

JUVENILE MANIC DEPRESSIVE PSYCHOSIS— REPORT OF 3 CASES

I.V.L. NARASIMHA RAO¹, M.B.B.S.

M. VENKATARAMANA SHARMA², M.B.B.S.

H. S. NARAYANAN³, M. D.

SUMMARY

Three patients, one female and two males, with bipolar affective psychosis beginning at the ages of twelve, nine and fourteen years, are described. The symptomatology in all the three patients was similar to that of the adult manic depressive psychosis and the response to lithium was good.

The occurrence of manic-depressive psychosis below the age of 15 years was stated to be negligible (Kanner, 1946). Subsequently however there have been many reports of bipolar affective psychosis before the ages of 15 years (Campbell, 1952; Anthony and Scott, 1960; White and O'Shannick, 1977; Hassanyeh and Davison, 1980). From these reports, it seems that bipolar affective psychosis is an uncommon entity in childhood, but not so uncommon during adolescence. We report three cases of bipolar affective psychosis, in two of whom the onset was in childhood.

CASE REPORT

Case 1: A twelve year old girl was admitted with a history of sudden withdrawal, being lethargic and having weeping spells of ten days duration. She also had lost interest in studies, remain dull and had sleep disturbance. On examination, she had psychomotor retardation and depressed affect. She expressed ideas of worthlessness, hopelessness and vague fears. She gradually improved after three weeks of treatment with imipramine (75 mg/day). She remained euthymic for five days and later became overtalkative and excessively cheerful, At this time she had increased psychomotor activity, flight of ideas, pressure of speech, grandiosity, dis-

tractibility and elated affect. Imipramine was replaced by thioridazine (100 mg/day) and a week later, as patient's manic symptoms persisted, she was started on Lithium carbonate (900 mg/day, 0.8 mEq/L). She recovered to premorbid condition within ten days and has remained asymptomatic for past one year.

Case 2: A nine year old boy was brought to the out-patient department with history of weeping spells, suicidal ideas, lack of interest in studies, refusal of food and disturbed sleep of four months duration. His symptoms had been improving spontaneously in the last two weeks. On examination, no convincing depressive features were noticed. The parents were reassured and the boy was followed up. Three months later, he had to be hospitalized for symptoms of excessive happiness, overtalkativeness, increased appetite, grandiose ideas and disturbed sleep of ten days duration. He was given haloperidol (100 mg/day). Though the symptoms subsided by seven days, he became withdrawn, fearful, wept frequently and refused food. The medication was changed over to imipramine (100 mg/day). He improved at the end of three weeks to premorbid state and remained so for the next four weeks. At this point, while on imipramine he began manifesting grandiosity, flight of ideas and elation. He

^{1,2}Resident in Psychiatry

³Associate Professor and Consultant of Child Psychiatry

National Institute of Mental Health and
Neurosciences, Bangalore-560029.

TABLE 1—Summary of the three cases

S. No.	Sex	Age	Total No. of episodes	Nature of episodes	Duration of each episodes
1	F	12	2	I Depression	35 days
				II Mania	17 days
2	M	9	5	I Depression	120 days
				II Mania	17 days
				III Depression	35 days
				IV Mania	30 days
				V Depression	21 days
3	M	14	2	I Depression	60 days
				II Mania	30 days

was started on lithium carbonate (600 mg/day, 0.7 mEq./L) and recovered within twenty days. He remained symptom free for the next five months and was hospitalized for depressive symptoms of two weeks duration. He had stopped lithium four months earlier. The depressive episode was treated with imipramine (100 mg/day). After reaching euthymic state, three weeks later, he was discharged on prophylactic lithium. He has been symptom free for the following one year.

Case 3: A fourteen year old boy was admitted with a history of being dull, having poor concentration in studies, weeping spells, refusing to go to school, lack of appetite and disturbed sleep of three months duration. His symptoms were worse in the morning. On examination he was depressed and expressed ideas of worthlessness. He received imipramine (100 mg/day) in the ward. He recovered gradually over a three week period and was discharged. He was hospitalized again after fourteen months of drug-free and symptom free period, with the features of grandiosity, pressure of speech and sleeplessness. He had also been spending excessively and had increased appetite. He received haloperidol (15 mg/day) and ten days later as there was insufficient improvement, the drug was

changed over to lithium carbonate (900mg/day, 0.9 mEq./L). He recovered within fifteen days and has remained symptom free for the next six months.

The family history, medical history and premorbid adjustment were unremarkable in all the three patients. The depressive or manic episodes were not preceded by any significant psychosocial events. None of them showed any feature of organicity or schizophrenic features during these episodes.

DISCUSSION

The clinical features in all the three patients were similar to those of the adult manic-depressive psychosis. However the possibility of induction of manic episodes in the first two cases by imipramine cannot be excluded, as there have been earlier reports of tricyclic induced mania in adults (Sethi *et al.*, 1980). Age of onset in these patients have been twelve, nine and fourteen years, while in a recent report of ten cases by Hassanyeh and Davison (1980), only one patient had an age of onset at twelve years and two each at the ages of thirteen and fourteen years. Unlike the earlier reports (Campbell, 1952; Hassanyeh and Davison, 1980; Taylor and Abram, 1981) our patients lacked a positive family

history. Another interesting feature of these cases is the response to lithium therapy. Successful treatment of affective psychosis with lithium in children and more commonly in adolescents has been documented (Youngerman and Canino, 1978).

The authors support the views of Hassanyeh and Davison (1980) that bipolar affective psychosis should be recognized by its mode of presentation (BMJ, 1979) so as to ensure effective treatment with lithium.

REFERENCES

- ANTHONY, J. AND SCOTT, P. (1960). Manic-depressive psychosis in Childhood. *J. Child Psychol. Psychiat.*, 1, 52.
- CAMPBELL, J. D. (1952). Manic-depressive psychosis in children. *J. Nerv. Ment. Dis.*, 116, 424.
- HASSANYEH, F. AND DAVISON, K. (1980). Bipolar affective psychosis with onset before age 16 years. Report of 10 cases. *Brit. J. Psychiat.*, 137, 530.
- KANNER, L. (1946). *Child psychiatry*. 1st Edition, Springfield: C. Thomas,
- LEADING ARTICLE (1979). Manic states in affective disorders in childhood and adolescence. *Brit. Med. J.*, i, 214.
- SETHI, B. B., RUDRAPRAKASH, SHARMA, M. AND SAHAI, J. (1980). Tricyclic antidepressant induced mania. *Indian J. Psychiat.*, 22; 378.
- TAYLOR, M. A. AND ABRAM, R. (1981). Early and late onset of bipolar illness. *Arch. Gen. Psychiat.*, 38, 58.
- WHITE, J. H. AND O'SHANICK, G. (1977). Juvenile manic-depressive illness. *Am. J. Psychiat.*, 134, 1035.
- YOUNGERMAN, J. AND CANINO, I. (1978). Lithium carbonate use in children and adolescents—A survey of the literature. *Arch. Gen. Psychiat.*, 35, 216.