A case of chronic mania

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Summary

In this paper, we present a case of chronic mania and we revise its diagnosis and treatment. A case of a 23 year old patient with chronic mania as well as his response to clozapine treatment is described.

Key words: *Chronic mania. Clozapine. Bipolar disorder. Affective disorders.*

Resumen

En este trabajo presentamos un caso de manía crónica, además de revisar el diagnóstico y el tratamiento. Se describe el caso de un paciente de 23 años de edad afecto de manía crónica con respuesta al tratamiento con Clozapina.

Palabras clave: *Manía crónica. Clozapina. Trastorno bipolar. Trastornos afectivos.*

INTRODUCTION

The description of «chronic mania» goes back to the end of the XIX century when psychiatrists such as E. Mendel, C. Wernicke and C. G. Jung used this term together with others such as «hypomania» or «sanguinic degeneration» to refer to the hyperthymia condition[1]. Nowadays, the finding of a case of chronic mania is relatively rare, possibly because of the availability of effective drugs[2] and it is rarely described in the psychiatric literature[3,4].

Some authors have defined chronic mania as the presence of prominent manic symptoms for more than 2 years without remission[5,6], although this diagnosis is presently not contemplated in either the DSM-IV[7] or in the ICD-10[8]. Its prevalence has been estimated by Perugi et al., placing it at approximately 13 % in a sample of patients with manic symptoms[6], also indicating a more deteriorating course in this type of patients.

This study describes a case of chronic mania. The first author (GPV) retrospectively examined the clinical history of the patient in order to corroborate the data obtained in the personal interview with the patient and his family carried out by the second author (ALPN). Finally, some concepts on his diagnosis and treatment are reviewed.

CLINICAL CASE

Single, 21 year old patient who came to the Emergency Service of our center after being transferred from the Hospital Clinico of Madrid where he had been admitted due to behavioral disorders in the street in the context of a mania episode. As psychiatric background, he had an «obsessive neurosis» diagnosed at 10 years of age and a depressive episode at 16 years of age, that was treated with fluoxetine (with unknown dose) and that required hospitalization. He had no personal or family somatic background of interest. He lived in his parent's home and had worked in several different jobs, although he had none at present. Without any previous notice to his family and/or acquaintances, a few days before his hospital admission, the patient traveled from Barcelona to Madrid in order to visit some friends. Once there, the patient had behavioral disorders in the street, speaking with unknown persons and showing a sensation of well-being and emotional expansiveness. In the psychopathological examination performed in our center, the patient had good appearance and had a collaborating and approachable attitude. He was conscious and oriented in time, space and person. He presented no memory or sensorial perception disorders. His thought course was accelerated (tachypsychic) and he manifested with attention deficit, tangential and verbose speech with flight of ideas. His thought content had megalomanic delusional ideation. His mood state was intense hyperthymia with subjective sensation of well-being and need to make important plans for the future. In addition, the patient showed poor disease awareness. During his admission, the patient was treated correctly with valproate at doses of 1,000 to 1,500 mg/day, lithium carbonate at doses of 1,200 to 2,000 mg/day and risperidone at doses of 6 to 12 mg/day, but did not achieve a frank euthymic state. Since this admission at 21 years of age, the patient has been re-hospitalized up to eigth times more in our center due to manic symptoms having similar characteristics, achieving a hypomanic mood state with different

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treatments (mood stabilizer agents, neuroleptics and electroconvulsive therapy): clonazepam (1 mg/day), topiramate (100-600 mg/day), oxcarbazepine (1,800 mg/day), haloperidol (20 mg/day) and 13 electroconvulsive treatment (ECT) sessions, but without achieving a frank euthymic state. During his last admission in August 2003, at 23 years of age, it was decided to treat the patient with clozapine 600 mg/day, achieving symptom remission. At present, five months after his discharge, the patient is still euthymic and carries out a professional activity with good adaptation, with the necessary periodic controls (fig. 1).

DISCUSSION

As Perugi et al.[6] have indicated, it is especially relevant to consider the diagnosis of chronic mania in a patient with type I Bipolar disorder since its prognostic and therapeutic consequences are going to be different under this specification.

It is frequent for these patients to receive psychotropic medication at adequate doses during the acute manic episode, but there are generally underlying residual symptoms after the acute episode in spite of good therapeutic compliance. Usually, these residual symptoms consist in a chronic hyperthymia mood state, which may lead to an irritability state that would be moderately incapacitating for the sociolaboral and familial development of the patient. However, there is another group of patients in whom this hyperthymia condition is followed, with relative frequency, by manic decompensation, noticeably hindering full development of the subject's sociolaboral and familial life. Thus, and given the deteriorating character of this entity, it is extremely important to identify these patients so that they receive adequate treatment as soon as possible.

