) and prolongs life expectancy (Birkmayer et al 1983). Several mechanisms have been proposed to explain this effect, such as the blockade of dopamine metabolism (Marsden 1990), the blockade of dopamine uptake (Zsilla et al 1986) or the amplification of dopamine responses (Paterson et al 1990). In human brain tissue, aromatic L-amino acid decarboxylase (AADC) is present at low levels,