Canada sur un article paru dans les *Cahiers internationaux de sociologie* (Paris), vol. LVI, 1974, p. 5-38. Le titre: "Remarques sur les fondements épistémologiques de l'antipsychiatrie"; l'auteur: Colette Moreux, professeur agrégé au département de sociologie de l'Université de Montréal.

Il s'agit d'une critique, d'ordre épistémologique, de l'antipsychiatrie. L'auteur démonte et démystifie l'antipsychiatrie qui est non une science mais une idéologie. Elle retourne contre eux l'argumentation des antipsychiatres, ceux de l'école anglaise et en particulier Laing et Cooper, qui tiennent la folie et le fou pour des fabrications idéologiques de certains groupes sociaux. Ces groupes (famille, hôpital ou société globale) cherchent, par là, à obtenir et légitimer des privilèges matériels et psychologiques. Mais les antipsychiatres qui rejettent rationalité et scientificité s'enferment, à leur insu, dans un autre système et versent dans le rousseauisme naturaliste et l'utopie.

Retenons de cette étude que le malade mental n'a pas besoin que de chimiothérapie, mais de beaucoup de respect et de compréhension. Le psychiatre éclairé met sa technique au service de l'humain. S'il détient un pouvoir, c'est pour aider, non pour dominer.

Jacques Flamand, Ph.D.
Ottawa, Ontario

An Unusual Adverse Reaction With Butyrophenone Therapy

Dear Sir:

Haloperidol, a butyrophenone preparation, has been increasingly used for the rapid control of the acute symptoms of schizophrenia (2), manic states (5), Gilles de la Tourette's syndrome (3, 4) and as an antiemetic in obstetric patients. Recently an unusual adverse reaction was encountered here — urinary retention associated with haloperidol therapy at St. Mary's Hospital (SMH), Montreal. This appeared to be associated with a prodromal reaction of abdominal fullness, discomfort, and constipation. The following is a review of the case histories with a discussion.

Case I

A 37-year-old female was admitted to SMH on 21 February 1973 with symptoms of agitation, excitement and elation. A full physical examination, including neurological evaluation and laboratory investigations were essentially unremarkable. The patient was placed on chlorpromazine 600 mg daily. Six days after admission, as the patient's symptoms of excitement had not been fully controlled chlorpromazine was discontinued and haloperidol 40 mg daily was instituted, and the patient's excitement and manic behaviour decreased. On March 3 benztropine mesylate was started because of parkinsonian symptoms, and haloperidol was decreased to 30 mg daily. Eighteen days later the patient complained of symptoms of fullness and discomfort in the abdominal region and of constipation. Examination revealed her bladder to be grossly distended and painful to palpitation. However, she was able to pass urine later in the day and haloperidol was continued as before, and benztropine mesylate was discontinued. The following day, the patient again complained of the same difficulty in voiding and on re-examination was found to have a distended bladder. Haloperidol was reduced to 15 mg daily and that afternoon the patient voided. An examination during this period did not disclose any urinary infection or pathology of the genito-urinary tract. The next day the patient complained of stomach fullness and inability to void. Carbachol 0.25 mg was administered subcutaneously without result and she was catheterized that evening. She continued to experience symptoms of abdominal fullness, discomfort and constipation, and haloperidol was discontinued. From the date of cessation of haloperidol therapy the patient no longer complained of urinary retention or symptoms of fullness, discomfort and constipation.

Case II

A 35-year-old unemployed single woman was admitted to SMH on 16 February 1973, with psychotic symptoms. On physical examination, the only positive finding was that of a marked congenital hip deformity and resulting difficulty in ambulation. On the basis of lack of response to other neuroleptics the patient was started on haloperidol 10 mg daily on 18 April 1973. Two days later, the patient developed prodromal symptoms of abdominal fullness, discomfort and constipation, with urinary retention. Haloperidol was therefore discontinued and her symptoms of retention disappeared. A full examination of urinary function proved to be entirely within normal limits as had been the previous laboratory examinations. Two days later, haloperidol was re-started in a dose of 10 mg

daily, with prompt recurrence of urinary retention, and the drug was stopped the following day. After cessation of haloperidol therapy the patient no longer complained of these symptoms.

Discussion

The appearance of urinary retention during moderate to high dose butyrophenone therapy deserves mention. In the cases described, complete physical and laboratory examination did not disclose any organic pathology which might have contributed to the production of these symptoms. In both cases, the prodromal syndrome of abdominal fullness, distention and constipation heralded the appearance of urinary retention. At no time was there any evidence of paralytic ileus, and in both cases urinary retention disappeared after discontinuance or decrease in butyrophenone therapy. Therefore from the clinical evidence it would appear that there is causal relationship between the administration of butyrophenones and the appearance of gastrointestinal and urinary tract symptoms.

