

LOW DOSAGE TRIFLUOPERAZINE (STELAZINE) IN GENERAL PRACTICE

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Although the necessity for treatment of a primary emotional disturbance is always understood, it is becoming recognized that the secondary emotional factor of an organic or psychosomatic disorder may also require therapy additional to any specific treatment.

The treatment of the emotional elements of disease may range from simple reassurance by the general practitioner to varying degrees of psychotherapy and may, not infrequently, require some form of drug therapy.

In this investigation, a phenothiazine derivative, trifluoperazine, has been used additional to supportive psychotherapy in the management of 100 consecutive cases in general practice, where an emotional factor was present. The specific drugs required in the treatment of the cases with organic disorders were, of course, used as indicated. The cases were unselected and taken in sequence, 72 female and 28 male. Their ages ranged from 8 to 87 years.

The cases investigated were classified in three main groups:—

Emotional disorders in which emotional symptoms were not accompanied by organic disease.

Psychosomatic disorders in which physical disorders were caused or exaggerated by emotional factors.

Organic disorders in which predominant organic disorders were complicated by a large emotional element.

The results were classified as very good if there was a complete relief of symptoms, a good response to supportive psychotherapy and an increased resistance to normally recurring stress. A good result indicated a marked improvement in the patient who had a partial relief of symptoms and was able to gain some insight into his condition.

The duration of treatment varied from one week to four months; the average being five weeks. Dosage was commenced at 1 mg.

b.d. and if the response was not satisfactory after one week, the dose was doubled. This dose of 2 mg. b.d. was not exceeded in this investigation.

The results are summarized in Table I.

TABLE I
RESULTS OBTAINED IN 100 CASES TREATED WITH TRIFLUOPERAZINE

Diagnosis	No. of patients	Age (av. in years)	Dose (av. in mgm/day)	Duration of treatment (av. in weeks)	Results		
					Very good	Good	No change
<i>Emotional</i>							
Anxiety state	51	47	2.3	4.3	27	18	6
Anxiety in pregnancy ..	10	26	2.2	3.4	5	4	1
Depressed states	16	34	2.8	6	10	5	1
Total	77	36	2.4	4.6	42	27	8
<i>Psychosomatic</i>							
Nervous dyspepsia	6	41	2	3	6		0
Steatorrhoea	1	50	2	6	1		0
Premenstrual tension ..	1	24	2	4	1		0
Enuresis	2	9	1	3	2		0
Total	10	31	1.8	4	10		0
<i>Organic</i>							
Cardiac disease	5	65	2.3	5.4	1	3	1
Hypertension	2	45	2	5	1		1
Carcinoma	3	69	3.3	7	1	2	0
Bronchitis	1	59	4	12	1		0
Duodenal ulcer	1	69	3	14	1		0
Disseminated sclerosis	1	38	2	4		1	0
Total	13	59	2.8	7.9	5	6	2
Total	100	42	2.3	5.5	57	33	10

The results showed that a good to very good response was obtained in 90 of the 100 patients investigated. There was no change in the remaining ten patients.

The minimum dosage of 1 mg. b.d. was sufficient in 82 of the patients but required to be doubled in 18 patients. In this low dosage, side effects were reported in only one patient, who complained of blurred vision.

As well as the obvious good quantitative result noted above, there was a marked qualitative result. After a week's course of trifluoperazine, the patient returned in a happier, more relaxed frame

of mind, was more amenable to advice and reassurance and required a shorter consultation.

In contrast to many of the other phenothiazine derivatives, no drowsiness or lethargy was produced in the patient, but instead a slight stimulating action causing an increase in activity. This was helpful in dealing with the mild depressive symptoms often associated with emotional and psychosomatic disorders. Satisfactory results were obtained in the treatment of 15 of the 16 such cases investigated.

Ten patients attended during their pregnancy, of whom some were complaining of sickness and some with apprehension, anxiety and fears associated with their forthcoming confinement. Nine were helped by the use of trifluoperazine, which enhanced the usual encouragement and explanation of their symptoms and reduced the incidence of sickness.

In those patients in whom stress was a precipitating or aggravating factor in their disorder, the use of trifluoperazine enabled them to overcome their anxiety and cope with their problems in a more rational manner. This was particularly noticed in the six cases of nervous dyspepsia, all of whom became symptom free following the use of the drug.

The youngest patients, aged 8 and 10 years, included in this investigation were suffering from nocturnal enuresis. They had been treated previously with many of the usual drugs prescribed for their condition without much success. However, a dose of trifluoperazine 1 mg. nocte enabled them to remain dry during the treatment. Treatment was stopped in one case and the enuresis returned. Both cases are now on stelazine 1 mg. nocte and have remained dry.

In those patients who were suffering from organic disorders, it was their physical disability which caused the large emotional element of their disease. For example, although the patient with bronchitis was receiving the specific drugs for his complaint, including bronchodilators, antibiotics and oxygen, he had the constant fear of being unable to breathe, especially with the possibility of recurring fog. After trifluoperazine was added to this treatment, as well as a reduction in anxiety, there was a marked decrease in the dyspnoea. He also slept better at night, thus removing the need for barbiturates, which were not indicated in view of his diminished respiratory capacity. He has now returned to work, continuing to take 2 mg. trifluoperazine b.d. and is better and less dyspnoeic than before the acute exacerbation of his bronchitis when this drug was started. He now requires to use bronchodilators much less

frequently than before and no longer becomes panic stricken at the thought of fog. He has become reconciled to his complaint and able to live with it at ease for the first time, although he has suffered from chronic bronchitis for many years.

In the terminal care of inoperable carcinoma, trifluoperazine was shown to be of value in the three cases investigated. As well as alleviating the apprehension and anxiety, and enhancing and prolonging the action of analgesics and hypnotics, there did not appear to be the accompanying feeling of dissociation which has occurred with the use of chlorpromazine. Instead there was a tendency for the patient to become less depressed and more his usual self.

Summary

Trifluoperazine in the low dosage of 1 to 4 mg. daily has been used in the management of 100 consecutive patients in general practice in whom the emotional element of their disease required treatment with drugs. Ninety of the patients were improved because, by reinforcing the simple supportive psychotherapy given by the practitioner, the emotional element was adequately controlled, which enabled the patient to obtain the maximum benefit from the specific treatment.

Among the advantages of trifluoperazine noted in this investigation were its safety and virtual absence from side effects. Even in the ten cases not responding to the drug, there was no deleterious effect on the condition of the patient. It was valuable in ambulant patients because of the absence of drowsiness and lethargy commonly associated with phenothiazine derivatives. Patients often showed an increase in activity.

There is no doubt that trifluoperazine (stelazine) has a definite place in the armamentarium of general practitioners in treating the emotional factors often associated with disease but it should be used, as with all ataractics (tranquillizers), with common sense.

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