

J. S. Letter

June 16, 1978

Dr. Julian Lieb
Yale University School of Medicine
New Haven, Connecticut

Dear Dr. Lieb,

Mr. Guillermo Paz was seen at my office on June 15. He was in no distress, presenting his story well. He was neatly dressed and appeared his stated age of 30.

His principal complaints are emotional instability, depression, tension, working up to 18 hours a day, lack of concentration, poor memory and inability to enjoy life. The symptoms have been present since early adolescence. At one time, he was classified as suffering from hypothyroidism and took Cytomel for more than four years until a re-analysis found that he was no longer suffering from hypothyroidism and no longer required the medication.

Dr. Paz describes himself as a hard driving and exuberant worker. His pride is in his success rates in reducing death in cardiac resuscitation units, in maintaining life for terminal patients and his stated work time of 33,500 hours during the three years of his training. (On calculation, this averages 214 hours a week or 30 hours a day).

His marriage to a pathologist and schoolmate ended recently in divorce, without children. He asserts that his wife failed to understand his drive or to encourage his need for success.

He has been under medication for a number of years for the symptoms of anxiety and tension. The range of compounds is extensive and he asserts that he has taken the medications at the recommended dosages. For the MAOI and diphenylhydantoin, the drugs that might be logically used in his condition, his dosages were adequate for trials.

The principal question is the suitability of ECT for his condition. In reviewing his symptoms, there is no insomnia, anorexia, weight loss, or dry mouth. Libido has been diminished but his work activity has been maintained at a high level-- averaging 16-18 hours a day. He is of above average intelligence, critical in his perceptions, and exhibits a low score on the California F Scale (24).

As I have not received the history and other medical records at this time, the basis for the following recommendations is the history as presented by the patient without verifying documentation.

It is clear that he does not exhibit the principal symptoms of an endogenous depression; rather the syndrome seems more like a personality disorder of the obsessive-compulsive type.

For a number of reasons-- the absence of endogenous features, the continued performance at work, the critical thought processes and the low California F Scale; the presence of anxiety and the investment that he has in memory functions, this patient is a poor candidate for ECT. The principal result would be an exaggeration of the memory complaints and no relief of symptoms. Indeed, it is quite likely that he will have more complaints.

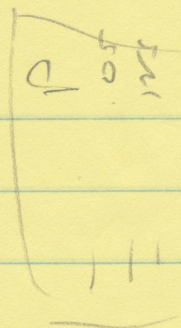
While it is clear that ECT is not indicated, it is not clear what measures would be more helpful. In talking to him, and reviewing the symptoms, I enquired as to the type of psychotherapy which has been experienced. Is it possible that he may do better with an approach that follows the reality appraisals used by Sullivanian therapists? I am struck by his drive and wonder whether his interests could not be harnessed for his welfare by discussions of the immediate problems in living and the relation these problems have to his attitudes to his family and the expectations that they seem to have for him.

Thank you for the opportunity to see Dr. Paz. If the review of the records alters the recommendation, I will write again. Otherwise, please accept this opinion as definitive.

Sincerely yours,

Max Fink, M.D.
Professor of Psychiatry

~~1988~~ 1988 Aug 30 dis



Dr. death 4 yrs.
many drugs
marriage not going well -> divorce

emotionally unstable
poor coop. to my wife

lack of concepts - poor memory
not a concrete way of thought

Dr. H: too much on your mind
Coronary care - pulmonary care - low mortality
demanding life stress job

didn't enjoy my daily life -
Dr. - "depression"

Medications	Parvate	160/day	- 6-8 wks -	→	Palpitations hypotension
	Clavil, Dypren				
	L-dopa		also		
	Val-Labi		DPH - 200-300 mg		
	Anafrenil				sleep better
	Ritalin d-amphet				↑ neurotransmitter

now: occasional using drugs

age 11 - head injury - fracture -

first ex - 2-3rd yr need school

anxious } hypothyroid -> Cytomel
overweight

lost weight

personality, ego -> active

headaches - pressure of scalp -

bluntness of thought

then, anxious

age 21
↓
age 25
no further thyroid

"encephalopathy" - worse mT3 -

MT:

anxious indeed

poor memory

don't enjoy life

divorce - unbelievable breakdown

? not - no eg

sleep -

? low appetite

and to have exhausted sleep

sleep pattern egd

no allergies

Social Attitude Questionnaire (F Scale)*

Below are a number of statements. For each statement we want you to give us your personal opinion of whether you agree or disagree. Answer each statement according to one of the following:

5 I AGREE A LITTLE

3 I DISAGREE A LITTLE

6 I AGREE PRETTY MUCH

2 I DISAGREE PRETTY MUCH

7 I AGREE VERY MUCH

1 I DISAGREE VERY MUCH

none - 4

1. No sane, normal, decent person could ever think of hurting a close friend or relation. 2

2. Science has its place, but there are many important things that must always be beyond human understanding. 1

3. If people would talk less and work more, everybody would be better off. 2

4. When a person has a problem or worry, it is best for him not to think about it, but to keep busy with more cheerful things. 2

5. What the youth needs most is strict discipline, rugged determination, and the will to work and fight for family and country. 6

6. Nowadays when so many different kinds of people mix together so much, a person has to protect himself especially carefully against catching an infection or disease from them. 2

7. Sex crimes, such as rape and attack on children, deserve more than mere imprisonment; such criminals ought to be publicly whipped, or worse. 1

8. The best teacher or boss is the one who tells us exactly what is to be done and how to go about it. 1

9. Young people sometimes get rebellious ideas, but as they grow up they ought to get over them and settle down. 6

10. People can be divided into ^{two} ~~two~~ distinct classes: the weak and the strong. 1

24

* From Gallagher, Levinson and Erlich (1957).

Scoring: Agreement is scored as +7 (agree very much), +6 (agree pretty much), and +5 (agree a little); +4 for no response or uncertain; +3 (disagree a little), +2 (disagree pretty much), and +1 (disagree very much). The ten items are summed for a single F-Scale Score