SIDE EFFECTS OF CHRONIC LITHIUM THERAPY IN HONG KONG CHINESE: AN ETHNOPSYCHIATRIC PERSPECTIVE

ABSTRACT. A biocultural study of the side effects of chronic lithium treatment among 70 Hong Kong Chinese psychiatric patients, using a self-report 33-item checklist and semi-structured interviews, revealed an imperfect correspondence between biomedically prescribed and culturally endorsed psychotropic side effects. Although polydipsia and polyuria (47%) were the biomedically most 'real' side effects, they were not usually regarded as bothersome or translated into metaphors to express undesirable side effects.

Complaints such as tiredness (38%), drowsiness (36%) and poor memory (31%) were also common but their frequency was significantly lower than that of normal control subjects. The item 'loss of creativity' had no conceptual equivalent in Chinese and was usually misinterpreted. As no patient was aware that lithium was a metal, the side effect 'metallic taste' was variously labelled. Contrary to Western findings, complaints of 'missing of highs', loss of assertiveness and fear of weight gain were rarely encountered. Active elicitation was required for indigenous complaints, with 38% of patients considering lithium to cause mild "hotness." This was readily neutralized by drinking more water which had a "cooling" effect. Expectedly, concurrent neuroleptics and antidepressants amplified most lithium side effects.

This study affirms Western data on the biomedically universalizable effects of chronic lithium treatment, but also supports the thesis that culturally constituted cognitive styles affect patients' recognition, labelling, experiencing and reporting the total drug effect. Further, it demonstrates that the lived experience and clinical negotiation of lithium associated side effects reproduce, authenticate, and at times critique, core cultural and moral premises of Western and Chinese societies.

INTRODUCTION

Research on transcultural psychopharmacology has provided data, albeit far from conclusive, that Caucasians and Asians differ in their dosage requirement and sensitivity towards the side effects caused by psychotropic medications. Thus, Asians are often believed, for both pharmacokinetic and pharmacodynamic reasons, to require a lower dose of neuroleptics, tricyclic antidepressants and benzodiazepines (Lin et al. 1986).

Lithium, a monovalent alkaline metal, is unique among psychotropics because of its dual antidepressant and antimanic mechanism of action on mood modulation. It is now firmly established to be singularly effective in the treatment of 70–80% of patients suffering from recurrent mood disorders (Coppen & Abou-Saleh 1988). With a narrow therapeutic range, however, both its efficacy and a wide range of potential side effects (Ghose 1977) are closely related to its serum concentration. Thus, guidelines regarding its clinical use and monitoring are
established on the basis of a voluminous literature in the West (Schou 1986).

Much less is known about lithium therapy in Asian populations. In China, for example, lithium was not widely used until recently, and its serum level is frequently not monitored (Yan et al. 1987). Hong Kong has a population of 5.82 millions (1991 Census), of which 98% are Chinese whose chief spoken language is Cantonese, the main language of the Province of Kwangtung. Lithium has been used for over 15 years, and is now freely prescribed in bipolar, schizoaffective and rarely unipolar depressive patients (Lee 1992). Despite the fact that Western medicine is generally perceived by people in Hong Kong to cause more side effects than Chinese medicine (Lee 1980), systematic data about the prevalence and pattern of lithium side effects are lacking. One reason could be the lack of a valid Chinese instrument for measuring psychotropic side effects.

Although the experience of psychotropic side effects is likely to have biological, psychological and ethnocultural determinants simultaneously (Angel and Thoits 1987), the influence of cultural factors on patients’ recognition, labelling, experiencing and reporting of side effects has rarely been considered, even in transcultural psychopharmacological studies (Lin et al. 1986). However, as emphasized by Rhodes (1984), medications in psychiatric settings are an integral part of the interaction between patients and practitioners, both of whom use their own culturally endorsed explanations to construct specific ideas about therapeutic and side effects. More importantly, systematic inattention to such processes may in part be responsible for patient noncompliance (Kleinman et al. 1978).

Literally, ‘psychotropic medications’ mean ‘drugs acting on and altering the mind’. As mental disorder is believed, in the Cartesian dualistic tradition, to be primarily located in the mind in the Western culture, metaphors related to how the mind functions are very commonly used by patients to organize and convey their experience of illness and psychotropic medications. For a mood-modulating drug such as lithium, popular metaphors might include ‘numbs my mind’, ‘evens out the highs and lows’, ‘brings me down’ (Rhodes 1984), or ‘feel like zombies’ (Polatin & Fieve 1971). Clinically, Western patients on lithium treatment have been reported to complain of ‘missing of highs’, ‘loss of assertiveness’ and ‘loss of creativity’, which may adversely affect lithium compliance and increase affective morbidity (Jamison and Akiskal 1983; Jamison et al. 1980).

Culture constrains, and is maintained by, cognitive structures. Given the fundamental cultural contrast between Western dualism and Chinese correlativity, it is intuitively plausible that a disparate system of illness narratives and medication metaphors may be adopted by Chinese patients on lithium treatment. In fact, it is also my clinical impression that the above lithium-related complaints are seldom made by Chinese patients in Hong Kong. It is also very difficult to translate them into Chinese without equivocation, suggesting that