LETTERS TO THE EDITOR

Acute Abdomen in a Child following Abrupt Withdrawal of Imipramine
A Case Report

Sir,

Long term administration of psychotropic drugs produces significant biochemical changes, that often become manifest only after their withdrawal. Various clinical syndromes described are: rebound insomnia following benzodiazepene withdrawal (Kale et al., 1980), mania after imipramine withdrawal (Gupta et al., 1986) and hypomania following lithium withdrawal (Gupta, 1987). Such a process may be the result of shifts in the balance between intracellular production, synaptic reuptake and metabolic degradation of monoamines.

There have been reports of gastrointestinal withdrawal symptoms like nausea, vomiting and abdominal discomfort with abrupt cessation of imipramine in children (Petti et al., 1981) and adults (Gupta, 1985). I present a case of nocturnal enuresis who developed acute abdomen following abrupt withdrawal of imipramine.

CASE REPORT

Master S, a 9 year old child, suffered from primary enuresis. Physical examination and investigations did not reveal any pathology. He was put on imipramine, 50 mg at bed time. He continued the drug for two and half months and remained asymptomatic. The preparation belonged to a local pharmaceutical concern and was marketed in a small geographical area. The patient had come from a neighbouring state. The drug was not available there and hence the family was forced to discontinue the treatment. After 30 hours of imipramine stoppage, the patient was taken to the medical emergency with symptoms of repeated vomiting, and severe generalized abdominal colicky pain. He was managed with antiemetic and antispasmodic drugs. Detailed physical examination and investigations did not reveal any pathology. He could not be given any specific diagnosis for acute abdomen. His physical condition was attributed to abrupt withdrawal of imipramine.

COMMENTS

Many of the symptoms that have been considered side effects of imipramine treatment like, nausea, vomiting, abdominal pain, decreased appetite, headache and agitation might actually be secondary to withdrawal of imipramine and may be the result of cholinergic rebound (Petti et al., 1981). Compliance in taking medicines is a major problem in clinical practice. It is important for the physicians, psychiatrists and paediatricians to be aware of the symptoms reported as side effects which may actually indicate that the patient might have discontinued the medication.

Present report also highlights the problems of prescribing medicines of small pharmaceutical houses that work only in a limited geographical region. This is important since the number of small drug companies have increased many fold in India in the last one decade.

REFERENCES

Gupta, R. (1985). Acute abdomen following abrupt cessation of imipramine. Indian Journal of Psychiatry, 27, 267-268.
Dear Sir,

In their paper 'Comparison of symptomatology of depression between India and U. S. A.', Drs. Derasari and Shah (IJP, April 1988) have reported on an important area in transcultural psychiatry. We wish to raise two objections to the methodology used and the handling of data.

Firstly, we submit that the India and the U. S. A. data cannot be compared as these sets of data have been obtained by different raters, whose inter-rater reliability has not been established. Secondly, even if the data were comparable, we find (for example) that none of the data (in tables 1-3) reported as significant at the 5% level are actually significant (Chi square or proportions tests).

We therefore suggest that the conclusions reached in the study be viewed with caution.

REFERENCES

Derasari, S. and Shah, V. C. (1988). Comparison of symptomatology of depression between India and U. S. A. Indian Journal of Psychiatry, 30, 129-134.

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