

Drs. Pate and Gabbard Reply

TO THE EDITOR: We thank Drs. Croarkin and colleagues for their letter regarding our Clinical Case Conference in which we described the clinical presentation of a patient with adult baby syndrome. In publishing the case, we had hoped to hear from colleagues who had seen other variations of this disorder, so it is of great interest to us to learn of another patient. In contrast to Mr. A, we could not identify any comorbid conditions in our patient. Additionally, our patient's feelings, thoughts, and behaviors were ego-syntonic and associated with sexual gratification. Hence, there were no target symp-

toms to address with pharmacotherapy, and the patient was not interested in pursuing psychotherapy to understand his desire to be a baby. It is possible that this disorder exists on a continuum, with some variants closer to paraphilia, while others may resemble OCD spectrum disorders. On the other hand, Mr. A may simply represent an instance of comorbidity. This case highlights the diversity of presentations in this poorly understood disorder.

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