



coordinated by Professor Gordon Parker

# mind over matter

## A fortunate escape

The diagnosis for a farmer's despair is not as obvious as it seems.

### HISTORY

IAN, a 45-year-old farmer, was found by his son in a back paddock of his NSW property. He had attempted to shoot himself.

Luckily, he had inflicted only superficial damage.

Ian was rapidly transferred to a Sydney psychiatric unit. When interviewed, he stated that the length of the drought and the associated financial crippling had left him with no alternative but to kill himself.

### DIAGNOSTIC QUESTION

At first pass, a reactive depression appears the most appropriate diagnosis.

However, stressful events can precipitate a range of depressive conditions. Thus, the assessment priority was to determine the principal depressive disorder.

### CLARIFICATION

At interview, Ian was extremely agitated, pacing, wringing or rubbing his hands, preoccupied and interacting only superficially. His forehead was furrowed and his mood was completely non-reactive.

Asked about the stressor, he reiterated a characteristic coda – that he and his family were “ruined”, that there was “no hope”.

“What is going to become of us?” he asked.

Ian could see no solution and believed his family would be far better off without him, as they might be able to get some money from his insurance policy.

When his wife was interviewed, she stated that their debts were manageable and, after negotiation with their unusually supportive bank, under complete control.

While Ian was unable to give a family history, his wife thought this was his first episode of depression, but she was aware that his father and several uncles had had episodes of severe depression, with one uncle having committed suicide.

She stated that Ian was a dependable, respected and resourceful man who had handled past stresses with resilience.

### DIAGNOSIS

Ian had an agitated psychotic depression.

Psychotic depression is a severe form of melancholic depression, generally evidenced by a non-reactive and anhedonic mood. It is often associated with appetite and sleep disturbance and impaired concentration, and with psychomotor disturbance shown by distinct agitation and retardation (such as slowed movement and speech, delay in responding, paucity of content).

In addition, there are psychotic features. Rarely, these may comprise hallucinations – for instance, the individual may hear derogatory voices telling them that they are useless and worthless.

More commonly, the individual experiences delusions or over-valued ideas, often that they are a worthless burden.

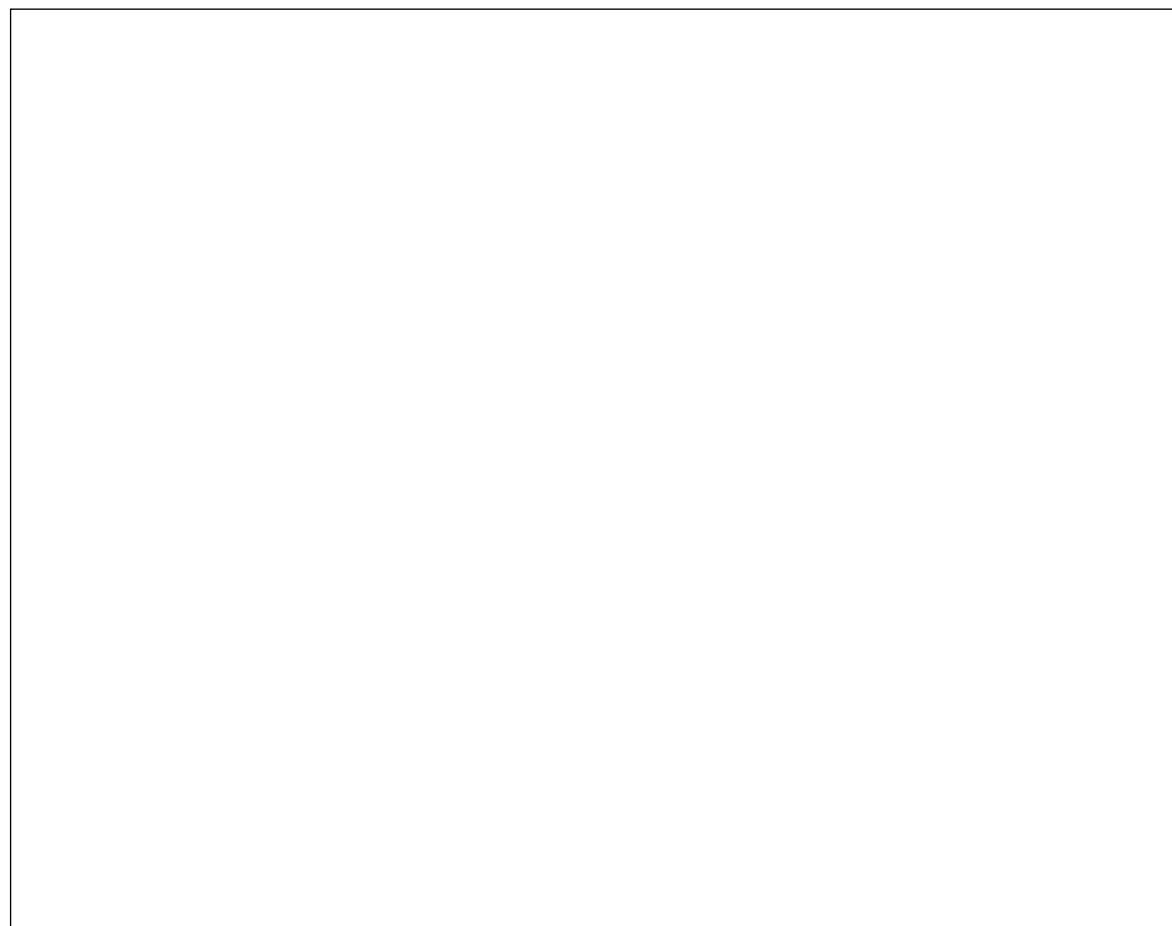
‘Morbid guilt’ is also usually present, where rumination on some minor current or past misdemeanour magnifies it into a terrible offence.

