RESPONSE OF UNTARGETED SYMPTOMS IN PSYCHIATRIC PATIENTS

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Introduction

Psychophysiologic or psychosomatic medicine is that field of psychiatry which deals with the conditions that are frequently precipitated or exacerbated by emotional stress.[1] Psychological distress of psychiatric patients can dysregulate neuroimmunological process which may worsen the co-morbid conditions like asthmatic attacks, increase sensitivity to allergens and flare up dermatological lesions in psoriasis and vitiligo.[2]

Case Description

A series of four cases with different medical conditions developed psychiatric co-morbidities for which each of them consulted a private psychiatrist.

Case 1: A 44 year old male patient suffering from **psoriasis** since 15 years consulted numerous physicians for psoriasis and 12 years later he presented to the psychiatrist with low mood, ideas of worthlessness, decreased interest and energy in doing routine work, pessimistic ideas about future and decreased sleep and appetite. He was diagnosed **severe depressive episode without psychotic symptoms(ICD F32.2)**. He claimed 75% reduction in psoriatic lesions and remission in psychiatric symptoms within 2 months of starting Tri Cyclic Antidepressant(TCA). After 8 months he stopped TCA and 20 days later there was flare up in psoriatic lesion and mild depression. He again consulted the psychiatrist and claimed improvement in psoriatic lesions after restarting TCA.

Case 2: A 28 year old male patient suffering from **nasobronchial allergy** for the past 10 years presented with low mood, decreased energy, decreased concentration, ideas of worthlessness, generalised body pains, loss of libido and decreased sleep and appetite from one year. He was diagnosed **moderate depressive episode with somatic syndrome(ICD F32.11)** and put on TCA. The psychiatric symptoms remitted within 3 months and the nasobronchial allergy symptoms completely subsided within a year of starting TCA.

Case 3: A 35 year old female patient, who is a known case of **nasobronchial allergy and bronchial asthma** for the past 10 years attended psychiatric clinic 5 years back and presented with decreased social interaction, decreased food intake, decreased self care, waxy flexibility, stupor and was diagnosed as **catatonic schizophrenia(ICD F20.2)**. She was admitted and subjected to electroconvulsive therapy(ECT). She was started on haloperidol initially and later maintained on risperidone 4 mg. The psychiatric and the nasal allergy symptoms remitted within a year and there was 80% reduction in the usage of inhaler.

Case 4: A 19 year old male patient with **vitiligo** since 3 years presented to a psychiatrist 2 years back with suspiciousness, increased irritability, delusions of grandiosity and elated mood. He was diagnosed as **schizoaffective disorder, manic type(ICD F25.0)**. There was remission in both vitiligo and psychiatric symptoms within a year of starting risperidone.

Discussion

Recently antidepressants are being acknowledged for their anti inflammatory effects helping to improve chronic inflammatory disorders.[3]

In a recent study anti psychotic have shown to inhibit STAT5 which inturn increase corticosteroid sensitivity in asthma.[4]

Emotional stress increases ACTH which inturn leads to increase in melanocyte specific autoantigen. There is an article notifying role of antipsychotic in decreasing ACTH which may inturn alleviate vitiligo.[5,6]

Conclusion

Psychosomatic evaluation of components of a disease with due emphasis on interrelated pathophysiologies(psycho-neuro-immunology, psycho-neuro-endocrinology, etc) should be addressed for a holistic approach in alleviating the suffering due to medical diseases and psychiatric disorders.

References

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