

A DOUBLE-BLIND CROSS-OVER STUDY OF THE EFFECT OF BECLAMIDE (NYDRANE) ON BEHAVIOUR DISORDERS IN THE SEVERELY MENTALLY HANDICAPPED

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Introduction

Behaviour disorders in the mentally handicapped are a well-known feature; the management of this is a problem to the staff handling such patients.

One approach has been to use neuroleptics, but their use is restricted due to the side-effects produced when they are given inadequate dosage (Péüch).

Beclamide (Nydrane) has been shown to be of benefit in stabilising mood, reducing temper tantrums and improving impulsive, excitable and demanding behaviour (Delay et al, 1958), without hindering the activity or psychic development (Cotlenko and Alain, 1964). Several authors (Price and Spencer, 1967; Melin, 1970; Zucmann, 1965) have found that beclamide is a useful addition to the range of drugs used in the treatment of behaviour disorders.

Faced with this evidence, we decided to test the drug for ourselves on severely handicapped persons who presented us with the problem of management due to their gross behaviour disorders.

Patients and Method

It must be stressed that the patients were severely handicapped (I.Q. below 30) in-patients at the Langdon Hospital for the mentally subnormal. They were 29 adults aged from 25 to 50 years, males and females, exhibiting serious behaviour disorders which made them difficult to manage. The patients acted as their own controls.

They were allocated, on a random basis, to either active or placebo tablets and took these for a 12-week period, after which they changed to the other tablet for another 12 weeks. The number of incidents or impulsive acts of aggression to self, to other persons or inanimate objects, together with non-specific destructiveness or anti-social behaviour were recorded daily by the staff. These were totalled at the end of each 12-week period to give the number of incidents when on active or placebo.

The environment was kept as constant as possible to obviate external influences on behaviour. Those who went home on holiday, who had some illness during the trial, or who required a change in environment were eliminated from the trial. Other pre-existing drug therapy was kept at the same dosage as stabilised a few weeks before the trial started.

The dosage of the tablets was nine daily in divided doses, using either Nydrane (500 mg. per tablet) or placebo.

Results

Of the 29 patients who entered the trial, only 20 completed it. Two were withdrawn because they went on vacation during the trial, two had surgical intervention unrelated to the trial, and the other five were excluded because the number of incidences recorded were too few to be significant.

TABLE 1
Average values and standard errors

Incidences		Standard Errors
Nydrane	397	± 19
Placebo	442	± 19
Period I	410	± 19
Period II	429	± 19

It will be seen from Table I that, although there is a difference between the number of incidences during the periods when the patients were on Nydrane and placebo, there was hardly any difference between the first and second 12 weeks. Thus there were fewer incidences while the patients were on Nydrane.

Taking the individual results, 13 patients out of 20 had fewer incidences while on Nydrane (65%).

No untoward side-effects were observed.

Discussion

Management of behaviour disorders is a problem, especially in the severely mentally handicapped. The commonly-used neuroleptics often cause side-effects such as drowsiness at adequate dosage.

Beclamide (Nydrane) in this trial proved to be a useful drug in the management of behaviour disorders without causing sedation. The patients on Nydrane were still active, but more easily managed. The patients entering into this trial were the most difficult problems of management in the hospital.

As an example of the severity of mental handicap and behaviour disorder, the usual behaviour of one patient was to crawl around the floor on all fours biting and eating all wooden furniture. A visitor to the ward would be well advised to keep his hands in his pockets as his fingers were at the risk of being bitten. This patient showed a marked improvement while on Nydrane (767 incidents) as compared to placebo (853 incidents).

The improvement in behaviour is important in the daily routine of a hospital for such patients as this means that the workload of the staff is lessened, while the patients were still able to enjoy their usual active lives.

Conclusion

Beclamide (Nydrane) is shown to be a useful drug in behaviour disorders, with a 65% improvement in patients who have been very difficult to manage, and we feel that beclamide (Nydrane) should be included in the range of drugs used for the treatment of behaviour disorders.

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