ISONIAZID INDUCED CLAUSTROPHOBIA—A CASE REPORT

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SUMMARY

A case of claustrophobia in a 45-year old male tuberculous in-patient receiving antituberculosis drug is reported. The patient presented with the clinical features of claustrophobia after eighteen months of therapy. Isoniazid was, probably, the most likely cause since. The symptoms recurred on reintroduction of INH containing regimens. There was no recurrence of symptoms on resumption of non-Isoniazid regimen. Neuropsychiatric side-effects due to Isoniazid are well-known but Phobic neurosis due to Isoniazid was not reported till now.

Neuropsychiatric side effects, ranging from Neuroses to frank Psychotic reactions, are well documented by antituberculosis drugs. The neurotic reactions reported were diagnosed as cases of Anxiety, Depression and Hysterical Neurosis. The psychotic manifestations reported were cases of Depressive, Manic and Paranoid Psychosis (Yoshikawa et al., 1982). However, no case of INH induced or precipitated Phobic Neurosis has been reported so far.

CASE REPORT

A 45 year old school teacher suffering from tuberculosis but no previous history of psychiatric symptoms was referred to the Hospital for Diseases of Chest and Tuberculosis, Hyderabad, for the management of right sided Hydro-pneumothorax in the month of January, 1981. Sputum examination for acid fast bacillus and Chest X-ray confirmed the diagnosis. Patient was started on tablets of Isoniazid (100 mg/OD), Thiacetazone (150 mg/OD), Vitamin ‘B’ Complex and intramuscular injection of Streptomycin (0.75 gm /OD). In addition an under water intercostal drainage was also set up. Intercostal tube was removed after one month, following expansion of the lung, and one month later Streptomycin was discontinued. Isoniazid and thiacetazone were continued till January, 1982. Since the converted sputum became positive once again in December, 1981, tablets of Ethambutol (800 mg/OD), pyrizamide (1.5 gm./OD) and Capsule of Rifampicin (450 mg /OD) were added to Isoniazid, while Thiacetazone was discontinued. This regimen was continued till July, 1982.

Patient often complained of apprehension, palpitation, restlessness, tremulousness and sleep disturbance in the first week of July, 1982. Detailed questioning revealed that he was suffering from the aforementioned symptoms on and off for the last six months. A provisional diagnosis of Anxiety State was entertained and patient was put on Diazepam (5 mg/BD). Within a fortnight, patient experienced intense panic and found it difficult to sleep inside the ward. He preferred open corridors and when compelled to stay indoors by nursing staff, he would open windows and doors, despite the chilly weather, much to the discomfort of fellow-patients. He was re-
ferred to the psychiatrist and diagnosed as a case of phobic Anxiety (Claustrophobia). The severity was assessed as per Hamilton Anxiety Rating Scale (Score was 32 on HARS). All his drugs were stopped and instead put on Diazepam 10 mg/TID. Gradual alleviation of his symptoms occurred and by 1st August, 1982, he was totally relieved. The score on HARS was 22 on 26th July and by 1st August, 1982, score came down to 14. Similar antituberculous regimen along with Diazepam (5 mg/TID) was restarted on 1st August, 1982, but within a fortnight, on 15th August, 1982, patient once again developed intense anxiety and panic with Claustrophobic symptoms, which continued for the next two days. His antitubercular drugs were once again withdrawn and patient was put on tablet Diazepam (10 mg/TID). He improved rapidly.

Since the patient was getting recurrent symptoms of Phobic Anxiety, case position was reviewed with the Psychiatrist and patient was finally put on usual doses of Rifampicin, Ethambutol and Pyrizanamide along with Diazepam. Isoniazid was discontinued from the regimen. Follow-up assessments by the Psychiatrist revealed a score of 10/52 on HARS. No further phobic attacks occurred. Another assessment a month later revealed a score of 4/52 on HARS. Since the patient had completed the full course of antituberculous drugs and was improved, he was discharged. A review check-up after a period of six months, revealed that patient was in recovery state without any recurrence of illness.

**DISCUSSION**

Isoniazid is well known for its psychiatric side-effects, Ethionamide and cycloserine are the other antituberculous drugs known to cause psychiatric side-effects (Peterson, 1980). Majority of the previous studies (Jackson, 1957; Sharma, 1979; Gupta, 1981) have reported the occurrence of psychotic symptoms following chemotherapy for tuberculosis. Except for Jackson's study, there haven't been many studies reporting development of neurotic symptoms. Acute Psychotic episodes following administration of Isoniazid have been reported to be seen in patients who have a past history of psychiatric illnesses (Weidorn and Erwin, 1954; Goldman and Braman, 1972). The present patient reported, had no past history of psychiatric illness.

The severity of the phobic symptoms (claustrophobia) was such that it necessitated discontinuation of Isoniazid from the drug regimen. The report highlights the necessity for further research on psychiatric problems associated with Isoniazid therapy and its effects on various excitatory and inhibitory neurotransmitters in the brain.

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