blood pressure was within the normal range; and her esophageal peristalsis had restarted.

To our knowledge, this is the second report of neuroleptic malignant syndrome successfully treated with the administration of subcutaneous apomorphine monotherapy. Similar results were also found by Wang and Hsieh (1). The availability of an agent that effectively treats neuroleptic malignant syndrome and can be administered subcutaneously might be useful in cases in which the syndrome is complicated by the presence of achalasia or symptoms such as vomiting when the use of oral bromocriptine or amantadine is difficult.

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Hair Loss as a Side Effect of Lamotrigine Treatment

To the Editor: Lamotrigine is an established and usually well tolerated treatment for bipolar disorder. Adverse effects of the drug may include serious toxic epidermal necrolysis, in which alopecia is a well known phenomenon (1). However, apart from occurring as a part of epidermal necrolysis, hair loss is usually not associated with lamotrigine treatment in the literature (2).

"Mrs. G," a 63-year-old woman, was treated as an inpatient from Aug. to Sept. 2003 because of a depressive episode from a previously diagnosed bipolar disorder. During hospitalization, therapy with lamotrigine was started, and the dose was later increased in an ambulant setting up to 150 mg daily. After her discharge, Mrs. G was visited regularly by the psychiatric ambulance. During this entire period, she did not receive any other pharmaceutical treatment except eye drops containing hypromellose. She reported an increase in hair loss 2 to 3 weeks after beginning lamotrigine treatment. The hemogram and other laboratory parameters did not show pathological findings. The result of the trichogram, a classical hair root examination made by an external consultant dermatologist in Nov. 2003, showed an increase of resting (telogen) and dystrophic hair at the expense of growing (anagen) hair. The hair loss was mainly located in the area of the temporal bone, which is characteristic for pharmacologically induced alopecia (3, 4).

Because of the probable association of the reported alopecia with lamotrigine treatment, the treatment was discontinued, which resulted in a rapid regression of hair loss.

Hair loss has been reported as a rare side effect of lamotrigine treatment in the German Summary of Product Characteristics. However, in the literature (using MEDLINE, PubMed, ISIweb, and Embase research) we only found one case report suggesting a possible link between hair loss and lamotrigine treatment (5). Patrizi and colleagues reported a case of a patient who was treated with a combination of magnesium valproate and lamotrigine and suffered from hair loss. The authors indicate that the hair loss in their patient may have been caused by the intake of magnesium valproate (5).

To our knowledge, our case is the first report of a causal connection between lamotrigine intake and alopecia. Our patient had not been treated with medications other than lamotrigine, and the pathology vanished after discontinuation of the drug, which makes a coincidence unlikely. Patients and clinicians should be aware of alopecia as a possible rare side effect of lamotrigine treatment.

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Topiramate for Co-Occurring Bipolar Disorder and Disruptive Behavior Disorders

To the Editor: Although studies have suggested that topiramate is helpful in the treatment of bipolar disorder, no study, to our knowledge, has examined its usefulness in treating co-occurring bipolar disorder and disruptive behavior disorders in children and adolescents (1). The literature on co-occurring bipolar disorder and disruptive behavior disorders is rather limited.

In our case study presented here, we defined response with an endpoint Clinical Global Impression (CGI) improvement rating of 1 ("very much improved") or 2 ("much improved") for both mania and overall illness (including bipolar disorder and disruptive behavior disorders). Six (67%) out of nine of our hospitalized patients (ages 10 to 14) with bipolar disorder and disruptive behavior disorders responded to adjunctive topiramate with good tolerability. The mean dose was 78 mg/day (range=50–150 mg/day).

"Miss A" was a 14-year-old African American girl with conduct disorder, bipolar disorder, and reactive attachment disorder. She had no history of substance abuse. She was arrested for domestic violence and had a history of lying, running away, felony assault, stealing, carrying firearms, truancy, destroying property, and arson. Approximately 2 months prior to being detained in juvenile detention, the patient had discontinued her medications, which included haloperidol, aripiprazole, quetiapine, and glucophage because of weight gain. She subsequently lost approximately 40 pounds. While in juvenile detention, the patient continued to display prominent disruptive behaviors of arguing, physical fighting, destroying property, de-