An eye-opener

PSYCHIATRIST **GWEN JONES-EDWARDS**
PARTICIPATED IN A HEALTHY VOLUNTEER STUDY LOOKING AT THE EFFECTS OF THE ANTIPSYCHOTICS DROPERIDOL AND LORAZEPAM

I was given my juice at 1.15p.m. on 28 November 1997. Like all the participants, I did not know whether I had been given droperidol, lorazepam, or placebo. I was in a buoyant mood, having had a fulfiling morning's work and a drive through brilliant November sunshine to the unit in Bangor. After drinking the juice I went on to do some clinical work on the ward. I noticed that I was not as involved with it as usual but I attributed this to being an 'experimentee' for the afternoon.

An hour later came the first lot of tests on a computer. I had done these previously, and had no qualms about doing them. However, as soon as I sat at the computer I began to feel drugged – very drowsy. I had to concentrate very hard, and felt as if I was looking down a tunnel at the screen. Everything else was distant. I found the tests intolerable and interminable, and if the supervisor had not been present in the room I would have got up and left. I began to fantasise that the test would go on forever and that I would never be allowed to leave. I did finally complete them, however, and was offered some water – for which I was desperate – yet I could not sit still enough to drink more than half of it. I got up abruptly and announced that I needed to walk. This was out of character for me.

The next hour was very bad. I did not know what to do with myself. I brought papers to read, but I could not be bothered to look at them. I thought of ringing home to find out how my 3-year old daughter was – she had been unwell. I picked up the telephone, but could not be bothered to dial. I tried again shortly afterwards, with the same result. I wandered aimlessly around the unit. I could hardly sit down. I visited the office on one of the wards, but I had no interest in the staff conversation and could not contribute. Another staff member there seemed to know what I was going through – she told me she had done the test the previous Friday. I found her very comforting, but she said it was obvious that I could not be bothered to concentrate on talking to her. Paradoxically, all the discussions in the office were very vivid to me.

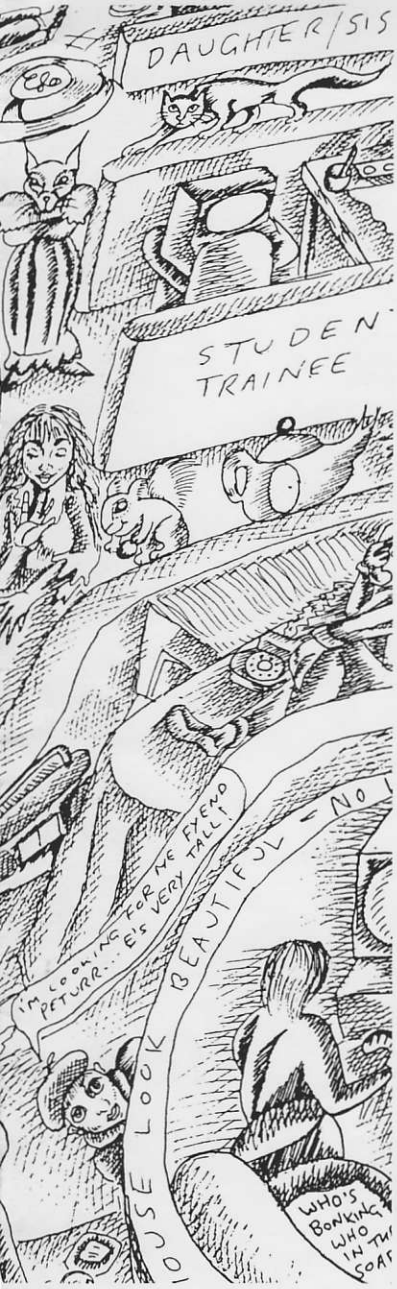
Everything was tinged with an indescribable sadness and I began to wonder whether I would ever return to normal. By now I had begun to suspect I had been given droperidol.

I was dreading the second lot of computer tests, but I didn't find them so bad. There were a couple of problems, though, which I couldn't be bothered to solve, and I ran out of time. I answered the word-pair problem wildly because I didn't want to have to think too hard about it.

At the end of the tests I was given a cup of strong coffee, but again I could not cope with sitting still to drink it. It felt very important that the supervisor did not know how I felt – I believed that my reaction to this drug was entirely *my* fault. My response was not to let him know what I was feeling, for fear it revealed too much about me.

