age = 41.6 (10.1) years), and eight men (mean (s.d.)
age = 46.3 (9.4) years). Three women were divorced
and the other eight married, contrasting with two
married men, one separated man and four single, i.e.
ever married, men, among the seven for whom this
data was recorded.

The mean (s.d.) age of the onset of drinking was
21.8 (7.6) years for the women compared with 17.8
(2.7) years in the men. Men had drunk for 26.7 (10.2)
years before seeking treatment compared with 18.0
(7.2) years in women. Of the women, eight had
suffered from medical complications, compared
with only three of the men. Women were more likely
to drink at home on their own than men (81.8% com-
pared with 42.9%).

While numbers in our sample were too small to
allow a statistical analysis, these results agree with
earlier studies (e.g. Leyland, 1982; Schmidt et al.,
1990) in suggesting that women present to psychi-
atrict services at a similar age to men but with a
shorter history of drinking. They are more prone to
the medical sequelae of heavy drinking and more
likely to drink alone.

We were surprised to find women in our sample
drink more heavily than the men, drinking on
average 23.7 (14.9) units of alcohol per day compared
with 18.0 (7.0) units in the men, contrary to work
suggesting that male problem drinkers are the
heaviest drinkers (Schmidt et al., 1990). We were also
interested to note that of eight married women only
two reported marital problems. Both the married
men felt their marriage was in jeopardy and thus no
males had a stable relationship, although factors
other than alcoholism might have accounted for the
low relationship rate in the men.

This study reminds us of several facts. Firstly, the
number of females referred for help with alcohol-
related problems is increasing disproportionately
with respect to male referrals. Secondly, women
drinkers often have specific problems needing to be
addressed which are less apparent or absent in male
drinkers, for example, greater risk of stigmatisation
or medical sequelae. Lastly, as many women drink
at home, it may be less obvious that alcohol is a
problem. It is notable that there is little work done on
gender difference in alcohol problems and that only
one voluntary agency has a designated service for
female problem drinkers. We therefore feel it is im-
portant to draw this rising problem to the attention
of the non-specialist general psychiatrist.

and Psychopathology (ed. I. Al-Issa), pp. 201–220. New York:
Academic Press.

Bristol: Wright.
Post-stroke rapid cycling bipolar affective disorder

Sir: Blackwell (Journal, August 1991, 159, 279–280) reports the case of a young man who developed a rapid-cycling manic–depressive illness complicating a small brain stem haematoma. The following case report further illustrates the phenomenology of mood swings occurring in a patient who developed a very rapid-cycling affective disorder following a right hemisphere cerebrovascular accident.

Case report. The patient was a 44-year-old ambidextrous man who suffered an ischaemic infarct involving the right hemisphere (mainly temporo-insular and anterior parietal regions) that left him with a left hemiparesis and a left arm dystonia. He had a previous history of alcohol abuse but no positive family or personal history of affective disorder. Two months after his stroke, his wife noted that he began to experience abrupt changes in mood, even within a few hours, from jocularity to helplessness, and from talkativeness to elective mutism. Affective states were evaluated on repeated occasions using the Hamilton Rating Scale for Depression (HRSD) and the Mania Scale (MAS; Beck et al., 1986). During the manic phases he appeared distractible and elated, and joked inappropriately. At times he was irritable and occasionally exploded into a rage with only trivial precipitants. He also showed loud, pressured speech, flight of thoughts, and increased libido and activity. Through several manic episodes, his MAS score ranged from 13 (hypomania) to 18 points (definite mania). During depressive phases, he appeared apprehensive and forgetful, and showed a pessimistic attitude towards the future and total loss of libido. His HRSD scores were always above 16 points (major depression). It was noted that over a period of two weeks the patient had at least three mood swings per day. Bipolar cycles with intervening euthymic periods and very brief mixed affective states were also documented. The patient was started on treatment with carbamazepine (600 mg/day), but he developed intolerable side effects, and the medication was discontinued. Lithium carbonate was then prescribed but it was withdrawn because of non-compliance. Rapid cycling spontaneously subsided one year after onset.

The phenomenological profiles of post-stroke depression and mania are both remarkably similar to those found in patients with functional affective disorders (Starkstein & Robinson, 1989). Furthermore, seasonal patterns of bipolar illness (Hunt & Silverstone, 1990) and unipolar mania (Berthier et al., 1990) have been reported after focal involvement of the limbic system. The occurrence of very rapid mood fluctuations between mania and depression alternating every two weeks in Blackwell’s patient and on an hour-by-hour basis in the present case also parallels that of functional rapid-cycling bipolar affective disorder (Wolpert et al., 1990). Focal damage to the limbic system affecting midline structures (Blackwell, 1991) or the right hemisphere might be implicated in the pathogenesis of rapid-cycling bipolar affective disorder.


Fluvoxamine withdrawal syndrome

Sir: Fluvoxamine is a selective 5-hydroxytryptamine (5-HT) uptake inhibitor that has been shown to be effective in the treatment of obsessive–compulsive disorder (OCD) (Goodman et al., 1990). I report here a patient who developed a distinct psychiatric syndrome whenever she stopped her fluvoxamine medication.

Case report. The patient was a 30-year-old woman in 1987 when her medication with fluvoxamine was started. She had a long history of OCD; the illness started at age 12 with compulsive hand-washing and bathing. Over the years her symptoms fluctuated; although there were a couple of years of good functioning, she was usually severely incapacitated...