

Carta aos editores

Post-therapy group for pathological gamblers – Improvement beyond symptoms

Grupo pós-terapêutico para jogadores patológicos – Melhora além dos sintomas

Dear Editor,

Data about quality of life among pathological gamblers (PG) are scarce. A US survey found that 14% of PG lost one or more jobs, 19% experienced bankruptcy, 32% had been arrested, 21% incarcerated, and 54% divorced because of gambling.¹

Since 1998, we offer an outpatient program for PG. The program includes gambling-focused psychotherapy, family orientation, and treatment for psychiatric comorbidities (see Tavares et al. for further details of the basic program).² In 2006, we devised a psycho-educational program to enable PG to finish the basic program, called Post-Therapy group (PTG). Its goals were to promote quality of life and to keep gambling abstinence. Patients were divided in pilot groups of at most eight participants. Secrecy was underscored and only patients who had finished the basic program would be allowed to participate. Sessions happened on a weekly basis, starting with a brief talk followed by a debate with the patients. Therapists followed scripts for each session (Table 1). No specific sequence of sessions or minimal attendance was required, but we strongly suggested that the patients should attend at least once each type of session. The therapists recorded the sessions on sheets containing a table with the following columns: session date and theme, patients' names, any gambling in the past week, and the patients' contributions to the debate. A content analysis of these records with a special focus on reports of gambling and self-improvement was performed.³

During two years 24 patients attended the PTG program. Three patients dropped out after the second meeting and two after the fourth meeting. The remainder 19 concluded the nine themes. Seventeen patients were still regular attendees after two years; five have kept absolute abstinence from betting (29.4%). The other 12 gambled occasionally, but never met full criteria for pathological gambling again. Regular PTG attendees reported improvement beyond major symptoms of PG. They mentioned development in their communication, friendships, work, family relationships, leisure activities, and sleep quality, besides more satisfaction with themselves.

There have been few studies on gambling treatment efficacy and fewer reports on stability of therapeutic gains. Weinstock et al. state that Gamblers Anonymous (GA) is the most popular

Table 1 - Themes and sessions' content from the post-therapy program for pathological gamblers

Theme	Sessions' content
Mental health	Self-esteem, identity and distortions in self-perception
Physical health	Sleep, physical exercise, nutrition and disease prevention
Social life	Interpersonal skills, assertiveness and positive communication
Close relationships	Sex, love and friendship
Work	Work stressors and ergonomics
Family	Family stressors and family functioning
Finances	Debts, financial planning and investments
Spirituality	Materialism versus spiritualism, cooperativeness, empathy and communion with the universe
Leisure	Cultural options, reading, art, sports and exchange of taste, preferences and experiences

psycho-social program for PG.⁴ Stewart and Brown followed 232 pathological gamblers attending Gamblers Anonymous (GA).⁵ One year after entry into GA, 8% of group members were still abstinent from betting and only 7% after two years. Twenty-two percent of the participants did not follow GA after the first meeting, and 70% dropped out after the tenth meeting.

Unfortunately, we do not have similar records from patients who have concluded the basic program before the establishment of the PTG program. This and the small sample size are the main constraints of the current report. Differences in time frame and methodology preclude a direct comparison between the PTG and GA regarding stability of therapeutic gains. However, the high percentage of absolute abstainers after two years and reports of self-satisfaction among PTG participants suggest that programs for pathological gambling must go beyond gambling control. Hinting and debating key strategies for behavioral adjustment seem to improve quality of life, increasing compliance with therapy and maintenance of abstinence.

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Note: AMJO = Pathological Gambling Outpatient Unit; USP = Universidade de São Paulo; ANJOTI = Associação Nacional do Jogo Patológico e Outros Transtornos do Impulso; CAPES = Coordenação de Aperfeiçoamento de Pessoal de Nível Superior; FAPESP = Fundação de Amparo à Pesquisa do Estado de São Paulo.

For more information, see Instructions for authors.

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Fluoxetine associated with severe extrapyramidal symptoms in a patient with basal ganglia lesion

Fluoxetina associada a sintomas extrapiramidais graves em paciente com lesão nos gânglios da base

Dear Editor,

About a hundred detailed reports of extrapyramidal adverse effects associated with "selective" serotonin reuptake inhibitor (SSRIs) antidepressants have been published.¹ The extrapyramidal symptoms (EPS) reported include acute dystonia, akathisia, and

onset or aggravation of parkinsonism. Late-onset dyskinesias are rare. All SSRIs have been implicated. The annual incidence remains unclear. It has been estimated at about 1-2 cases per 1000 patients.¹

We report the case of a 54-year-old, right-handed woman, admitted to our service in March 2008, with a 24-year history of recurrent mood disorder characterized by severe depression with suicidal thoughts, social withdrawal, apathy, and discouragement. Until ten years ago she used to obtain full remission between the episodes, but she has now been unable to obtain full recovery and has presented with cognitive dysfunction, perseverant behaviors, alogia, puerility (fear of being alone, separation anxiety, concerns regarding her mother whereabouts), and apraxia, being incapable of dressing or undressing herself or even feeding herself). She also presented memory, attention, and executive function disturbances, suggesting an organic brain disorder.

There were also daily crises of fear, anxiety, hopelessness and crying and the emergence of obsessive-compulsive symptoms: obsessive doubt, repetition rituals (many religious, liturgical), and checking (looking at the clock every hour until 22PM, which was the time to take her daily medication). Additionally, she exchanged clothes and repeated a song or phrase in her head many times a day. Some of these behaviors were perceived as uncomfortable (egodystonic), not suggesting that there were signs of psychological gains with the deficits.

We hypothesized that this phenomenological change could be related to a vascular lesion found in the right basal ganglia and insula. MRI disclosed a brain lesion in the right basal ganglia (affecting mainly the head of caudate nucleus), suggestive of an ancient vascular lacunae.

Her mini-mental state examination (MMSE) score was 19 (she lost 2 points in temporal orientation, 5 in calculation, 3 in evocative memory and 1 point in praxia). Additionally, on neuropsychological