I got in my car to start the 25 miles home; this was a nightmare of a journey, interminable. Arriving home was no better; I didn't want to talk to anybody. During the day some furniture we had ordered for the house had arrived. Although I had been looking forward to this for weeks, I found I had no interest in it whatsoever. The only comment I managed was 'very nice', and I had to struggle to say even this. It didn't feel like an apathy; rather that I was being so distracted by the side-effects that I could not give my attention to other things.

My husband brought me a pizza to cut for the children, but I told him that I hadn't the patience to do it. I took a



'Who am I? (or The Muddles of Greenwood)' by Barbara Kirk. Barbara is 35 years old and is studying IT at the Dove Centre, run by Leeds Mind

procyclidine (a drug given to counter the adverse effects of antipsychotics) and went to bed. After half an hour I felt a little better, and helped to get the children to bed. I had no appetite, and ate nothing; I then watched television indiscriminately; usually I would be in bed by 10.30p.m., but at 11.45p.m. I was still flipping channels, and became mesmerised by a programme about German finance which I found exceedingly boring yet could not switch off.

The following morning I felt a little strange while in the shower. I couldn't eat breakfast, but I supervised my daughter's breakfast. While doing this, I suffered an intense and unpleasant feeling of restlessness which lasted about 30 seconds. I wanted to hide it from my daughter and so I tried to sit still, grin and bear it. I had no problems taking her to school, but the journey from there to work turned out to be another nightmare.

On my arrival a community psychiatric nurse spotted straightaway that I had taken a major tranquilliser. Apart from my dancing feet, she said my eyes were staring, my mouth sounded dry and my lower lip was trembling.

The social work members of the team also recognised that I must have taken something. One of them was amazed to see me standing before him with the demeanour of a 'chronic schizophrenic'. They were fascinated by my incongruous personality; apparently my speech was normal and sensible, but physically I was behaving very oddly indeed. I rang the supervisor, who confirmed that I had taken droperidol; this justified my obtaining a further supply of procyclidine.

I managed to see one patient, who was loath to stop taking her long-term Stelazine. She described feeling restless, lacking in patience and concentration and dysphoric. I could truly empathise, and I told her that she must discontinue this medication. I had a new patient booked in, but I realised that I couldn't sit still for the hour needed, so I asked to cancel him. I also realised that I could not bear either to drive to Bangor for a postgraduate session, or to drive home. I had to arrange for my husband to come and pick me up and take me home. I left my car at work. My distress was so great that I had forgotten I had a meeting after the postgraduate session.

It was awful. I like to be in tune with myself, but I felt then in complete discord, as if I ingested a portion of hell along with the orange juice. I spent the rest of the day in bed, the only place where I felt calm, but I couldn't be bothered to use my time there to read. I ate nothing, and had diarrhoea. I took some more procyclidine, and remembered that I also had some Valium in the house, so I took that as well. This calmed me a little. By the evening I felt a little better, but clearly not myself.

The following day, Saturday, I had booked a place in a traditional music workshop where my musical guru, Robin Huw Bowen, the best player of the triple harp in the world, would be. Normally I would travel miles to see him. I drove part of the way there, but turned back because I realised that I couldn't complete the car journey without having to call my husband to come and fetch me once again; I would have abandoned two cars in as many days.

Driving was terrifying me, and so I attempted to drive slowly and carefully, at the same time feeling guilty about holding up the traffic. I guessed that I was doing about 30 miles an hour as the countryside was passing by very slowly and vividly. When I looked at the speedometer I was actually doing 50 miles an hour. I also started feeling short of breath, and had to will myself to breathe slowly and deeply. I remembered that a patient had recently complained of being short of breath after a depot injection. I wasn't aware at the time that neuroleptics could cause shortness of breath, and I had been a little dismissive. Now I know otherwise.

I returned home after the abortive trip and was restless as ever. I still had diarrhoea and I didn't manage to eat anything for breakfast. My husband was concerned, and persuaded me to eat a plate of chips before we set out from Criccieth by train in order to retrieve my car. ▶ **p. 19 col.1**

AN EYE-OPENER

◀ p. 19 On getting there, my husband realised that he hadn't brought the right key. We had a wasted journey; but this left me totally unconcerned. We had to wait a freezing 90 minutes for a bus, but again I didn't care – nothing would make me feel better in any case. The girls started to complain, and we took them to a cafe for a drink. After two minutes of sitting in the cafe I could hardly stand it, and it took a great deal of willpower on my behalf simply to remain seated.

