# Letters

## Benefits of low-dose lithium

In "Rediscovering the art of lithium therapy" (CURRENT PSYCHIATRY, December 2002, p. 18-24), James W. Jefferson, MD, remarked that "Many patients on maintenance therapy do well at (lithium blood) levels between 0.6 and 0.8 mEq/L., and some prosper at even lower levels."

Extremely low dosages of lithium may help well-functioning individuals who tend to be impatient or easily irritated. These persons are not impulse-ridden, are neither aggressive nor manic, and may not act out in an obvious way. They simply fume when waiting in a long line, or when someone cuts in front of them in traffic. They may complain excessively, and their blood pressure might be significantly elevated when agitated. The intensity and duration of their anxiety over mundane tribulations are the identifying characteristics. Such individuals might be classified as "bipolar III;" their depressive episodes are all but indistinguishable from the low end of the normal mood spectrum.

Hyperirritability has historically been included in diagnoses such as atypical depression or dysthymic disorder and may respond to antidepressants. This symptom, however, could also indicate a mild bipolar variant that is better treated with low-dose lithium. Starting such patients on lithium, 300 mg/d or even 150 mg qd, can bring significant relief, usually without side effects. In extremely low dosages, a therapeutic response may be obtained even though the blood level is well below 0.5 mEq/L. Patients who respond to low-dose lithium therapy typically report that they hardly notice the minor stressors that once angered them.

Other classes of drugs, such as MAO inhibitors, have also undeservedly fallen from grace as has lithium. Newer drugs should not replace older, effective ones without a clear rationale. Too often, psychiatric patients relapse while taking a newer medication; they stop taking the older agent "because my doctor said a newer, better one is out now."

*Lorraine S. Roth, MD*
*Northbrook, IL*

### Dr. Jefferson responds

Lithium does appear to be beneficial in aggressive impulsivity, although to my knowledge it has not been studied formally at the low dosages that Dr. Roth has found to be effective. Kitchner and Greenstein[1] did describe five Vietnam veterans with posttraumatic stress disorder whose anger, insomnia, irritability, and anxiety responded to 300 to 600 mg/d of lithium carbonate.

Although the individuals Dr. Roth describes do not fit a conventional bipolar profile, they might have a place within the ever-expanding softer bipolar spectrum (well beyond the drug-induced manias and hypomanias of bipolar III). Perhaps her intriguing observation can help the road-ragers who roam the freeways of Los Angeles and other large cities.

*James W. Jefferson, MD*
*Madison, WI*

1. Kitchner I, Greenstein R. Low dose lithium carbonate in the treatment of posttraumatic stress disorder: brief communication. *Military Med* 1985;150:378-81.

## Psychiatry and terrorism

"The case of the quadriplegic cyberterrorist" by Michael A. Sperber, MD (CURRENT PSYCHIATRY, October 2002, p. 77-81), described a wonderful intervention and outcome in restoring a troubled young man's equanimity.

I work as a psychiatrist in a state prison and sometimes find myself cynical and nihilistic. It is clear that Dr. Sperber is a professional in the difficult circumstances of correction. It was inspiring to see what he and his patient accomplished.

*Robert B. Levin, MD*
*Soledad, CA*

### Dr. Sperber responds

Terrorism, which threatens human survival, is far more widespread than we recognize. That Dr. Levin sometimes finds himself "cynical and nihilistic" about his work may be a response to the periodic outbursts of prison terrorism to which inmates and staff are exposed.

Retaliation to violence anywhere is counterproductive and will only intensify the powerlessness and disrespect at the root of the problem. Conversely, empathic understanding disrupts the cycle of terrorism at any step in its escalating sequence, replacing cynicism and nihilism with compassion.

*Michael A. Sperber, MD*
*Billerica, MA*