

adequate for the nursing of Mr H. However, gradually, Mrs H. was able to cope, with the capable help of her eldest daughter. The problem of coping with pain killing injections was easily solved in this case, since fortunately pain was absent until the last three days. A district nurse then administered morphine injections. Mr H's morale was quite easily maintained until the last few days. Expert nursing care at home was never really needed.

In fact, medically speaking, Mr H. did not present a very big problem, but as has been indicated already, the social problems were many. The general practitioner indicated that his own feelings of helplessness, hopelessness and inadequacy, bothered him as much as anything else.

Of the future the general practitioner did not anticipate any particular medical problems, but bearing in mind the social problems, he would instruct a social worker to keep an eye on the family, and a health visitor to keep an eye on the young children.

THERAPEUTIC TRIALS

A TRIAL OF IMIPRAMINE IN THE TREATMENT OF PSORIASIS

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IN 1963 IT WAS REPORTED that imipramine (tofranil) prescribed for depression produced an improvement in the psoriasis from which two patients happened to have been suffering (*Journal of the College of General Practitioners*). A similar case had been reported previously by Bethune and Kidd (1961). In view of these observations it was decided to see if imipramine was of value in the treatment of psoriasis in general practice.

In a preliminary investigation seven out of eight patients claimed that their psoriasis improved while taking imipramine. As these patients were also receiving local treatment for their lesions and in view of the psychological effect obtained when any new treatment is given it was decided to institute a 'double-blind' trial.

Method

Each patient was given a week's supply of tablets (one to be taken three times a day, except a child who was given a twice daily dose only). When the patient returned at the end of a week the response to treatment was

316 R. HARDMAN, E. J. HOPKINS, ANNE M. PYE, M. SOLOMON, SYLVIA SOLOMON
 assessed and he was given a further week's supply of the same type of tablet.

Some patients received tablets containing 25 mg. imipramine and others inert tablets. The two types of tablet were indistinguishable and neither the doctor or the patient knew which batch of tablets the patient was receiving until after the trial. In addition to the tablets any appropriate local treatment was given. The doctors participating also recorded in each case whether they considered there were psychological factors which might have precipitated the attack. At the end of each week of treatment an assessment was made.

Results

Twenty-one weekly courses of imipramine were given to eight patients. Nine patients received inert tablets. Twenty-three courses of placebo tablets were given.

The table summarizes the findings. The controls reported a slightly better improvement than the patients receiving imipramine.

Conclusions

Despite reports of the value of imipramine in the treatment of psoriasis in isolated cases we were unable to demonstrate any beneficial effect.

TABLE
 THE RESULTS OF TREATMENT

	<i>Courses of imipramine</i>	<i>Courses of placebo</i>
Worse	0	2
No appreciable change.. .. .	9	6
Some improvement	8	7
Good improvement	3	7
Cure	1	1

Summary

Although a preliminary trial suggested that imipramine might be of value in the treatment of psoriasis, in a controlled 'double-blind' study, in which eight patients received active drug and nine inert tablets, imipramine did not appear to have any beneficial effect in psoriasis.

Acknowledgement

We wish to thank Dr Cyril Maxwell and Geigy Pharmaceutical Company Limited for their help.

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