Psychotic depression is dangerous and needs swift professional intervention.

### MANAGEMENT

Ian was reluctant to be hospitalised, insisting he be made a voluntary patient.

On the second day, when he appeared even more agitated and preoccupied, he was



transferred against his will to a locked ward. Over the next three weeks, he responded well to a broad-spectrum antidepressant combined with an antipsychotic drug.

On recovery, his family was relieved to see the return of his warm personality.

He told his consultant quietly that only an hour before transfer to the locked ward he had attempted to electrocute himself in his bedroom – even after denying any suicidal ideation to the nursing staff.

He confirmed that he had checked with his accountant and he was now not only aware that his debt to the bank was manageable, but felt the issue was no longer a problem.

At discharge, the antipsychotic medication was able to be stopped, and it was recommended that he remain on the antidepressant medication

for at least six months.

At review, it was agreed to trial tapering his medication. He offered to talk about his episode at his next school reunion, being keen that no other grazier would let their depression get to such a level.

The advantages and disadvantages to his altruistic offer were discussed.

### FINAL MESSAGES

Frequently, the aim of management is to address the causal driver.

For many rural people, where the drought and its impact have been horrendous, the lever may be such a stressor and its consequences. In such situations, the depression is frequently a reactive condition.

However, stresses are not always sufficiently explanatory. In Ian's case, the stressor had precipitated a biological depres-

sion (i.e. an agitated psychotic depression) in an individual who was predisposed genetically to develop such a reaction (a diathesis stress model rather than a pure reactive disorder).

Primary therapeutic attention to the stressor alone would not have been appropriate (nor achievable). Ian had a biological depressive condition that required active and assertive treatment, and prioritising of his safety.

Rural individuals are resilient, proud and fiercely independent; they often have the means to kill themselves readily available; and treatment and management resources are generally thin on the ground.

In Ian's case, he had a supportive family and a responsive GP who activated a protective treatment strategy that saved his life. He was one of the lucky ones.

MO

## clinical trials

### Cognitive function in heart failure

MELBOURNE researchers are currently looking for volunteers to participate in a study investigating the link between congestive heart failure and cognitive function.

Previous experience has shown that people

with congestive heart failure can sometimes demonstrate a range of cognitive deficits. In this study researchers will examine the mental flexibility and cognitive function of people with heart failure and compare it with that found in a cohort of healthy controls.

To be eligible to participate in the study people will need to be aged between 40 and 75 years. Individuals with any previous history

of a neurological disorder affecting the central nervous system, hypothyroidism or taking psychiatric medication will be ineligible.

Once enrolled in the study individuals will have to complete a series of neuropsychological tests aimed at assessing attention, concentration, memory (verbal and visuo-spatial) and executive function. These tests take approximately two to two and a half hours to

complete.

The study is being carried out by Monash University and The Alfred Hospital, Melbourne. All the assessments will be conducted individually by appointment at The Alfred Hospital's department of neuroscience.

For further information contact Dr Shaymaa Elkadi on 0429 960 153 or 03 9276 2552 or email shaymaa.elkadi@med.monash.edu.au.