MYXEDEMA MADNESS: AN INTRIGUING CASE OF DEPRESSION IN HYPOTHYROIDISM

NAVIN PATIL1, KARTHIK N RAO2*, BALAJI O1, HUMERA NAAZ2, GAYATHRI BAIJU2, ANANDA NAIK2, HARGUN SINGH SIRA4

1Department of Pharmacology, Kasturba Medical College, Manipal University, Manipal, Karnataka, India. 2Department of General Medicine, Kasturba Medical College, Manipal University, Manipal, Karnataka, India. 3Department of General Medicine, Melaka-Manipal Medical College, Manipal University, Manipal, Karnataka, India. 4Kasturba Medical College, Manipal University, Manipal, Karnataka, India. Email: karthikrao85@gmail.com

INTRODUCTION

Hypothyroidism is a clinical condition characterized by a deficiency of thyroid hormone presenting with different manifestations ranging from metabolic derangements to global developmental abnormalities. Stereotypical cluster of symptoms includes hair loss, fatigue, dry skin, intolerance to cold, menstrual irregularities, and constipation. Usually, signs of hypothyroidism include bradycardia, facial puffiness, slow speech, non-pitting type of pedal edema, and delayed deep tendon reflexes. Psychiatric disorders are known to accompany hypothyroidism and diagnosis usually ranges from mild mental status impairment to that of severe psychosis and mood disorders [1]. Hence, we present a case of hypothyroidism presenting itself has depression not responding to psychiatric medications in a 57-year-old hypertensive male in a tertiary care hospital in Southern India.

CASE REPORT

Informal consent was obtained from the patient. A 57-year-old male, a known hypertensive on tablet amiodipine 5 mg twice daily, was referred from a psychiatrist in view of increased fatigue and drowsiness noticed for past 1 week. The patient was on tablet escitalopram 10 mg for depression for 3 months and tablet quetiapine 50 mg for 1 month referred from a psychiatrist in view of increased fatigue and drowsiness. The patient was on tablet escitalopram 10 mg for depression for 3 months and tablet quetiapine 50 mg for 1 month referred from a psychiatrist in view of increased fatigue and drowsiness. The patient was on tablet escitalopram 10 mg for depression for 3 months and tablet quetiapine 50 mg for 1 month referred from a psychiatrist in view of increased fatigue and drowsiness. The patient was on tablet escitalopram 10 mg for depression for 3 months and tablet quetiapine 50 mg for 1 month referred from a psychiatrist in view of increased fatigue and drowsiness. The patient was on tablet escitalopram 10 mg for depression for 3 months and tablet quetiapine 50 mg for 1 month referred from a psychiatrist in view of increased fatigue and drowsiness.

DISCUSSION

Hypothyroidism and psychiatric illness have a close association and are said to be not infrequent. Hypothyroidism is one of the most common etiology overlooked for behavioral and cognitive changes in a patient. Forgetfulness, fatigue, mental slowness, and emotional lability are the most predominant symptoms, and sometimes, hypothyroid patients are misdiagnosed of primary psychiatric illness in the first place due to failure of psychiatric treatment. Hence, we report a case of hypothyroidism presenting itself as depression not responding to psychiatric medications in a 57-year-old hypertensive male in a tertiary care hospital in Southern India.
The treatment is usually replacement of thyroid hormone and psychiatric disturbances usually get corrected as the endocrinopathy is corrected. The use of antidepressants is usually sought only after correcting the thyroid status. Moreover, the use of quetiapine can aggravate a pre-existing overt severe hypothyroidism and precipitate into a myxedema coma. The risk of quetiapine per day causing hypothyroidism is about 0.4% with about half of them requiring thyroid replacement therapy [10]. In this case, after diagnosing the patient with depression, he was started with antidepressants along with antipsychotics. However, the patient never responded. Other signs and symptoms suggestive of underlying hypothyroidism with myxedema coma. Hence, levothyroxine and corticosteroids were started, and antidepressants and antipsychotics were stopped. The patient improved after 2 weeks.

CONCLUSIONS

This patient presented with severe myxedema and pre-coma like features. The depression was secondary to hypothyroidism and could have been treated effectively if thyroid function tests were obtained before starting antidepressant medications. Moreover, addition of quetiapine and escitalopram precipitated and accelerated the rate of progression of hypothyroidism. Myxedema coma is a medical emergency and can be fatal if not diagnosed early and treated effectively. Prompt recognition of the near fatal myxedema and early initiation of thyroxine resulted in effective "cure" of his depression.

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