Case Report
Suicidal Attempt in Peri-Ictal Phase of Epilepsy with psychosis

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Abstract

Temporal lobe epilepsy is a neurological disorder that present with many psychiatric symptoms involving many domains of cognition, behaviour and emotion. Psychiatric illness like affective disorder, schizophrenia and post -ictal psychosis are more common with TLE than other sub type of epilepsy.In our case A 25 year old male patient admitted in psychiatry indoor with history of psychosis and suicidal attempt. He was suspicious and has behavioural problem from last one year, for which he took treatment but symptomatically could not be improved. One week prior to admission he had attempted suicide and been treated in emergency. On detail evaluation patient found to be suffering with epilepsy and attempted suicide while he was in phase of confusion in peri –ictal phase. He has been treated with Valproate 1000 mg/day and symptomatically improved within 7 days.

INTRODUCTION

More than one lakh population in India commits suicide every year. Out of which epilepsy withpsychiatric disorders are the major cause of suicide, its contribute 18% of total suicide[1]. Epilepsy is chronic neurological illness with increase chance of suicide than general population. A study reported that 11.2% of death in epileptic patients is due to suicide[2, 3]. Two other studies reported that epileptic patients are increase risk (3.5-5.8 times) of suicide than general population[3]. Mood disorder with epilepsy increases 32 fold higher risk of suicide in patient with epilepsy. It has also been seen that psychiatric co-morbidity is more common in some sub type of epilepsy like temporal lobe epilepsy. Patient suffering from temporal lobe epilepsy are 6.25 fold higher risk of suicide[4]. Some knowable reasons are presence of psychiatric illness, chronicity of epilepsy, antiepileptic drugs and post epileptic psychosis reported in epileptic patients are major risk factors taking role in suicide. It is generally seen that depressive symptoms and major depressive disorders are quite common in patients suffering from temporal lobe epilepsy. The reason behind it is common brain areas involve both epilepsy and mental illness[6]. There is limited literature available about suicide attempt in patient with TLE in peri-ictal phase. In this report, we present a case of temporal lobe epilepsy presented to psychiatric hospital with suicidal attempt of severe lethality.

CASE SUMMARY

Mr. A 25 yr old unmarried male educated up to11th class, unemployed belonging to Hindu joint family of middle socio-economic status. He has referred to psychiatry OPD from emergency with complaints of suicidal attempt, withdrawn behavior, suspiciousness, decreased sleep, decreased activities, decreased appetite, visual hallucination and episodes of unresponsiveness with twisting of body and incontinence of urine for 1 year. He attempted suicide 1 week back and sends to emergency of

SS hospital. After acute recovery he was sends to psychiatry OPD for further management, on initial examination he has been admitted in psychiatry indoor. The detail evaluation and his history suggestive that his problems started for one year back, when his family members noticed change in his behavior in the form of less interacting with family, neighbors and other social activities. His sleep, personal care decreased and during the time patient often used to complain about sadness of mood. The severities of symptoms gradually increase with marked decrease in appetite within next few months. During the time patient often used to seat alone and express suspiciousness that somebody has taken out his internal organs. He also use to complain that diwal pe durga ji dikh rahi hain , bhoot-pret aur shankar ji dikh rahe hain , baba aaya hai , hum bachenge nahi(he is seeing goddess Durga on wall, he is seeing Ghost and lord Shiva, saint has come , I will die) and on assurance that there is nothing, he used to says ‘ tum log jhooth bol rahe ho , dikh to raha hai (You are lying, I am sure that they are there) at the same time he looked irritable and fearful. Few months before attempt of suicide, he many times developed unresponsiveness, in which he use to fall back with clenched teeth, tightened limbs , closed eyes, jerky movements in hand and feet and sometimes with incontinence. The family member noticed that after the episode his symptoms severity of sadness, suspicious and behavioral problems used to further increase. And often used to say that ‘ hum bachenge nahi, marr jayen toh achchha hai , zahar khalenge.’and sometimes stated throttling his neck by his hand in front of them. For these problems he consulted to many doctors for treatment but most of the times he was prescribed antipsychotics, though symptoms severities decreases some extent but no desirable effects were noticed. He was on continue medications for further few month but despite of all efforts his symptoms used to relapse at 2-3 weeks intervals. For few months before admission, his symptoms became so severe that he could not able to sleep during night, and used to roam inside house, take food only on persuasion in very less amount. Sometimes used say that ‘ padosi ne jadu kar diya hai , bhoot prêt kardiya hai and some time used to blame some local ojha for his condition. One day at about 8 pm pt was found throttling his neck by his hands and when interfeared by father he abused him and became uncontrollable for few minutes. When asked for reason , he replied that ‘ tabiyat theek nahi hai, tum log kyo pareshaan ho’ hamare upar devi ma hai, after few days back his brother noticed that patient was twisting his limbs with complain of pain and was looking restless. Again after episode patient did not sleep whole night changing posture on bed, taken less food, finally pt did his all routine activity in the morning, in between, his mother told him for some work he did same and went inside room, he locked himself inside and hang from roof, mother tried to unknot the ligature but unable to do so. Hence she called for help and consulted to emergency.

At the time of first consultation patient was drowsy and able to follow simple commands. There was a ligature mark at neck that indicates attempted suicide of severe lethality. The patient was not able to recollect the events related to suicide attempt. There is history of past few attempts of suicide by family member at the time of consultation and patient was also not able to recollects them also. Suicide intent scale can not be applied to access the situation. His affect was restricted throughout the interview. No perceptual and abnormality in thought was detected during interview. Patient was advised admission. The patient was advice MRI Brain and EEG. The EEG shown generalized high frequency sharp waves suggestive of Epilepsy. MRI Brain was normal. Patient was put on Sodium Valproate

1000mg/day along with Resperidone 4mg/day. During stay in hospital patient shows significant response to drugs with improvement in cognition, personal care and social interaction. Patients do not complain of any depressed mood and suicidal ideas and he was not able to recollect events relate to prior attempts. Gradually the Resperidone was tapered and patient was maintained on Sodium Valproate 1000mg/day only. Patient became asymptomatic within a week and discharged on antiepileptic only.

DISCUSSION:

Psychiatric disorder like affective disorder, schizophrenia and substance abuse is very common in epileptic patients. These disease increases the risk of suicide in epileptic patients. This is more frequent with depression. Interestingly few studies have reported that depression increases the chances of suffering from epilepsy. The reason for above complex relationships may be because of common share neurotransmitter mechanism (serotonergic, noradrenergic, dopaminergic and GABAergic activity). Postictal psychotic episode also increases the risk of suicide in individuals suffering from TLE. These are some well known factors making person suffering from TLE more prone to suicide than other type of epilepsy. In our case report patients presented with abnormal body movement and some behavior problem like irritability, anger outburst and decrease interaction and decrease personal care and social interaction and few suicidal attempts. History was suggestive of epilepsy with some psychiatric problems. On detailed evaluation the behavior problem decrease personal care and social interaction were persisting throughout the course of illness. History of visual hallucination and abnormal movements with out any tongue bite, trauma, passes of urine occur episodically with increase in behvioural problems during and after the episodes. During the last episode of abnormal movements patient attempted to suicide. Patients scored within normal limits on HAM-D and BPRS next day on evaluation without any recollection of events. History and MSE is suggestive of suicide attempts occurring during the Postictal confusion. Suicide occurring during Postictal phase is a less frequent cause of suicide occurring in epileptic patients. It is often under looked and should be given importance will considering the risk factor for suicide in epileptic patients particularly TLE.

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