It cannot as yet be ascertained which mechanism was responsible for these untoward reactions, but several come to mind. According to Ban (1) haloperidol is practically devoid of autonomic side effects, but it is possible that the drug exerts an autonomic action, particularly on the trigone of the bladder and the sphincter, thus causing increased tonus and retention. Based on this hypothesis, an attempt was made to decrease the anticholinergic action of haloperidol by administering Carbachol, a cholinester. No appreciable diminution in symptoms was noted. Hence, the hypothesis that haloperidol exerted a parasympatholytic action is in considerable doubt. The likelihood of other drugs given during butyrophenone therapy causing untoward reaction was considered. In one of these cases, benztropine mesylate was used. However, when it was discontinued and butyrophenone therapy maintained this adverse reaction continued. Thus, the possibility of benztropine mesylate producing the side effect is very unlikely, and we are left with the clinical evidence that haloperidol in moderate to high doses was related to the appearance of prodromal signs of abdominal distention, fullness, and constipation, with ensuing urinary retention. By decreasing or discontinuing this medication the urinary retention soon disappeared (within 24 hours). Because of the increasing and widespread use of the butyrophenones in psychiatric and medical practice this rather excruciating but easily reversible symptom should be kept in mind.

R. RUSKIN, M.D.
J. ANANTH, M.D.
P. BERNAD
Montreal, P.Q.

References

1. Ban, T. A.: *Schizophrenia: A Psychopharmacological Approach*. Springfield, Ill. Charles C. Thomas, p. 24, 1972.
2. Ban, T. A. and Lehmann, H. E.: Efficacy of haloperidol in drug refractory patients. *Int. J. Neuropsychiatry 3*: Suppl. 1: 78–86, 1967.
3. Chapel, J. L.: Gilles de la Tourette's disease. *Can. Psychiatr. Assoc. J. 11*: 4, 324–329, 1966.
4. Chapel, J. L., Brown, N. and Jenkins, R. L. Tourette's disease — symptomatic relief with haloperidol. *Am. J. Psychiatry 12*: 608–610, 1964.
5. Linquist, R.: Clinical tests with haldol in long-term schizophrenia and acute manic states. *Svensk. Lakatidin. 58*: 1422–1429, 1961.

Answer me in one word.

As You Like It. III.ii.

William Shakespeare
1564-1616

Canada sur un article paru dans les *Cahiers internationaux de sociologie* (Paris), vol. LVI, 1974, p. 5-38. Le titre: "Remarques sur les fondements épistémologiques de l'antipsychiatrie"; l'auteur: Colette Moreux, professeur agrégé au département de sociologie de l'Université de Montréal.

Il s'agit d'une critique, d'ordre épistémologique, de l'antipsychiatrie. L'auteur démonte et démystifie l'antipsychiatrie qui est non une science mais une idéologie. Elle retourne contre eux l'argumentation des antipsychiatres, ceux de l'école anglaise et en particulier Laing et Cooper, qui tiennent la folie et le fou pour des fabrications idéologiques de certains groupes sociaux. Ces groupes (famille, hôpital ou société globale) cherchent, par là, à obtenir et légitimer des privilèges matériels et psychologiques. Mais les antipsychiatres qui rejettent rationalité et scientificité s'enferment, à leur insu, dans un autre système et versent dans le rousseauisme naturaliste et l'utopie.

Retenons de cette étude que le malade mental n'a pas besoin que de chimiothérapie, mais de beaucoup de respect et de compréhension. Le psychiatre éclairé met sa technique au service de l'humain. S'il détient un pouvoir, c'est pour aider, non pour dominer.

Jacques Flamand, Ph.D.
Ottawa, Ontario

An Unusual Adverse Reaction With Butyrophenone Therapy

Dear Sir:

Haloperidol, a butyrophenone preparation, has been increasingly used for the rapid control of the acute symptoms of schizophrenia (2), manic states (5), Gilles de la Tourette's syndrome (3, 4) and as an antiemetic in obstetric patients. Recently an unusual adverse reaction was encountered here — urinary retention associated with haloperidol therapy at St. Mary's Hospital (SMH), Montreal. This appeared to be associated with a prodromal reaction of abdominal fullness, discomfort, and constipation. The following is a review of the case histories with a discussion.

