naltrexone was suggested in two out of three cases, including for a 66-year-old patient. To add to the discussion of naltrexone use in the elderly, three cases are presented suggesting potential benefits of naltrexone for the treatment of alcoholism complicating dementia.

"Mr. S" was an 84-year-old man with long-standing bipolar I disorder and alcoholism. He had developed dementia as a result of Alzheimer's disease. His persistent alcoholism included consumption of up to one-fifth of whiskey daily, which led to bizarre and dangerous behaviors. He began naltrexone (50 mg daily), which resulted in reduced interest in alcohol within the first week. This improvement was sustained even after treatment was discontinued 6 months later.

"Ms. A" was an 86-year-old woman with frontotemporal dementia who repeatedly drank scotch to intoxication, resulting in frequent falls. Bottles of liquor were stashed throughout her house, and she became acutely agitated if she was prevented from buying more. While receiving treatment with naltrexone (50 mg daily), the forcefulness of her alcohol-seeking behavior abated, and after 3 weeks she discontinued drinking altogether. Naltrexone was continued for a full year, with continued sobriety.

"Mr. C" was a 68-year-old man with Wernicke-Korsakoff syndrome. He was able to live independently with a supportive landlord, but placement in a secure facility was considered after several hospitalizations resulted from his drinking to unconsciousness. While receiving treatment with naltrexone (50 mg), he discontinued frequenting local bars and was able to continue living in his familiar neighborhood.

Published data on the use of naltrexone in the elderly is not available, but it is of note that alcohol abuse ended promptly in these three cases. Clinical benefit was significant given that these patients continued to live in their communities with a reduction in caregiver stress and reduced harmful events such as falls. The beneficial response observed in these cases is unlikely the result of a placebo response, and the prompt reduction in alcohol craving probably represents a true neuropharmacologic effect of reducing alcohol-related euphoria and undermining alcohol-seeking behavior. While progression of dementia may have contributed to reduced addictive behaviors, the prompt reduction in drinking does suggest that anticraving medications may have a role for elderly patients.

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STEPHEN L. READ M.D.
San Pedro, Calif.

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A Proper Name for Chronic Tic Disorder

To the Editor: When Georges Albert Édouard Brutus Gilles de la Tourette (1857–1904) described, at age 28, the disease of convulsive tics, he could not anticipate the taxonomic destiny of that clinical picture. As known, he gave the pioneer descriptions of patients with chronic tics, echolalia, and coprolalia (1). His writings on the clinical concept of hysteria are also well documented, with empirical observations as well as historical studies, for instance, the work on the famous Loudon case (2), which gave rise to the fine essay by Aldous Huxley ("The Devils of Loudon").

Chronic tics disorder is known as *Tourettschen Krankheit* in German, *Maladie de Gilles de la Tourette* in French, and Tourette's disorder in English (3). It is one of the very few eponyms that remain in DSM, which has eliminated most, following the example of the International Classification of Diseases.

Why was the last name of the physician, Gilles de la Tourette, abbreviated as Tourette in the 3rd and 4th editions of DSM? The name of the disorder appears in DSM-IV-TR as F95.2 Tourette Disorder (307.23). The first part of the famous physician's name is Georges Albert Edward Brutus, and his last name is Gilles de la Tourette (4). Abbreviating the last name contradicts the honor implicit in a medical eponym and is inexact in terms of linguistic science and tradition. While DSM editions have significantly improved the reliability of psychiatric diagnosis, the use of eponyms may have the quality of being neutral in terms of social stigma (compared with historical terms such as hysteria or, nowadays, schizophrenia), and thus chronic, vocal, and motor tics, which generally appear during childhood and adolescence and are still idiopathic, could be maintained for taxonomic purposes in DSM-5 with the use of an eponym: Gilles de la Tourette disorder.

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JESUS RAMIREZ-BERMUDEZ, M.D.
HECTOR PEREZ-RINCON, M.D.
Ciudad de Mexico, Mexico

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