MANAGEMENT OF PSYCHOTIC DEPRESSION RESISTANT TO ANTIDEPRESSANT TREATMENT.

C.M. Hernandez Caro¹, V. Juarez Calvo¹, S. Benavente Lopez¹, J.D. Cózar Ortiz¹, M. Plaza Yuste¹, F.J. Torres Varona¹, D. Fernández Faber¹, Y. Ainslie Mata¹, R. Suarez Guinea¹, M.C. Rodriguez Villarino¹, M.E. Presa García¹.

¹Hospital Universitario Central de la Defensa Gómez Ulla, Psychiatry, Madrid, Spain.

INTRODUCTION

Psychotic depression is a major depressive disorder accompanied by delusional ideation and sensory-perceptual disturbances (hallucinations). Delusions are usually related to the depressive state of the patient, who presents typical symptoms of depression.

Hallucinations are often less frequent than delusions, but may occur in the most severe cases. The most typical hallucinations are auditory hallucinations, whose content is related to the patient’s depressive mood.

This case describes the evolution of a patient with major depression, who presented auditory hallucinations and delusions that were congruent with her depressive mood.

DSM-5 Criteria: Specifiers for Depressive Disorders

WITH PSYCHOTIC FEATURES: Delusions and/or hallucinations are present:

- **With mood-congruent psychotic features:** The content of all delusions and hallucinations is consistent with the typical depressive themes of personal inadequacy, guilt, disease, death, nihilism, or deserved punishment.
- **With mood-incongruent psychotic features:** The content of the delusions and hallucinations does not involve typical depressive themes of personal inadequacy, guilt, disease, death, nihilism, or deserved punishment, or the content is a mixture of mood-incongruent and mood-congruent themes.

BACKGROUND:

As a psychiatric background, the patient referred recurrent depressive episodes since she was 40 years old. The patient had no previous psychiatric admissions.

MATERIALS AND METHODS:

We present the case of a woman of 75 years who was admitted to the service of psychiatry for presenting, for approximately 6 months, sadness, apathy and anhedonia after stopping her usual antidepressant medication.

The patient presented auditory hallucinations in the form of voices performing songs of sad content. She also presented delusional ideation of guilt derived from delirious interpretations of what she saw on television.

In addition, she had delusions of disease (The patient claimed she had a digestive disease even though the tests were normal).

RESULTS:

Antidepressant treatment was reintroduced during her admission (at first sertraline 100mg was administered and later changed to venlafaxine 150mg).

The mood improved positively (the patient regained her appetite and began to speak spontaneously, although she continued referring sadness and apathy), but the delusional ideation remained. Due to this fact, it was decided to introduce antipsychotic medication (paliperidone 6 mg).

The patient’s mood gradually improved until the auditory hallucinations and delusional ideation disappeared.

Upon discharge, the patient was euthymic, with no anxiety and good insight.

CONCLUSIONS:

With the present case we want to expose the difficulties that exist in the management of psychotic depressions and convenience of initiating antipsychotic treatment when associated psychotic symptoms are presented.