Case I

A 37-year-old female was admitted to SMH on 21 February 1973 with symptoms of agitation, excitement and elation. A full physical examination, including neurological evaluation and laboratory investigations were essentially unremarkable. The patient was placed on chlorpromazine 600 mg daily. Six days after admission, as the patient's symptoms of excitement had not been fully controlled chlorpromazine was discontinued and haloperidol 40 mg daily was instituted, and the patient's excitement and manic behaviour decreased. On March 3 benztropine mesylate was started because of parkinsonian symptoms, and haloperidol was decreased to 30 mg daily. Eighteen days later the patient complained of symptoms of fullness and discomfort in the abdominal region and of constipation. Examination revealed her bladder to be grossly distended and painful to palpitation. However, she was able to pass urine later in the day and haloperidol was continued as before, and benztropine mesylate was discontinued. The following day, the patient again complained of the same difficulty in voiding and on re-examination was found to have a distended bladder. Haloperidol was reduced to 15 mg daily and that afternoon the patient voided. An examination during this period did not disclose any urinary infection or pathology of the genito-urinary tract. The next day the patient complained of stomach fullness and inability to void. Carbachol 0.25 mg was administered subcutaneously without result and she was catheterized that evening. She continued to experience symptoms of abdominal fullness, discomfort and constipation, and haloperidol was discontinued. From the date of cessation of haloperidol therapy the patient no longer complained of urinary retention or symptoms of fullness, discomfort and constipation.

Case II

A 35-year-old unemployed single woman was admitted to SMH on 16 February 1973, with psychotic symptoms. On physical examination, the only positive finding was that of a marked congenital hip deformity and resulting difficulty in ambulation. On the basis of lack of response to other neuroleptics the patient was started on haloperidol 10 mg daily on 18 April 1973. Two days later, the patient developed prodromal symptoms of abdominal fullness, discomfort and constipation, with urinary retention. Haloperidol was therefore discontinued and her symptoms of retention disappeared. A full examination of urinary function proved to be entirely within normal limits as had been the previous laboratory examinations. Two days later, haloperidol was re-started in a dose of 10 mg

daily, with prompt recurrence of urinary retention, and the drug was stopped the following day. After cessation of haloperidol therapy the patient no longer complained of these symptoms.

Discussion

The appearance of urinary retention during moderate to high dose butyrophenone therapy deserves mention. In the cases described, complete physical and laboratory examination did not disclose any organic pathology which might have contributed to the production of these symptoms. In both cases, the prodromal syndrome of abdominal fullness, distention and constipation heralded the appearance of urinary retention. At no time was there any evidence of paralytic ileus, and in both cases urinary retention disappeared after discontinuance or decrease in butyrophenone therapy. Therefore from the clinical evidence it would appear that there is causal relationship between the administration of butyrophenones and the appearance of gastrointestinal and urinary tract symptoms.

It cannot as yet be ascertained which mechanism was responsible for these untoward reactions, but several come to mind. According to Ban (1) haloperidol is practically devoid of autonomic side effects, but it is possible that the drug exerts an autonomic action, particularly on the trigone of the bladder and the sphincter, thus causing increased tonus and retention. Based on this hypothesis, an attempt was made to decrease the anticholinergic action of haloperidol by administering Carbachol, a cholinester. No appreciable diminution in symptoms was noted. Hence, the hypothesis that haloperidol exerted a parasympatholytic action is in considerable doubt. The likelihood of other drugs given during butyrophenone therapy causing untoward reaction was considered. In one of these cases, benztropine mesylate was used. However, when it was discontinued and butyrophenone therapy maintained this adverse reaction continued. Thus, the possibility of benztropine mesylate producing the side effect is very unlikely, and we are left with the clinical evidence that haloperidol in moderate to high doses was related to the appearance of prodromal signs of abdominal distention, fullness, and constipation, with ensuing urinary retention. By decreasing or discontinuing this medication the urinary retention soon disappeared (within 24 hours). Because of the increasing and widespread use of the butyrophenones in psychiatric and medical practice this rather excruciating but easily reversible symptom should be kept in mind.

R. RUSKIN, M.D.
J. ANANTH, M.D.
P. BERNAD
Montreal, P.Q.

References

1. Ban, T. A.: *Schizophrenia: A Psychopharmacological Approach*. Springfield, III. Charles C. Thomas, p. 24, 1972.
2. Ban, T. A. and Lehmann, H. E.: Efficacy of haloperidol in drug refractory patients. *Int. J. Neuropsychiatry 3*: Suppl. 1: 78–86, 1967.
3. Chapel, J. L.: Gilles de la Tourette's disease. *Can. Psychiatr. Assoc. J. 11*: 4, 324–329, 1966.
4. Chapel, J. L., Brown, N. and Jenkins, R. L. Tourette's disease — symptomatic relief with haloperidol. *Am. J. Psychiatry 12*: 608–610, 1964.
5. Linquist, R.: Clinical tests with haldol in long-term schizophrenia and acute manic states. *Svensk. Lakatidin. 58*: 1422–1429, 1961.

Answer me in one word.

As You Like It. III.ii.

William Shakespeare
1564-1616