On the bus I became increasingly parkinsonian: I could hardly move, I had a coarse tremor, the muscles of my hand were going into spasm and I had a pain behind my right eye which I attributed to spasm of the occular muscle. Forty-eight hours had elapsed since I took droperidol, and I had been taking a full dose of procyclidine. Desperate, I rang the supervisor, who suggested that caffeine and tannin could be increasing the side-effects. I stopped drinking these and did find some benefit. He suggested propranolol (a betablocker) as well.

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On Sunday I was able to take the children to Sunday school; I found the atmosphere in church quite relaxing, although I could not follow what was going on. I had stopped taking procyclidine, as I felt I was getting better. We decided to take the children out for lunch, and sitting at the table for lunch I became increasingly restless once more and felt that I couldn't stand sitting there, despite having taken propranolol. I took another procyclidine, and this improved my state somewhat. Back home I attempted to repair some clothes; my vision must have been a little blurred because I couldn't thread a needle and I realised I had had difficulty reading small print for the previous few days.

By the Monday, the restless feeling had disappeared – but I was very, very nervous, as if about to enter an exam. I did a morning's work, and returned home for lunch; on arriving home my husband told me that I was shaking like a leaf. This was the fifth day after having taken droperidol. My experience wasn't that the drug caused apathy, rather that the side-effects were so distressing that one's concentration was entirely taken up by it. It is a cruel drug, because the effects keep on coming back in waves, leading one to believe that they have disappeared only to return – with all their personality-destroying power. I was reduced to a nervous wreck.

Ninety-six hours elapsed before the akathisia (restlessness) finally subsided, but I was still suffering from crushing moments of dysphoria. On the Tuesday after the Friday of the test my dysphoria was such that only sheer bravado kept me in an allocation meeting. I had a full clinic in the afternoon and no idea how to cope. My reaction was to cry and, mercifully, I was sent home. My head kept telling me I would be better once the drug was metabolised, but my heart simply didn't believe it. I was completely demoralised. Actually I was suicidal – I made no plans, but I did feel that death would be better than what I was going through.

My mood finally lifted on Wednesday at lunchtime – exactly five days after the original dose. It lifted abruptly, like a theatre curtain, and life became interesting again. But I was still affected, as the confidence I had in my personality had been shaken. I experienced flashbacks. Normal dips in concentration caused me extreme anxiety, even panic, if I was in company from which I could not exit quickly. I could still feel trapped when driving a car, and this engendered a feeling of overwhelming restlessness. I no longer knew what for certain was caused by the drug and what was a 'post-traumatic' reaction.

A year and a half have elapsed since my experience with droperidol. The effects of it lasted a total of three months and I still retain vivid memories of how it felt. In general I am grateful for the experience; it has certainly made me keener on distinguishing between illness and medication effect, and I now prescribe neuroleptics with great care. Perhaps personal experience is always the best eye-opener.

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HEAD TO HEAD

◀ p. 10 does exist, it should produce admission wards full of white, middle-class people. In fact young black British men are the people most often given this diagnosis. Either cannabis psychosis is racism parading as diagnosis, or it does not exist.

I suspect that the mistaking of acute intoxication for psychosis, and the spurious connection of cannabis-smoking to a period of distress for the user, are responsible for cannabis' bad reputation amongst many psychiatrists. Figures on cannabis use in the general population are of inconclusive relevance.

I have refused to use antipsychotic medication since 1985. Cannabis has ameliorated the after-effects (tardive dystonia) of the psychotics. According to external observation, I retain more social function on cannabis than on either antipsychotic medication or no psychotropic agents. What really galls me is that the same body of law that induced me, against my will, to take the drugs that caused my tardive dystonia, seeks to criminalise me for using a medication that appears to have unalloyed benefits for me.

Andy Smith is a survivor of mental health services

1. *British National Formulary* no. 33 (March 1997) (BMA/RPSGB).
2. Radford, T. (1998) 'Cannabis is stroke hope' *Guardian*, 3 July.

See also *Therapeutic Uses of Cannabis* BMA (Harwood Academic Press 1997) £11.99+10%p&p and *Understanding the Psychological Effects of Street Drugs* £1+38p. p+p from Mind MO, 15-19 Broadway, London E15 4BQ, tel. 0181 519 2122 ex 223.