Case Report

A RARE AND UNUSUAL SYMPTOM OF DEPRESSION

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ABSTRACT

In depression, the domain involved includes depressed mood, anhedonia, cognitive disturbances, psychomotor disturbances, vegetative symptoms and frequently encountered anxiety symptoms. In this case of depression there is depressed mood, associated signs and symptoms of depression with acute situational distress. The unusual and unique presentation of emission of foul smell during a particular situation is clearly not a delusional disorder as it has been corroborated by her spouse and colleagues. Is there an explanation for it?

INTRODUCTION

Depression may be interpreted as a consequence of longstanding hyperactivity of the stress- system due to corticotrophin releasing hormone (CRH) overdrive, hyperactivity of the adrenergic system, and the glucocorticoid hormones circulating in excess.

In depression, there are varieties of associated emotional reactions to actual or anticipated loss, feelings of distress and sorrow arising from adversities and vicissitudes of life (Costa N Stefanis and Nicholas C. Stefanis 2002)

Like many other mental disorders several symptoms present in depression are changeable over time. Basically depression signifies a mood state, a complaint reported as well as syndrome defined by operational criteria. There is sadness, low morale, misery, discouragement, hopelessness, emptiness, unhappiness, distress, pessimism and other related affects. Anhedonia, cognitive disturbance characterised by low self esteem, and low confidence, negative thoughts, suicidal thoughts etc. psychomotor disturbance, vegetative symptoms and anxiety symptoms are associated conditions.

In depression, anxiety disorder is frequently encountered and becomes an integral part of its clinical picture (Costa N Stefanis and Nicholas C. Stefanis 2002).

The stress that leads to distress evokes response known as the general adaptation syndrome which was described by Selye, 1936. It comprises of three phases, the first being the alarm phase (changes in B.P, heart rate, circulating glucose levels and electrolyte balance and shock response (increase release of corticosteroids, adrenalin). The second phase appears if the stress persists called the resistance phase. There is increased adaptation but more susceptible to noxious effects of the stressors. The phase of exhaust would be reached if the exposure to the stress continues where there is a pathological change in the immune system and GIT which may be fatal.

In depression there is an array of physical, physiological and psychological symptoms and involvement of neurotransmitters and imbalance in circulating chemicals/substance such as glucose, electrolytes, corticosteroids and adrenalin.

In this case there is an additional symptom of release of chemicals from the body elicited as foul smell lasting for few seconds.

THE CASE

Mrs A Devi aged 49 years, a government employee first came to consult about her son, aged 18 years, 2nd of two siblings, reading in 12th class for certain changes seen in his behaviour which the mother sees it as deviant and became a cause of concern and anxiety. According to her, the son appears to rebel in everything such as choice of friends and not adhering to things which he apparently followed earlier. The mother aggressively followed and monitored her son's activity which became a point of conflict and the

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son clearly showed his irritation by switching off mobile phone and hanging out with friends most of his leisure time. The mother felt very distressed as she feels the son is out of her control. After passing 12th with good grades, the son got admitted in a good technical institute (engg.). But after a few months he lost his interest and instead wanted to go for medical, which he informed the parents. The parents refused to listen to him regarding the change in career. The son too refused to attend classes and requested the parents to remove from the institute so that he can give a try for medical course as he feels that will be more suitable to him. At this stage the conflict with mother became worse and the son phoned her daily which she dreaded. There was constant fear that the son might ring to press his points which the mother finds it difficult to accept otherwise.

The second visit by Mrs. A. Devi was for her problem. She complains of low mood, frustration, sleep disturbance, apprehension, mental restlessness, lack of energy, drive and interest, sleep disturbance, nausea, poor appetite, headache, sense of distress and irritability. She also has suicidal thoughts. Besides the above complaints, she came for a very disturbing condition which was situational and brief. Whenever her son gives a call to state his demand and insist on coming back home, a foul smell emits from her body which was quite distinct and different from body odour or of sweat. After the burst of smell it subsided after few seconds. That, she emitted foul smell was corroborated by her colleagues who comment on a strange, foul smell that appears to come from nowhere. According to her husband the smell was alike to spoiled, rotten cereals/vegetables and the smell was quite intense for few seconds. According to the patient, the smell erupts when she feels acute distress, sense of helplessness, frustration and anguish over her son's refusal to attend class and whenever he calls up to pressure her. His tone of voice of threat and anger disturbs her a lot.

