

Prolonged Hypomanic, Five Years
Running Wild: Case ReportBianca Caroline Alvim Tomaz¹, Guilherme Lavras Costallat² and Elaine Henna^{3*}¹Medical student at Faculty of Medicine and Health Sciences of Pontifical Catholic University of Sao Paulo, Brazil²Resident physician of Psychiatry at Faculty of Medicine and Health Sciences of Pontifical Catholic University of Sao Paulo³Professor of Psychiatry at Faculty of Medicine and Health Sciences of Pontifical Catholic University of Sao Paulo, Brazil

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Abstract

Bipolar disorder is characterized by episodes of depression, hypomania e mania. Usually the hypomanic and manic phases are briefer than depressive ones. Presence of comorbidities with other psychiatric disorders is common: nearly 45% of bipolar patients are associated with personality disorders obscuring accurate diagnosis.

We aimed to report a case where hypomania symptoms lasted five years, as there was a long life history of dysfunctional behavior; hypomanic symptoms were mistaken as personality. Diagnosis of bipolar disorder only was done when it evolved to mania. There was complete recovery of mood symptoms with mood stabilizer.

Introduction

Bipolar Disorder (BD) is characterized by episodes of depression, hypomania, mania, and in between periods with no or few symptoms [1].

Depression phase in BD presents a low mood, hopelessness and lack of pleasure. Manic episodes in opposed comprises a persistent humor expansive or irritable, increase in energy or activity, plus high self-esteem/grandiosity, little need of sleep, increase rate of speech, flight of ideas, distractibility, interest in goals increased, psychomotor agitation, increase pursuit of activities with high danger risk, and psychotic symptoms can be present. These symptoms are extremely severe and hospitalization can be required. The hypomanic phase, in turn, even though has the above symptoms, it is less severe and without much life prejudice [2].

Longitudinal surveys uncovered that bipolar patients usually initiate their disorder with depression and have at least three times more depression than hypomanic/manic episodes. Depressive phase can last up to six months, presenting a protracted form. On the other hand, hypomanic and manic episodes, consisted by elation, grandiosity, over-activity, delusions, money overspending, and impulsiveness are usually shorter [3,4]. So, the longer hypomanic/manic episodes last, the more devastating to the patient's lives causing severe physical, psychological, and socioeconomic damages. Prolonged mania is quite rare situation that can occur by resistance to treatment [4,5]. We reported a patient with traits of cluster B personality disorders, which the hypomanic symptoms lasted five years until extreme psych agitation brought him to hospitalization.

Case report

Mr. P., 49 years old, married, was brought to the inpatient psychiatric clinic set by his wife. After four days without sleep, he started being extremely aggressive, shouting, throwing objects in his home, and had an incomprehensible and disorganized speech threatening kill people.

According to his wife and parents, since his teenager years, he was impulsive, involved in physical fights, deceitful, jealous, bossy, and presented a sense of self-importance. Five years ago, without triggers, his behaviors changed. He got persistently and abnormally restless, sleeping only few hours a day, spending money through buying cattle, several cars and industrial machinery, shouting with strangers, talkative and prone to fight. Three years ago, P. underwent to an emergency cardiac surgery, and immediately after ithe stayed few weeks in a low mood, which resolved spontaneously. He gradually returned to euthymia, that lasted few weeks, coming back to elation, restless, grandiosity, and irresponsible behavior. Two years ago, his symptoms worsened and he started delusional and persecutory thoughts, believing that his neighbor raped his youngest daughter and installed cameras in his house. Even though the altered mental state of P. had brought several and deep financial and socio-personal problems, the family somehow have been coping with.

The physical examination did not uncover any dysfunction, all lab exams, which included liver function, serum electrolytes, thyroid and blood profiles, were within the normal range. We

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introduced Risperidone 4.0 mg/day and Divalproex sodium 1.000 mg/day, with good improvement in psychotic symptoms and agitation. Patient was discharged and referred to our outpatient mood disorders clinic.

In the outpatient mood disorders clinic, we confirmed our hypothesis of prolonged hypomanic by the Mini International Neuropsychiatric Interview [6], as well as the presence of narcissistic and antisocial personality disorders traits [7].

After one month under the treatment, he was sleeping for seven hours, socially appropriated, without aggressiveness neither exaggerated expenses. He had no symptoms of depression [8] or hypomania [9] and had reached a complete recovery.

Discussion

This patient presented a stable pattern of misbehavior: being deceitful, jealous, bossy, impulsive, involved in physical fights, and presented a sense of self-importance since his teen years, and, which brought to him and family some legal and emotional problems. This pattern was changed five years ago, when he had a breakdown in his functioning and exhibited hypomanic symptoms persistently, until he evolved to mania and then being hospitalized.

Since the symptoms started, he stayed all most of the last five years in hypomania. In between the beginning of hypomanic symptoms and the hospitalization, he was free of hypomania only for seven weeks, immediately after a cardiac surgery, when he felt in low mood for four weeks, following 3 weeks in a normal mood. Then he gradually had less need of sleep, more energy, restless, and plenty of ideas to be a millionaire. This state evolved to a complete disorganized behavior, speech, delusions, and aggressiveness leading him to hospitalization.

During his hospitalization we hypothesized manic episode and choose to treat him combining Risperidone and Divalproex sodium, which has been effective and safe in controlling mania [10].

As soon as he recovered, he was referred to our outpatient set, where our initial hypothesis of prolonged hypomanic episode was ascertained. As it had been related a long life dysfunctional pattern of behavior, we also investigated personality disorders, which turned out being confirmed.

Hypomania/mania is usually brief and cases resistant to conventional treatment are uncommon [4], even so Muneer [5] reported a patient with prolonged mania despite adequate treatment. Differently from our patient who responded quickly and well to the first proposed treatment, but had remained five years without diagnosis and treatment.

We could suppose that the personality traits he exhibited, such as impulsivity, hostility, bossy and demanding attitude could be disguised the hypomania, at least in the beginning. Indeed, even though his family had realized a changed in his behavior and it had caused deep negative consequences to their lives, they believed those changes could be only a spoiled behavior.

The association between bipolar disorders and personality disorders are frequent, occurring in nearly 45% of bipolar patients [11]. These associations can worsen the BD course increasing suicide rates, even in euthymic bipolar patients, and decreasing treatment compliance [12], and difficult diagnosis, acting as a confounder.

Conclusion

Bipolar disorder remains a challenge once the clinical presentations encompass several manifestations that can be confused as deviant behavior, mainly when personality disorders are associated with. Prolonged hypomania is devastating to personal and family lives requiring immediate interventions, so physicians should be awake to atypical manifestations.

The main limitation is that personality disorders was verified by a screening instrument and not confirmed by a specific structured interview.

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