CASE REPORT

CHRONIC MANIA: PSYCHOSOCIAL IMPACT TO THE FAMILY AND ROLE OF COMMUNITY MENTAL HEALTH TEAM IN PROVIDING CARE

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Abstract

Objective: **This case report highlights the psychosocial complications of chronic mania in a mother and the role of CMHT in improving the condition's outcome.** ***Methods:*** **We report a case of a Malay mother who had underlying chronic mania for 20 years.** ***Results:*** **She was aggressive and abusive towards her children causing tremendous trauma in them, had lost her child custody and almost lost her husband to another woman. Lithium with multiple psychosocial interventions delivered to the patient and her family had improved her mood symptoms significantly and improved the family's quality of life.** ***Conclusion:*** **Chronic mania causes tremendously high illness burdens, and with extra care, the outcome of the condition can be improved.** ***ASEAN Journal of Psychiatry, Vol. 15 (2): July – December 2014: 217-219.***

Keywords: Chronic Mania, Psychosocial Impact, Lithium, Aggression, Community Mental Health Team (CMHT)

Introduction

Chronic mania is rather uncommonly seen in these modern days where more advanced treatment for psychiatric conditions is available. In fact, its existence as a clinical entity is being debated [1,2]. It is defined by some authors as the presence of manic symptoms for more than 2 years without any remission [1-4]. A few case reports have been published highlighting its clinical picture [1-3]. In a study in 1995 on 155 patients with mania [4], 13% of the patients had chronic mania with typical symptoms of constant euphoria, grandiose delusion and other related delusions. Sleep disturbance, psychomotor agitation and hypersexuality were found to be occurring at a low rate in this study [4].

There has been no study focussing exclusively on the magnitude of the burdens accompanying chronic mania in terms of psychosocial impact to the patients and their families. This paper highlights the psychosocial impact of chronic mania to the family in a mother suffering from this condition and the role of Community Mental Health Team (CMHT) in providing treatment and care for the whole family.

Case Report

Madam Y is a 41-year-old Malay housewife married with 5 children and had underlying diabetes mellitus and hypertension. She was diagnosed to have bipolar I disorder 20 years ago and has had multiple admissions to the psychiatric ward since then for exacerbation of manic symptoms and aggression towards family members. She came for follow-up at the psychiatric clinic quite regularly, but unfortunately had never achieved a complete remission. This was partly due to her poor adherence to treatment. Over the recent years, she had been treated with a mood stabilizer, sodium valproate up till 800mg twice daily.

The symptoms that had run a chronic course in her were grandiosity, irritability, spending spree despite being limited by poverty and wondering around asking money from people in the neighbourhood.

Her unremitting manic symptoms had made her an ineffective mother and exposed her children to harm and danger. She had neglected their emotional needs and furthermore would not hesitate to inflict physical punishment on them when she was unhappy about anything which may or may not be related to them. The children were exposed to her beatings quite frequently. At one stage, out of anger, she attempted to drown her 2-years-old daughter in a large pail. Her children grew up becoming emotionally detached from her and closer to her unmarried sister who lived at the top floor of an inherited house they shared. Her sister gradually took over guardianship and became the mother figure for the children. Two of her elder children (16 and 14 years old respectively), who performed quite outstandingly at school, had refused to go to school in 2012 as they felt ashamed after being ridiculed about their 'mad' mother. This had lowered down their self-esteems and left them in desperation on how to 'make their mother normal like other mothers'.

Her uncontrolled manic symptoms also made dysfunctional in marriage. She hardly carried out her role as a homemaker. Her house was most of the time messy and dirty. It was very seldom that she prepared food for her husband or looked after his personal needs. Her husband, who worked as a security guard, had channelled his loneliness by befriending girls through the internet which led to extramarital affairs. He had expressed his intention to marry another woman at one stage, which made her upset and became aggressive to him and the children. In April 2012, she presented with an alleged aggression towards her family members and abusive behaviour towards her 2-years-old daughter. The child sustained burn marks at abdominal region, requiring admission to the paediatric ward. She was irritable, talkative, had decreased need for sleep and spending spree. She denied having any psychotic symptoms or any depressive symptoms. On mental state examinations, she was a young Malay lady which easily distracted with her surroundings. Her speech was slightly pressured. She was irritable, and her affects were inappropriate and labile. Her attention and concentration were poor. Her judgement was impaired and she had poor insight. Physical and neurological examinations were unremarkable. Her blood sugar level was under control. This incident had caused her lost custody of her children to her sister.

Patient is the 7th out of 12 siblings. Her sister had major depressive disorder requiring treatment. There was history of incest; patient was raped and her sister sodomised by the same brother during their teenage years. She had poor relationship with her family members and was brought up in a dysfunctional family. Patient is a chronic smoker but had never abused illicit drugs.

During her psychiatric admission in April 2012, sodium valproate was switched to lithium carbonate; and the dosage was titrated up to 800mg daily. Her mood symptoms improved significantly with lithium level of was 0.78mmol/L. Upon discharge from the ward, she was referred to the community mental health team (CMHT) for community care. The team provided direct observation therapy (DOT) for supervision of her medication adherence i.e. daily visit to her house to ensure medication adherence, during the initial period of a few months. Meanwhile multiple interventions were planned and carried out to address her wandering behaviour, poor money management, marital problem, relationship with children and the children' emotional and academic needs. All her children were successfully managed together with the Child and Adolescent Psychiatric Team. The patient was facilitated to get into and maintain part-time employment and helped to manage money while receiving couple sessions to address her marital problems. The local municipal council was involved to clean her house from time to time as the patient had difficulties to pick up homemaking skills. Her sister was also given continuing support from the team.

She currently receives weekly visit from the team as her medication management skill has

improved. Her manic symptoms are adequately controlled with no more aggressive and wandering behaviours. Her relationship with her husband has improved significantly and she was granted to spend some time with her children on a regular basis.

Discussion

Chronic mania has been recognized as a distinct entity with some typical features and responds to treatment [4-5]. As they tend to have poor treatment response, those patients with chronic mania are at higher risk to have severe impairment in terms of social, occupational, familial and interpersonal functioning [4-5]. As highlighted in this case report, the psychosocial impact of the condition occurring in a mother is tremendously high; affecting the lives of other members in the family.

However, in this case, the outcome of chronic mania was able to be improved. Lithium, when adherence to it was ensured, had led to adequate symptom control. Additionally, psychosocial interventions carried out through the multidisciplinary approach had helped the patient and her family achieved more meaningful lives. In conclusion, chronic mania led to severe functional impairment and causes very high psychosocial burdens to patients and their families. Appropriate treatment and care, though may involve higher cost, may improve the outcome of the condition to a meaningful level.

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