Letters

Treatment of acute postpartum psychosis

To the editor: I wish to report a case of an acute postpartum psychosis that responded to treatment with propranolol.

Case report

A 21-year-old woman delivered her first child at our hospital. In the emergency department, 11 days later, she appeared frightened and hyperactive and could give no history, but she was obviously psychotic. Her speech was disjointed and incoherent, her thought processes were fragmented, she had delusions about the movie "The Exorcist", and she had auditory and visual hallucinations. Her affect was labile and her mood was depressed. Her sensorium was intact. An acute postpartum psychosis, probably schizophreniform, was diagnosed, although affective illness could not be ruled out. Her mother had become psychotic when the patient was born and had remained psychotic.

The young woman was treated with antipsychotic drugs but did not respond and therefore was given unilateral electroconvulsive therapy, with good results. However, a relapse rapidly occurred and she was again given psychotropic drugs and electroconvulsive therapy (five unilateral and six bilateral treatments). She became very confused but was no longer psychotic. She was discharged taking psychotropic drugs.

When she was readmitted 2 months later a major affective disorder was considered and antidepressants were added to her regimen. No improvement occurred, so lithium carbonate was also tried. In spite of serum lithium levels of 1.3 mmol/l no improvement occurred.

After reading Miller and colleagues' reports[1,2] on the use of propranolol and consulting colleagues I decided to treat the patient with this drug following the method described by Yorkston and associates.[3] The initial dose of propranolol was 80 mg twice a day. When the dose reached 240 mg twice a day the patient appeared normal and was discharged taking this dose. After 5 months the dose of propranolol was gradually reduced until the drug could be discontinued. During the propranolol treatment the patient's pulse rate dropped from 110 to 70 beats/min and her blood pressure dropped from 110/80 to 80/50 mm Hg.

The patient has had no recurrence of psychotic symptoms and has not sought psychiatric treatment. When her second child was born, 5 years after the first, she did not experience any psychotic symptoms.

Discussion

Propranolol apparently cured this patient's acute postpartum psychosis. Although it is possible this woman had a spontaneous remission it would be a remarkable coincidence, especially considering her mother's history. It is not known how propranolol acts on acute psychoses, but whatever the explanation for the cure in this case the question arises of whether there might be a subgroup of acute postpartum psychoses that cannot be placed in either the schizophreniform or the affective category. In treating acute psychoses with adrenergic-blocking agents Atsmon and colleagues[4] obtained the best results in postpartum psychoses. Whether there might be such a subgroup that will respond only to propranolol must remain speculation until double-blind, controlled studies have been done in a larger centre with a sufficient number of patients.

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References

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2. Idem: How, when, and why to use beta-adrenergic blocking agents. *Drug Ther* 1975; 5: 110–120, 124–125
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4. Atsmon A, Blum I, Wijsenbeek H, Maoz B, Steiner M, Ziegelman G: The short-term effects of adrenergic-blocking agents in a small group of psychotic patients. Preliminary clinical observations. *Psychiatr Neurol Neurochir* 1971; 74: 251–258

Contributions to the Letters section are welcomed and if considered suitable will be published as space permits. They should be no longer than 1½ pages typewritten double-spaced. They may be edited and abridged.

Siblings of children with tracheoesophageal dysrhaphism

To the editor: Fraser and Nussbaum[1] point out in a letter to *Lancet* that there may be an increased