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GABRIELA BALF, M.D.
New Haven, Conn.

The author reports no competing interests.

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Dr. Wu Replies

TO THE EDITOR: We thank Drs. Alamiri and Balf for their comments. In response to Dr. Alamiri, olanzapine remained at a fixed dose in our study in order to attenuate the effect of different doses of the drug on body weight. Furthermore, in China it is standard practice to treat patients with acute episode psychosis with olanzapine in doses of 10–20 mg per day.

Regarding the reporting of adverse events, we would like to note that because there were such few events, we only reported emergent adverse events.

We would also like to clarify that the mean duration of illness should have been 6.8 months for the metformin group and 7.6 months for the placebo group, and we are glad to have the opportunity to make this correction.

Although we recognize that completer analysis and intent-to-treat analysis are methods that may contain some biases, we did not find a good approach to avoid these biases.

It is possible for metformin to reduce caloric intake. In our study, the total caloric intake range was 7,980–9,250 kilojoule per day, and we did not evaluate changes in caloric intake or control food intake because we examined these issues in a previous analysis (1).

Metformin treatment can induce some severe adverse events, such as lactic acidosis, which remains a potential issue concerning its use. In future studies, it is necessary to conduct a risk-benefit assessment of metformin treatment, monitor for adverse events, and examine antipsychotic-metformin pharmacokinetic interactions.

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REN-RONG WU, M.D.
Hunan, China

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Aripiprazole Effects on Psychosis and Chorea in a Patient With Huntington's Disease

TO THE EDITOR: Huntington's disease is an autosomal dominant inherited disorder characterized by a triad of motor, cognitive, and psychopathological symptoms (1). Currently, the only treatment options available for the disease are symptomatic. Aripiprazole is a novel antipsychotic drug that possesses the pharmacological characteristics of a partial agonist of the dopamine D_2 and serotonin 5-HT_{1A} receptors and antagonist of the 5-HT_{2A} receptor. We report the use of aripiprazole in the treatment of psychotic symptoms in a patient with Huntington's disease whose diagnosis was confirmed by DNA analysis.

"Mr. A" was a 47-year-old single man who suffered from frequent falls as a result of an unsteady gait and involuntary movements over the past 4 years. He was diagnosed with Huntington's disease but refused treatment. Approximately 2 years before his current evaluation, he began to demonstrate impairment in activities of daily living and talking to himself. He also developed irritability, persecutory delusions, and intermittent violent behavior toward his family. Obvious choreiform movements and unsteady gait were noted when the patient was admitted to the acute psychiatric ward. His family history was positive for Huntington's disease, with an elder brother who was bedridden and a sister who died from the disease. His medical history showed that he had only received irregular treatment with risperidone orally (1–3 mg per day) during a 2-week period. Aripiprazole (10 mg per day) was started and increased to 20 mg per day. Subsequently, his personal hygiene and psychotic symptoms were significantly improved within 2 weeks. His choreiform movement decreased significantly, and his gait became stable, enabling him to walk smoothly without assistance. Before treatment with aripiprazole, his score on the chorea sub-item of the Unified Huntington's Disease Rating Scale was 18. After treatment, his score decreased to 8.

The pathophysiology of involuntary movements among individuals with Huntington's disease may be related to the dopamine system (2), although the genetic defect with aberrant cytosine-adenine-guanine trinucleotide repeats in the ITI5 gene on the short arm of chromosome 4 implicates dysfunction of the glutamate system. Interestingly, in an animal model it has been shown that a dopamine partial agonist could partially restore social withdrawal behavior in hypoglutamatergic mice (3), which implicates the interaction of dopamine and glutamate systems. Aripiprazole, which has unique dopamine receptor activity compared with other atypical antipsychotics, may similarly have unique effects in treating the psychotic symptoms of Huntington's disease. Future controlled studies may help provide an understanding of the role of various neuroleptics in the treatment of psychotic symptoms associated with Huntington's disease.

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WEI-CHEN LIN, M.D.
YUAN-HWA CHOU, M.D., PH.D.
Taipei, Taiwan

The authors report no competing interests.

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Reprints are not available; however, Letters to the Editor can be downloaded at http://ajp.psychiatryonline.org.

Correction

An error in the *Journal's* editorial offices resulted in some disclosures provided by the authors of the article "Evaluation of the Risk of Congenital Cardiovascular Defects Associated With Use of Paroxetine During Pregnancy," by Adrienne Einarson, R.N., and colleagues (Am J Psychiatry 2008; 165:749–752) to be omitted. Here is the complete disclosure statement as it should have appeared: Dr. Koren and Ms. Einarson have received research support from Janssen-Ortho and Wyeth. Dr. Koren has received research support from Apotex, Duchesnay, Novartis, and Pfizer. Ms. Einarson has received unrestricted research grants from GlaxoSmithKline for studying ondansetron in pregnancy and from Organon for studying mirtazapine in pregnancy. Dr. Einarson has received research support from Bristol-Myers Squibb, Eli Lilly, Janssen-Ortho, Lundbeck, Novo Nordisk, and Organon. The remaining authors report no competing interests.