Her past history does not reveal having had any depressive episode or anxiety that requires psychiatric consultation though she admits her nature

is of anxious disposition and quite aggressive in her pursuit of her activities and sensitive to criticism.

On mental status examination, the affect objectively was depressed and anxious and subjectively feels sad and tense. Other parameters are intact. The patient was put on anti depressants and high time dose of antidepressant with sedative effect and very low dose of antipsychotic (risperidone 0.5 mg). After 2 weeks of medications the patient reports significant improvement in mood, sleep and appetite. Suicidal thoughts subsided. She had one episode of emission of foul odour when her son rang up.

The medication continued for another three months with three follow ups. In the meantime the conflict of son's change in career choice was resolved by putting him in a medical college and the patient felt better too. The acute distress experienced whenever the son rings up does not arise and there was no emission of the foul smell. During the course of assessment and the treatment all routine investigations (Blood RE, GBP, ECG, URINE examination) including blood sugar, lipid profile were done. All reports were within normal limit.

DISCUSSION

Major depression and dysthymia were the two main categories of depression in the 1980's, and now a variety of new constructs have appeared such as sub-syndromal depression, mixed anxiety & depressive disorder, atypical depression, double depression and depressive personality (Angst et al, 1990; Klein 1990, Zinbarg et al, 1994 Judd et al, 1994, 1997; Hellestein and Little, 1996, Herpertz et al, 1998). Lazarus (1966), states that stress occurs when (perceived) demands on the subject are taxing or seem to exceed his abilities to adjust. Stress phenomena appear if the appraisal by the subject has a negative outcome, and the situation is perceived to be potentially damaging and hard to cope with. In addition to psychic phenomena the stress syndrome consists of somatic component, induced by increased production of corticotrophin releasing hormone

(CRH), activation of hypothalamic-pituitary-adrenal axis(HPA axis) and changes in the central monoaminergic (MA ergic) systems and the amine system. (Herman M.Van Praag, Ron de Kloet and Jim Van OS,1929).

In depression several other psychic domain are also affected such as anxiety and aggression regulation, motoricity, information processing and hedonic functions.

Life event is defined as a rather sudden and short lasting occurrence and severe enough to provide a substantial disturbance in psychic homeostasis.

Life events are very heterogeneous in nature and may originate in different spheres of life such as health, work, home, family, finance, social network (Rahe 1995).

The cognitive events may provoke feelings of grief, despair, (auto) aggressiveness, hopelessness etc. they are usually seen in neurotic individuals and people with personality traits that make them vulnerable to frustrations in the relationship sphere. The patient's depression and distress were linked to her son's going against the parent's desire which they perceived will be a loss of face among relatives and friends.

The patient however, has been feeling frustrated for the

last one year when the son started asserting his independence by socializing with friends, thereby coming back home later than usual. All along the parent's enforced rigid timekeeping.

The patient's sense of loss of control over her son's activities and career choice became very stressful and gradually developed into a full blown depression that meets the DSM 4 criteria.

The unusual presentation during the acute distress of emitting foul smell from her body is a cause of further research. Literatures pertaining to anxiety and depression have not reported of any such presentations. The fact that it is not delusional is confirmed by her spouse and colleagues when they comment on the unpleasant smell. Only during a certain state of distress in an already depressed mood, the smell is present and otherwise there are no such complaints.

The somatic component of depression is induced by increased production of corticotrophin releasing hormone, the activation of the hypothalamic pituitary-adrenal axis and changes in the central mono- aminergic systems, the autonomic and immune system. Could the changes explain the phenomena? Or are there other mechanisms to explain the emissions of foul smell?

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