Letters to the Editor

started to complain about small worm-like creatures in his stool that were continuously multiplying in the anal region. Rectal examination and repeated stool specimen were normal. He was treated with perphenazine 12 mg/day and stopped complaining of the problem 2 weeks later. Treatment was discontinued after 3 months.

Case 2. A 76-year-old women had coronary bypass surgery that was complicated by mild residual hemiparesis. A few days later she started to feel 'small ants' crawling over her scalp and entering her ears. The patient was cognitively preserved and had no history of psychiatric disorder. A true infestation was ruled out, and a CT revealed a right-sided temporoparietal stroke. This patient was also treated by perphenazine 20 mg/day with complete and rapid remission of symptoms. Treatment was discontinued 7 months later without a relapse.

The phenomenon of parasitic delusions is infrequent and is considered as a type of monosymptomatic hypochondriac psychosis, with the patient focusing on a single delusion. Its onset shortly after acute stroke is rare but has not been described previously and is therefore of particular interest. As mentioned by Harvey, parasitic delusions have been described in association with various chronic neurological disorders rather than following acute stroke. Both our patients had sustained a right hemisphere stroke which may be causal or in agreement with our knowledge about the possible relationship between delusional states and particular anatomical structures [2].

A difficulty in these cognitively preserved patients was the reluctance to accept the psychiatric origin of the complaints and to be treated by neuroleptics rather than anti-parasitic agents. However, both patients responded favorably to perphenazine and did not relapse during 3 and 7 months follow-up.

We believe that acute cerebral infarction should be added to the list of organic conditions associated with parasitic delusions.

A. Adunsky

Department of Geriatric Medicine and Neurological Rehabilitation, Sheba Medical Centre, Tel Hashomer, Israel 52621

---

Xerostomia: a symptom which acts like a disease

SIR—T read the excellent review article by Ettinger [1] with interest, but was concerned about the omission of HIV/AIDS, its drug treatment and xerostomia.

Some late middle-aged 55–60-year-old individuals are getting older whilst on antiretroviral therapy, notably didanosine (Videx), a reverse transcriptase nucleoside inhibitor used in combination with other antiretrovirals in the treatment of HIV/AIDS - an unusual cause of xerostomia [2, 3, 4].

Carers for the young elderly so often ignore to enquire of sexual history, previous sexually transmissible infections, and previous IVDU or even transfusion of infected blood (products) - as reflected by the omission of this topic in the review - with the consequence that causal factors may be missed.

T. C. Harry
Bure Clinic, Department of Genitourinary Medicine, James Paget Hospital NHS Trust, Great Yarmouth NR31 6LA, UK


Author's reply

SIR—I thank Dr Harry for his comments. I have had limited experience with persons using didanosine. I am happy that Dr Harry pointed out that we need to be more aware of the problems associated with sexually transmitted infections in older adults.

R. L. Ettinger
Department of Prosthodontics and Dows Institute for Dental Research, The University of Iowa, Iowa City, IA 52242, USA

Assessment of well-being

SIR—We were interested to note in Coleman, Philp and Mullee's comparison of measures of well-being [1] their finding that the Geriatric Depression Scale (GDS) and the Philadelphia Geriatric Centre Morale Scale (PGCMS) yielded similar patient profiles. Their results from acute and rehabilitation elderly care wards mirrors our findings in two continuing-care wards, using in addition the Memorial University of Newfoundland Scale of Happiness (MUNSH) [2]. In our study [3], in which all three instruments were administered to 30 patients (mean age 83, range 62–93), there was a high degree of correlation between the three scales.

The Spearman's rank correlation coefficients were −0.83 (GDS-15 and PGCMS), −0.77 (GDS-15 and MUNSH) and 0.74 (PGCMS and MUNSH). Median values were: GDS 5, PGCMS 9 (both comparable to