CASE REPORT: RECURRENT PSYCHOTIC ILLNESS AFTER ABORTION

M. S. BHATIA1 AND R. K. CHADDA1

In the world, around 40 million abortions take place every year. The corresponding figure in India is 6 million per year (Rai, 1972). The termination of pregnancy under modern conditions is not without psychological morbidity. The various types of psychological reactions which have been reported in these patients include the presence of feeling of guilt, emotional instability, a changed attitude towards sex, neurotic reactions, personality trait disturbances, depression, suicide and homicide (Simon et al., 1969; Greer, 1976; Bhatia et al., 1987 Friedman and Gath, 1989). The factors putting patients at risk of an unfavourable outcome include ambivalence, poor marital, social or occupational adjustment prior to abortion, a past psychiatric history (Lask, 1975), a past history of abortion (Freeman et al., 1980; Bhatia et al., 1988a), decisiveness about pregnancy and abortion (Friedman et al., 1974; Bhatia et al., 1988b), indication and type of abortion (Simon et al., 1969; Fleck, 1970) and the attitudes of medical personnel (Wolff et al., 1971).

Psychotic illness following a termination of pregnancy appears to be rare. The first report of psychosis after induced abortion was given by Taussig (1936). In 1972, Sim reported 34 cases of post-abortion psychoses seen over a period of 21 years but he gave very few details. Brewer (1977) quotes an incidence of 0.3 per 1000 legal abortions.

The patient reported below developed a recurrent psychotic illness after undergoing abortions.

Case Report

A 24-year-old married woman from a nuclear family of lower socio-economic status underwent a spontaneous abortion at ten weeks. Her husband noticed no change in her mental state until 5 days after the abortion when she developed inappropriate behaviour, disinhibition, irrelevant talking, muttering to self, neglect of personal hygiene, loss of appetite and insomnia.

There was a past history of a psychotic illness two years back when she underwent a termination of pregnancy at eight weeks. It was her own decision and she had not expressed any ambivalence or guilt over the termination. There was no change in her mental state until 10 days after the termination. She was diagnosed as suffering from an acute schizophrenic episode and was treated with haloperidol (15-30 mg/day) and trihexyphenidyl (6-8 mg per day) for about 8 weeks when she stopped taking medication, yet remained well. Her first pregnancy and puerperium four years back was uneventful. There was no family history of psychiatric disorder. Her birth, early development and schooling was also uneventful.

On mental state examination, she was perplexed and showed signs of neglect of

1. Lecturer, Department of Psychiatry, University College of Medical Sciences, Delhi-110095.
personal hygiene and increased psychomotor activity. Her affect was shallow and she experienced auditory and visual hallucinations. She had ideas of reference. Her orientation and memory were intact. Physical examination revealed no abnormalities and routine blood tests were within normal limits.

She was prescribed tablets haloperidol 20 mg per day and trihexyphenidyl 6 mg per day in divided doses. She began to respond immediately and the medication was gradually tapered off in 12 weeks. During follow up for a period of 6 months, there was no recurrence of any of these symptoms.

Discussion

The present case was unusual in presentation because her first pregnancy and delivery was uneventful. She developed the first episode of psychosis following induced termination of pregnancy, which recurred after a spontaneous abortion. Repeated abortions are believed to be more stressful (Freeman et al., 1980; Bhatia et al., 1988a) but the occurrence of repeated episodes of psychosis is rare and has not been reported. As suggested by Bracken and Swinger (1972), the trauma of the procedure itself of the removal of active foetus which has already received some psychological investment could be the important psychological factors in the present case.

The long term follow up of such cases may reveal more about the course of post-abortion psychosis and its association with puerperal psychoses.

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