On Syndrome with Periodic, Episodic Manic Condition as the Primary Symptom

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INTRODUCTION

A syndrome in which symptoms appear episodically or periodically and which has depression and acceleration of irritability as the primary symptoms is reportedly found often among adolescent women, but is not limited to women only[1,2]. In many of them, psychiatric symptoms become aggravated in association with the menstrual cycle.

At present, many patients with such a symdrome are diagnosed with "periodic psychosis in adolescence" and are treated under the category of atypical psychosis[2-4].

We have recently had clinical experience with patients in adolescence who repeatedly showed manic conditions, the details of which are reported here.

REPORT OF CASES

Case 1: Male, 18 years old at the first visit, a university student.

Past history is not contributory.

As for family history, his father died from a traffic accident when the patient was a small child. He was brought up by his mother who runs a grocery store. No siblings.

Being shy, very serious, and methodical by nature and having a strong sense of responsibility, he was trusted by his friends. From the day he was notified of his passing the entrance examination for a university, he became restless, talkative and began using violent language to his mother. On the day of the entrance ceremony held two weeks later, he wore his senior high school uniform, which was very unusual. In the train on his way home, he shouted, "I'm a university student.

Pay your respects to me!" He was then attacked by several senior high school students in the train and had to be protected by a railway security officer. While wearing his senior high school uniform and saying, "To do honor to my Alma Mater", he would walk around the campus every day and attended neither the orientation meeting for freshmen nor lectures. He quarreled with a guidance officer over trifles, which led to his interview with us, and subsequent treatment and observations of his clinical course.

His obnoxious, high-handed attitude subsided shortly after administration of oxazolam in smoll quantities. EEG showed no abnormalities. Strong self-assertion and tension in interpersonal relations were exhibited on the ink blot test.

During term-end examinations, four months after this first episode, he studied textbooks of his senior high school days not related to the test, saying, "I'll hold out to do honor to my Alma Mater". Also, he would take a taxi to the campus some 10 km away from his home, saying "I fear of riding a train because I'll be beaten up by senior high school students again".

With the end of the exams, psychiatric symptoms disappeared, and he has since been living a college-life without any abnormality for about two and a half years up to the present.

There is no amnesia for the episodes which occurred on two occasions.

Case 2: Female, 16 years of age at the first visit, a senior high school student.

Past history and family history are not contributory.

She has a younger sister who is a junior high school student. By nature, she is willful, sanguine and has many friends. She had menarche at age 12 and has never had premenstrual tension.

In April at age 16, she was elected to be an officer of her high school's student goverment, and with this as a turning point, she became conspicuously talkative and noisy. Because of abnormal acts such as eating lunch during class, or hassling a teacher in charge, saying, "I love you", she had herself examined at the Department of Neuropsychiatry, Yamaguchi University.

Diagnosed as "suspected mania", she was admitted; she was placed od administration of small doses of chlorpromazine, discharged on the 14 th hospital day and returned to her high school. No abnormality was observed for three months. But she became restless on the day before

an interclass volleyball game. She stayed up all night making a rooter's banner by herself and left home at 4:00 a.m. the following morning. At the station she found there was still much time before the first train, and lied down on a bench in a waiting-room there. She was discovered in the situation by a station attendant, which led to her second admission.

On the second admission too, she was placed on administration of chlorpromazine and manic conditions disappeared 10 days later. Electroencephalograms taken during the perion of episode and the intermittent period all showed normal findings. The second episode had nothing to do with menstruation, and no abormality was found either in blood progesterone values, the basal body temperature, the luteal phase, or the day of ovulation. Self-assertion and lack of inner control were exhibited in the ink blot test.

DISCUSSION

Points common to the two cases reported here are as follows: (1) Past history and hereditary history are not contributory. (2) The onset of episode is at 16 years and 18 years of age, that is, adolescence. (3) The episode occurs suddenly and disappears in a relatively short time. (4) It is preceded by a provoking cause or something like a trigger. (5) As psychiatric symptoms, they present what can be explained simply as manic condition, there being neither depressive condition nor schizophrenic nuance. And findings suggestive of a fall in the level of consciousness were not observed clinically or on EEG. (6) Since the two episodes, both cases have been doing well, and there have been no aftereffects to interfere with a normal school life.

This disease is very similar to conditions in the manic phase of affective disorder, in terms of elevation of self-consciousness. But it is more or less different from the typical manic phase in that psychiatric symptoms disappear as repidly as the onset. From the standpoint of irritability, an epileptic disorder or a disease coming under the category of epilepsy could be suspected. But this possibility should be ruled out since EEG findings showed no evidence of abnormality and there was no clouding of consciousness.

There are some reports about girls in adolescence like Case 2 who repeatedly exhibit a manic-depressive phase almost coincident with anovulatory menstruation[1,2]. If interpreted in a broad sence, this disease may belong to "Randpsychose", which is said to be due to dysfunction of the diencephalon-pituitary body, having one aspect of "Diencephalose"

[5,6]. However, tests performed in Case 2, incomplete as they were, showed no functional disorder of the endocrine system.

This disease is very similar to "periodic psychosis"[7-9] except that the menstrual cycle is not oincident with appearance of psychiatric symptoms and that abnormal secretion of sexual hormones is not observed. Mental stress observable in the two cases appears to have caused confusion of identity in the youth, and along with an incomplete concept of self, led to the onset of psychiatric symptoms. Of course, the weakness of their diencephalic function cannot be denied, and their weak resistivity to mental conflict may in a sense be taken as attributable to their disposition.

For this kind of disease, an approach from the physiological aspects is important, but understanding the mental construction peculiar to adolescence may be even more important. We believe that the "manic state" has been engendered by "self-conceit", or an attitude of disregard for others in interpersonal relations. This attitude does not allow intervention and interference by other people and puts the high above others as a reaction to a critical sitution in adolescence.

SUMMARY

A "manic state" which appeared periodically or episodically was obsered in two cases in adolescence. The duration of this condition was short and prognosis was good. Psychiatric symptoms in one female patient were not coincident with the menstrual cycle. Both cases showed no abnormalities on EEG.

Judging from symptoms and clinical course, this disease is akin to periodic psychosis, but "self-conceit", as a protective reaction to a critical situation against mental stress may have taken the form of a "manic state".

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