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The Nursing and Care of Mentally-ill Patients **UNDER D-LYSERGIC ACID DIETHYLAMIDE**

By E. R. BALL, S.R.N., R.M.N., Deputy Chief Male Nurse,
Powick Hospital, Powick, nr. Worcester

(See also preceding article)

D-LYSERGIC ACID DIETHYLAMIDE (L S D 25 from the German *d'Lysergsaure-diethylamid*), was first prepared in 1938. After its ingestion in minute doses, it induces psychic states in which the patient becomes aware of repressed memories and other unconscious material without severe disturbances of consciousness.

Preparation for Treatment

On the day of treatment, the patient requires quiet surroundings. A bed in the quietest part of the ward should be chosen. The walls should not be too colourful, and should be bare of pictures or ornaments. The patients may need much help and understanding from the nurse.

No special preparation of the patient is required. He may lie on the bed dressed except for his necktie and footwear. He should be covered with a blanket and the room well ventilated. He should have taken his usual breakfast at 8 a.m. and the L S D 25 can be given safely at 9.30 a.m. The patient is told of the treatment on the previous day and should he have any physical complaint this must be reported to the doctor before treatment is given.

We have found the best and most accurate way of preparing the drug is by drawing the required quantity of L S D 25 into a syringe and mixing it with water in a measured medicine glass to one ounce. This mixture is given by mouth. There is normally no advantage gained by administering the drug intravenously. L S D 25 is in 1 cc ampoules each containing 100 gamma of the drug solution and it is colourless; doses of 20-50 gamma being effective. (1 gamma=0.001mgm.) Addiction to the drug does not occur.

The doctor's attention is drawn to the list of patients one day prior to treatment when the medicine card is written up and signed for the amount to be given.

We have found the following sheet for special orders quite

convenient; treatments are given each day except Sunday.

SPECIAL ORDERS FOR WEEK ENDING.....195					
Day	Time	Patient's Name	Treatment	Dose	Doctor's Name
M O N D A Y	9.30 a.m.	Mr. A.B.	L.S.D. 25	1.25 ccs	Dr. C.
	2.0 p.m.	Mr. D.E.	Interview	—	Dr. G.
T U E S D A Y	9.45 a.m.	Mr. H.J.	L.S.D. 25	0.75 ccs	Dr. W.
	2.0 p.m.	Mr. C.F.	L.S.D. 25.	0.25 ccs	Dr. S.
W E D N E S D A Y					
SPECIAL INSTRUCTIONS					

Care of the Patient Under Treatment

As soon as the drug has been given, the patient should lie on a bed in a single room. The patient is not to leave his room except for toilet purposes. Water may be given at any time and a cup of tea later in the treatment. The early signs which the nurse will see begin from 20-50 minutes after the drug has been given are emotional outbursts, giggling, uncontrolled laughter and crying. Later, the more disturbing subjective experiences associated with the height of the reaction occur, and these may start from

45-100 minutes after administration and last from 30 minutes to several hours.

A number of patients become distressed; the face is flushed, the eyes fixed or moving as if following hallucinations, and breathing may be rapid or distressed. Often the patient regresses to an automatic and more primitive type of behaviour. Repressed material may be produced with great freedom, and emotional release in the form of screaming and crying, frequently occurs, but this is not to be discouraged. Disturbed or even violent behaviour may result. The patient often shows neurotic symptoms and may pass into an acute state of violent trembling, sweating and tachycardia. At this stage there is a desire for human contact and the patient demands not to be left alone. Here the nurse plays an important part, having gained the patient's confidence. Should reaction become very severe, or patient desires it, doctor should be sent for.

It is important for the nurse to be at hand during the whole of the "reaction." The nurse can be near by or sit with the patient. Some patients resent the approach of another person, but such patients are considered not to have such a favourable outlook. Experiences during the height of the reaction usually occur at intervals of 5-10 minutes, and patients can fully describe their experiences at the time owing to increased verbal facility present. Sometimes, however, the power of speech is lost and the experience can only be described afterwards.

Care of the Patient After Treatment

After an exhausting emotional experience, the patient may require a sedative. Our Consultant Psychiatrist-in-charge frequently orders Nembutal gr 1½-3, which has proved very suitable.

At times the patient may become depressed or excitable, and the nurse must notify the doctor when this condition arises. Fears of insanity and suicidal tendencies may occur, therefore strict observation by the nurse must be maintained for the latter. All patients are encouraged a few days after treatment to write, paint or draw an account of their experience when under L S D 25.

There is an organised centre where patients of both sexes meet to discuss their L S D experience and also when out on parole to bring their emotional problems forward in company. The day following L S D 25 treatment the doctor is asked on the morning round whether parole may be granted, which it usually is. It has been proved that delayed reactions may occur and be as severe as the original one. The out-patients are asked to arrive as early as

possible in the morning to try and avoid any reaction on their journey home. Should the patient feel any anxiety when home, the relative or friend who accompanies the patient for treatment is asked to contact the hospital immediately. No patient is allowed to leave the hospital without a responsible person accompanying him. Some patients benefit from remaining in the hospital for the night following treatment, and then they leave after breakfast.

The patients for L S D 25 treatment are recommended by our psychiatrists who have seen them at one of their out-patient clinics on 4-5 occasions, having obtained as much history as possible.

After routine admission to hospital the recognised examinations are carried out and after a few days the patient may be given an injection of Sodium Pentothal, to introduce him to the idea of drug-assisted psychotherapy. A week later he begins the course of L S D 25. The initial dose is normally 25 gamma, and this is increased by 25 gamma at each subsequent treatment on the advice of the doctor.

It is advantageous to have a group of patients and a team of therapists directly working under a psychiatrist well versed in the theory and practice of psychotherapy. The senior nurse must clearly understand the nature and effects from the treatment, and have some knowledge of psychotherapeutic principles. It is difficult to maintain the same staff for these patients with shortages in our hospitals today, but we do endeavour to as much as possible.

When a patient is under L S D 25 or recovering from hypoglycaemic coma, he often feels he is in a phantasy when the world appears unreal. Experiences relating to birth, death and natural instincts are common to both treatments. Patients recovering from the insulin coma rarely describe verbally their experiences. In L S D 25 it varies from insulin in so much; repressed material is related in clear consciousness and not inhibited by deficient carbohydrate metabolism. In these treatments the experience of the unconscious may take the form of a regression to childhood or of a direct experience of the impersonal unconscious. L S D 25 appears to take the patient to specific periods of childhood and enables him to relive the events as if he were of that age. At present it is thought that recent electric convulsive therapy and pre-frontal leucotomy render treatment more difficult.

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