

four months after discharge, despite radioiodine and carbimazole. Further ^{131}I treatment rendered him hypothyroid, and thyroxine replacement was started. He also remained diabetic. There was no family history of endocrine disorder. Since commencing lithium he had noticed a marked improvement in his psoriasis. The skin lesions had gone and his nails had lost any sign of involvement. He is currently well, remains euthyroid, and has suffered no major mood swings for ten years. He is maintained on lithium (1250 mg/day), doxepin (50 mg nocte) and insulin (twice daily). He is free of any signs of psoriasis.

Reversible hypothyroidism with lithium is well known (Schou *et al*, 1968). Hyperthyroidism complicating lithium therapy is rare, and the relationship between the two is unclear (Rosser, 1976). Hullin (1980) reviewed thirteen cases, of which most had other contributory factors.

The action of lithium on carbohydrate metabolism is complicated and there is conflicting evidence, some reports indicating increased glucose tolerance and others suggesting the opposite. The mixed metabolic and hormonal effects of lithium on glucose utilisation and the unknown effect of manic depressive illness itself on glucose homeostasis may account for this. Diabetes in long-term lithium therapy is known, but has occurred mainly in those previously predisposed. Glycosuria and impaired glucose tolerance are recognised in relation to thyrotoxicosis, but their persistence is unusual.

Treatment with lithium compounds is known to predispose to the development or exacerbation of psoriasis (Carter, 1972; Skoven & Thormann, 1979). We know of no other reported case or remission of psoriasis during treatment with lithium, and although the relationship of skin diseases in general to emotional disturbance is vague and ill-defined, the resolution, particularly of severe nail changes, correlated very closely with the onset of treatment with lithium.

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Disulfiram reaction during sexual intercourse

SIR: A 44-year-old woman who had been taking disulfiram (200 mg daily) for 2 months reported vaginal stinging and soreness during intercourse. Her husband experienced similar discomfort to his penis. This occurred only when her husband had consumed large amounts of alcohol within the preceding 12 hours. The reaction was less noticeable when she took 100 mg disulfiram daily, and when her husband was less intoxicated. A disulfiram-alcohol interaction may occur locally in some patients. Have other clinicians heard reports of this effect?

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Prasad's Syndrome

SIR: Prasad (1985) was the first to describe the manic presentation of Hashimoto's thyroiditis in a lady who had repeatedly failed to respond to all forms of conventional antipsychotic therapy. Once her condition was diagnosed, after detection of an increased antithyroid antibody titre and RAI uptake and the thyroid replacement treatment commenced, her psychiatric symptoms resolved.

Although manic presentation of other thyroid abnormalities have been reported, this was the first report of its kind in Hashimoto's disease, which led the author to conclude that a thorough thyroid screen may be useful in the differential diagnosis of 'resistant mania'.

Case reports: (i) A 50-year-old housewife was brought to the psychiatric out-patient clinic in a hyperactive state. Her speech was markedly pressured and she was expressing flight of ideas. According to her husband, she had been functioning normally until about a week prior to her referral when she started staying awake the whole night. Her behaviour steadily worsened and became unmanageable. She had no past history of psychiatric consultation and no family history of psychiatric illness. She was admitted to the psychiatric ward and commenced on haloperidol in increasing doses of up to 60 mg/day, when she started showing mild extrapyramidal side-effects. She remained on this dose for 6 weeks without any change in her mental state. Addition of lithium carbonate in doses of 200 mg b.d., with serum level of 0.6 mEq/l, did not bring about any change. At this stage, a comprehensive physical work-up revealed antithyroid antibody titre. She was commenced on thyroid replacement therapy. Her mental state improved rapidly and she has remained symptom-free for the past 6 months.

(ii) A 36-year-old divorced office secretary was brought to the psychiatric out-patient clinic following a referral from