

A CLINICAL TRIAL OF STELAZINE IN THE TREATMENT OF MENTAL DISORDERS

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In view of the increasing encouraging reports on trifluoperazine (stelazine) in England, and especially in America, a trial of this drug was carried out at Valkenberg Hospital, Observatory, Cape. The results were assessed on purely clinical grounds.

Trifluoperazine is a new phenothiazine derivative with a long action which has been used in the treatment of mild mental and emotional disturbances and in the treatment of psychotic patients.

Thirty patients were taken at random from 6 wards for male Coloured patients. The European staff were briefed about stelazine and its possible side-effects, and in addition a film, supplied by the agents, was shown to both the European and Coloured staff. In spite of this, the trial had a mixed reception from the staff at the start, since they looked upon the drug as just another tranquillizer. The majority of the staff soon became very enthusiastic, but others remained apathetic. It is interesting to note that the results were better in those wards in which the staff were interested in the trial.

On drawing up the lists it was found that we had 27 schizo-

phrenic, 1 manic depressive, 1 presenile and 1 feeble-minded patient. The ages of the patients varied from 19 to 54, and they had been in hospital from 1 month to 6 years. All patients except the presenile, feeble-minded, and one schizophrenic patient, who was admitted with a fractured spine, had previously been treated with ECT insulin, and largactil, with no results. The manic depressive patient has had frequent relapses.

All patients were started off on low doses of stelazine, each receiving one 5 mg. tablet once a day. The dose was increased by 1 tablet every 3rd day until the patients were getting 6 tablets, i.e. 30 mg. a day. In a few cases the dose was increased to 40 mg. a day, but it was soon found that very few patients could tolerate that dosage. At the time our supply of stelazine was limited, and the trial lasted from 6 weeks to 2 months; the dose was then slowly reduced over a period of several days. No cases received any maintenance treatment after this period as suggested by the manufacturers.

Thirteen cases (33%) showed no side-effects. One case de-

veloped a rash which disappeared on reducing his dose. Quite a number of patients complained of not feeling well, and expressed anxiety. Motor restlessness was marked in some cases, 2 patients made daily attempts to escape, and one tried several times to scale the wall of the courtyard. During the early part of the trial a few patients were inadvertently sent out with the working parties and some of these patients had attacks of syncope while at work. From then on all patients on treatment were kept in the wards, but not in bed. Seven cases (23%) developed muscular spasm with rigidity and pain. This side-effect usually appeared during the early part of the trial. Nine cases (30%) developed parkinsonism (mask-like face, tremors, rigidity and shuffling gait). These side-effects were easily controlled by giving suitable medication, such as artane. The most unpleasant side-effect was difficulty in swallowing. This necessitated drastic reduction in dosage and in some cases stopping all treatment, as had to be done in the presenile and the feeble-minded patients.

One death occurred during the trial. A catatonic mute schizophrenic patient suffering from tuberculosis had been on treatment for 17 days, and was beginning to show some improvement by becoming more accessible and starting to talk, when he suddenly had an attack of acute pulmonary oedema and died. It is difficult to state whether stelazine had hastened his death or not. Kinross Wright and Klimczynski have each reported a death in their series, but under different circumstances. We encountered no liver dysfunction or blood dyscrasias during the trial.

Of the mental symptoms, hallucinations were the first to clear up. The patients developed more drive and started taking an interest in their surroundings. They became more tidy and repeatedly asked for work or to be allowed to go home. Mute cases started talking and answering questions, and delusions disappeared. Lastly, the patients developed some insight into their condition.

SUMMARY

The following is a summary of the results of our trial:

1. 10 cases (33%) showed marked improvement: 4 were discharged, 2 Governor-General's decision patients are fit for discharge, and 4 were sent out on leave; no relapses so far.
2. 4 cases (13%) showed moderate improvement.
3. 9 cases (30%) showed slight improvement; 4 cases relapsed.
4. 6 cases (20%) showed no improvement.

The impression gained from this trial is that stelazine is a useful drug, and that it appears to have a definite place in the treatment of severe psychotic conditions. High doses (15-30 mg. a day) should only be used while the patient is in a hospital or nursing home.

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