In our case, the patient clearly improved after the administration of 600 mg/day of clozapine, achieving total remission of the manic symptoms. At present, there are no placebo controlled studies on the use of clozapine in the treatment of bipolar disorder, but the studies of Suppes et al.[9] showed a greater clinical improvement when Clozapine was added to the usual treatment in a one-year randomized trial in treatment-resistant bipolar or schizoaffective disorder patients. Along this line, as has been suggested by other authors in oppen studies[10,12], treatment with clozapine was an effective alternative in conventional treatment resistant schizoaffective or bipo-

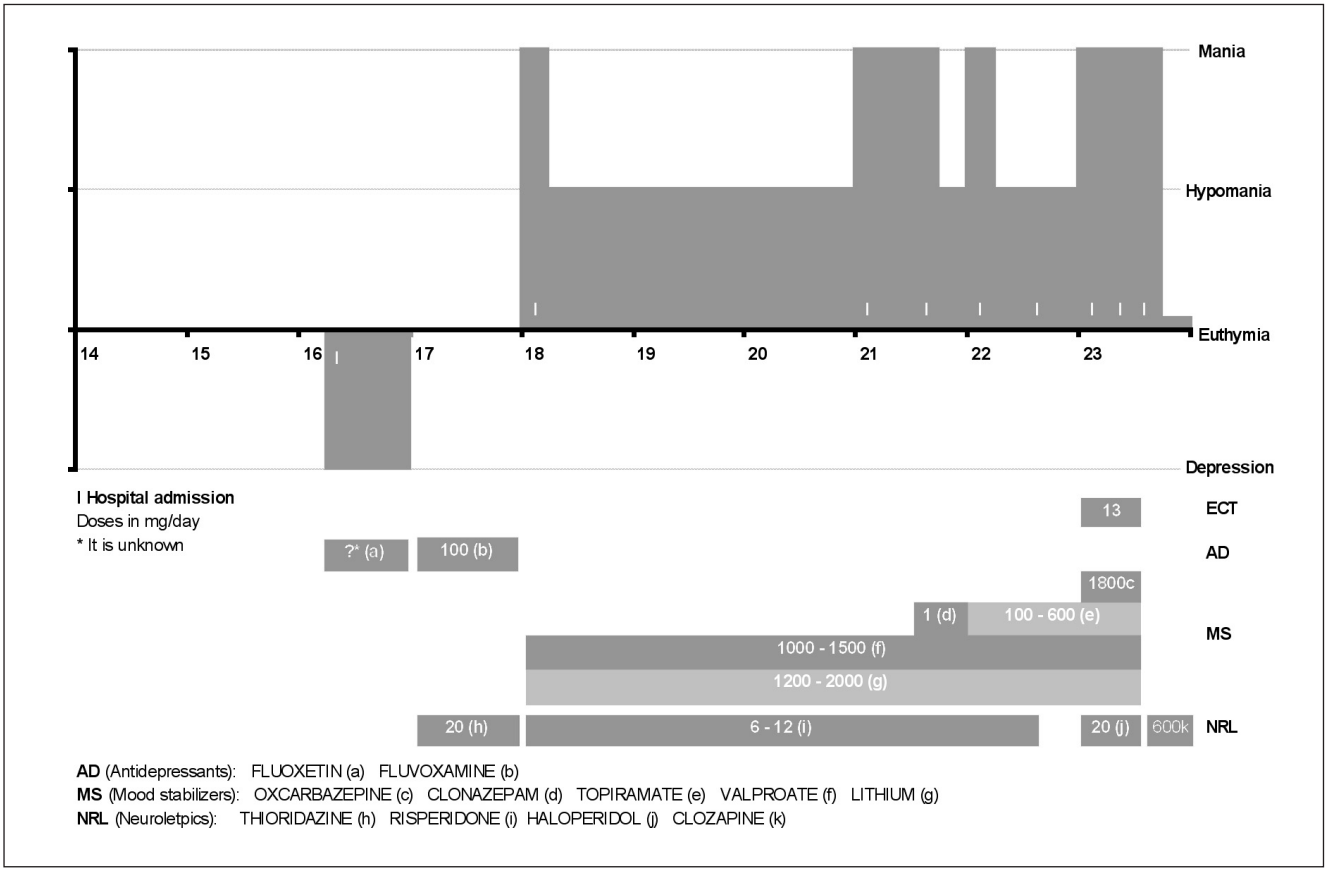

Figure 1. Graphic representation of mood state according to the patient's age. The different admissions to the acute unit, treatments received and their respective doses are presented.

lar disorder patients using similar doses to those of the studies on schizophrenia and with similar percentages of adverse effects.

In this way, the Report of the Texas consensus conference panel on medication treatment of bipolar disorder[13] as well as the Clinical guide for the treatment of bipolar disorders[14] recommend adding clozapine to the conventional treatment after having unsuccessfully tried a combined therapy of three mood stabilizers and atypical neuroleptic drugs. Placebo controlled clinical trials are necessary to verify the efficacy of clozapine in this group of patients, who, when identified as soon as possible, could benefit from this single drug treatment in a less advanced phase of their disease.

In the Malhi et al. study[2], a case of chronic mania that received several psychodrugs during its course, among them clozapine at doses of 300 mg/day without achieving remission of the manic symptoms is also described. In this case, we consider that the clozapine dose was insufficient to achieve a normal mood state, given the chronic and refractory character of this disease.

Finally, it is important to observe up to what degree the manic symptoms decrease and to what degree they have an influence in the person suffering the disorder.

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