HIKIKOMORI: A CULTURE-BOUND SYNDROME OR A PROBLEM WORLDWIDE?

The perspective of a community outreach team operating in Lisbon suburbs

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Background:

- *Hikikomori* is a **form of severe social withdrawal** that has been frequently described in Japan and is characterized by adolescents and young adults who become **recluses in their own homes**, avoiding various social situations (e.g. attending school, working) **for at least 6 months**.

- Diagnosing this condition is challenging given the absence of consensual diagnostic criteria and the high prevalence of co-morbid psychiatric disorder (such as prodromal phase of schizophrenia, personality disorders, internet dependence, social phobia or depression).
- *Hikikomori* was considered a **culture-bound syndrome specific to Japan**, however, in recent years, it has been described in several other countries.

Case Vignettes

Case 1:

F., an 18-year-old male with no psychiatric history, voluntarily isolated himself at home after grade retention, leaving the twin brother's class. He had history of bullying, shyness and a family environment characterized by an absent father and a mother with anxious traits and difficulty in establishing authority. For nearly 2 years he remained isolated at home, mostly in the bedroom, having gone out only once to visit his grandmother who was hospitalized.

He refused to go to the doctor and so a home visit was carried out by our community outreach team. During this visit he was tense, hostile, did not establish visual contact, and did not collaborate in the interview, making it impossible to exclude severe mental illness.

He was admitted in an inpatient department and the hypothesis of prodromal stage of psychosis was considered, having as main manifestations severe social withdrawal and loss of previous functioning.

He was then referred to the Day Hospital, where it was possible to clarify the diagnosis of social anxiety disorder, which was considered to be the cause of the severe social withdrawal.

The treatment consisted of sertraline 200mg and psychotherapy and there was a significant improvement, enabling school and social reintegration.

Case 2:

I., 21 years old, female, lives with her mother and grandmother. She has been isolated at home for the last 3 years, since high school graduation. She spent her days surfing the internet and watching Korean soap operas, and only leaves the house about 2 times a month to do errands. She had history of bullying and sexual abuse in her adolescence. In the psychiatric consultation she didn't establish eye contact and refused physical contact like a handshake. It was possible to determine long-term depressive symptoms and social anxiety. Treatment consisted of venlafaxine 75mg and she was admitted in a Day Hospital. There has been a great improvement and she's planning to go to university.

Case 3:

J, 21 years old, male, with no psychiatric history, has always lived with his mother and grandmother. He made a regular school career up to the last grade of high school, that he couldn't complete, initiating behavioral changes (social withdrawal, general disinterest). Meanwhile, the mother started a relationship and they moved, aggravating J severe social withdrawal and spending his days surfing the internet and playing online. Our interdisciplinary community mental health team (nurse, psychiatrist, clinical psychologist and social worker) excluded organic and severe mental illness and intervened with J and his family, setting goals of behavioral activation and referral to a professional course. There has been a significant improvement in achieving the stated objectives.

Conclusions:

- Hikikomori **should not be considered a syndrome linked to Japanese culture**, since it is a phenomenon that exists in other countries, with the same (or similar) clinical and sociodemographic characteristics described in the country of origin.

- This condition is probably underdiagnosed and undertreated outside Japan because of the lack of knowledge of health professionals and the patient's refusal to seek help.
- Home visitation is probably a good approach to reach and treat these patients.
- These case vignettes illustrate the importance of community psychiatry and a multidisciplinary intervention in *Hikikomori*.