

PSYCHOTIC DEPRESSION IN A MONGOL

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Since the original description of mongolism by Langdon-Down in 1866 and especially since the beginning of the present century, a vast number of contributions have been made to this fascinating subject by workers from all over the world. However, though every aspect of this condition has been investigated, very little indeed has been written concerning the occurrence of psychosis in mongols. A thorough search of the literature has failed to reveal any description of psychotic depression in these subjects. Because of this and in view of the good response in my case to a new drug for depression, pheniprazine ("cavodil"), it has been thought worthwhile to present the following report.

Case Report

The patient was a 35-year-old mongol with an I.Q. of 45. He had always lived at home with his parents and spent his time running errands, helping in the house and listening to the radio. He had a cheerful, happy disposition and was affectionate, good-tempered and easily amused. In April 1959 he became ill with influenza. This ran its usual course but as he recovered from the influenza a change was noticed in his personality. He became very depressed and anxious and spent most of the day weeping. He was no longer willing to run errands and he lost interest in the radio. He feared that the Russians and Germans would drop bombs during the night and destroy everybody. Whenever his mother was out of sight he was convinced that she had died. He had great difficulty in getting off to sleep and would wake several times during the night. He lost his appetite and was only fed with the greatest difficulty.

His general practitioner prescribed chlorpromazine ("largactil") and imipramine ("tofranil"). As there was no improvement in his condition he was referred as an out-patient to a psychiatric clinic in June 1959. The psychiatrist who saw him decided to treat him with electroconvulsive therapy. He received four electroplexies, but as there was still no improvement he was admitted to a psychiatric hospital in July.

While in hospital he received a further six electroplexies. He was also treated with perphenazine ("fentazin"), deanol ("deaner") and triflupromazine ("vespral"). In spite of his treatment his depression was only slightly relieved. However, as his mother desired to have him home again he was allowed to leave hospital in September.

While at home his condition gradually deteriorated and in March 1960 he was admitted to a hospital for Mental Subnormality. On admission he presented as a short pyknic mongol. He was very depressed and agitated. He had a dismal appearance, there were tears in his eyes and he was biting his handkerchief. He frequently rose from his chair and wandered round the room, all the time moaning loudly. He kept repeating that his mother was dead and that he wanted to leave the hospital and return home. He asked what the time was and when shown a watch he became very frightened and said he hoped that the time would pass quickly as he hated long days, found life boring and wanted to go to bed. He had childlike fantasies of war, destruction and impending disaster. He feared that a

bomb would fall and blow everything up. He said that a great number of people were killed every day and he was sure that he would be better off dead.

He was given pheniprazine 12 mg. once a day and trifluoperazine ("stelazine") 2 mg. three times a day. Within a fortnight there was a noticeable improvement in his mental state. His depression began to lift, he lost his delusions and his appetite increased. The improvement continued and after another two weeks the pheniprazine was reduced to 6 mg. a day. Over the next two months the pheniprazine was gradually withdrawn and both the pheniprazine and trifluoperazine were discontinued by June. However, as he began to get depressed again, at the end of June pheniprazine 12 mg. a day and trifluoperazine 2 mg. three times a day were recommenced. Again improvement occurred within two weeks. The pheniprazine was then reduced to a maintenance dose of 6 mg. a day and he remains well on this dose.

Discussion

Although depression is a well recognised complication of influenza (9) depressive illnesses in subnormals are rare and transient and Craft (1) found only one case of manic-depression in a series of 119 subnormals who were referred to a psychiatric out-patient clinic.

While it is a moot point whether the temperament of mongols is as sharply different from the normal or that of other subnormals as is their physical appearance (7) many observers still tend to agree that as a rule they are good-tempered, cheerful and affectionate (11,6). Rollin (10) however, differs from this view. He examined a series of 78 mongols and found only 32 cases conforming to the textbook-type in as much as they showed spontaneous interest in their environment and were jolly and easily amused. He called these the extroverted group. But he found that no less than 31 cases were idle, solitary, uninterested in communal pursuits and showed lack of spontaneity. He called these the introverted group and he claimed that 22 of these cases were suffering from catatonic psychosis. Surprisingly enough he makes no mention of there being any form of mental illness in the extroverted group, but one would have expected that if there had been psychosis in this group it would have been of the manic-depressive kind. The mongol described in this article can be considered to be of the extroverted type and in fact he had a depressive illness. Earl (5) also described psychosis in mongols but as in Rollins cases this took the form of catatonic psychosis and was considered to be a form of schizophrenia.

Although my patient had a low I.Q. he had a relatively good verbal fluency. This may be explained by the fact that he had remained all his life outside an institution and had lived in close contact with his family and the community and so had been in a continuously stimulating environment.

Pheniprazine is one of a group of new compounds which are potent inhibitors of monoamine oxidase and are also central stimulants. These compounds are beneficial in the treatment of depressive states (3,2). In my case a good response was seen from the use of pheniprazine for the depression and trifluoperazine for the agitation and this in spite of the lack of success of electroconvulsive therapy. There were no side effects from the use of pheniprazine. It is also worth noting that Davies (4) found a good response from the use of another monoamine oxidase inhibitor, nialamide ("niamid") in the treatment of apathetic and morose mongols.

Finally it is interesting to note that the mongol described in this paper was originally treated as if he had been a normal person with a psychiatric illness, thus

anticipating the new Mental Health Act which did not come into operation until November 1960 and which includes both subnormality and mental illness in the category of mental disorder.

Summary

A case of psychotic depression in a mongol is described. This is the first recorded case of this type of psychosis occurring in a mongol. The depression was relieved by the use of pheniprazine.

References

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