

Letters

USING LITHIUM IN BIPOLAR DISORDER

“Tips for Using Lithium in Bipolar Disorder” by West B. Magnon, MD, (Pearls, CURRENT PSYCHIATRY, September 2003, p. 52) had some “do not try this at home” aspects to it.

For example, when Dr. Magnon said “Lithium, 900 mg/d, works fine,” I believe he was referring to 900 mg/d of lithium carbonate, because 900 mg of lithium is equivalent to 4,791 mg of lithium carbonate, a generally toxic dose. Also, to suggest that one dosage fits all flies in the face of decades of research.

More important, to say that “Gauging lithium blood levels is a waste of time, assuming you have checked for kidney disease” is a dangerous statement. Numerous examples exist of lithium toxicity induced by drug interactions or dehydration in patients without kidney disease.

James W. Jefferson, MD
Distinguished senior scientist, Madison Institute of Medicine
Clinical professor of psychiatry,
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Dr. Magnon responds

Dr. Jefferson’s comments reflect the standard thinking about use of lithium carbonate.

My points are:

- I have not seen these so-called extensive studies about lithium toxicity
- When given in reasonable, effective dosages, the patient responds without toxic effects.

Lithium does have some unpleasant side effects, such as tremor, and weight gain is common in some patients, especially women. Continuous lab testing is just not necessary, however.

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HYPOCHONDRIASIS PREVALENCE

Suzanne Feinstein, PhD, and Brian Fallon, MD, MPH, note that “In psychiatric or medical clinics, women (have) hypochondriasis three to four times more often than men¹” (CURRENT PSYCHIATRY, September 2003, p. 28-39).

DSM-IV-TR,² however, reports equal incidence of hypochondriasis in men and women, as do Tasman, Kay & Lieberman.³

Researchers have distinguished between the incidence and prevalence of hypochondriasis in the general and medical populations. DSM-IV-TR places hypochondriasis prevalence at 1 to 5% in the general population and 2 to 7% in the medical population. Martin & Yutzky’s⁴ estimate of 3 to 13% prevalence in the medical population jibes with Dr. Feinstein’s and Dr. Fallon’s article.

To my knowledge, however, data on hypochondriasis prevalence among psychiatric outpatients are lacking. Extrapolating this information from the general medical population and implying a similar prevalence among psychiatric outpatients may not be correct.

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References

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3. Tasman A, Kay J, Lieberman, JA (eds). *Psychiatry*, Vol. 2 (1st ed). Philadelphia: WB Saunders, 1997.
4. Martin RL, Yutzky SH. Somatoform disorders. In: Tasman A, Kay J, Lieberman JA (eds). *Psychiatry* (1st ed). Philadelphia: WB Saunders, 1997:1144-8.