A pica case associated with suicide-bereavement

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ABSTRACT

Pica is defined as the consumption of non-edible substances for at least one month. Although there are reports about the causes of pica emphasizing nutritional deficiencies and psychosocial stress, the etiology and treatment approaches still remain unclear. In this case, a patient with pica accompanied by serious psychiatric and medical comorbidities which occur after witnessing a suicide, during adolescence is described firstly in the literature. (Anatolian Journal of Psychiatry 2014; 15(Suppl.1):S39-S42)

Key words: Pica, suicide-bereavement, depression, posttraumatic stress disorder

İntihar yası ile ilişkili bir pika olgusu

ÖZET


Anahtar sözcükler: Pika, intihar yası, depresyon, travma sonrası stres bozukluğu

INTRODUCTION

Pica is defined as the ingestion of non-nutritive substances for a period of at least one month, which is not occurring as a cultural practice. Although the etiology of pica still remains unclear, there are reports accusing iron, calcium or zinc deficiencies. Also, in literature pica is reported as an obsessive-compulsive spectrum disorder or even as an impulse control disorder. Finally, in DSM 5, pica is included in the section of 'eating and feeding disorders' without an age limitation. However, in many reports, pica is found associated with high levels of stress, anxiety and depression emphasizing those as important risk factors.

Suicide is a serious trauma in every age group. Studies about psychiatric morbidities in adolescents after a peer’s suicide, have shown that complicated grief (CG) is common in response to a peer’s suicide, and is found associated with suicidal ideation, depression and posttraumatic stress disorder (PTSD). CG related to bereavement, which is proposed to classify different from depression, anxiety, and PTSD is characterized by preoccupation with the deceased, avoidance, disbelief, numbness, detachment, irritability, anger, and also found related with long term somatic and psychiatric...
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Although many psychiatric disorders related to CG were determined before, pica was not reported in literature. In this regard, we discussed a case of pica characterized with lithophagia and serious medical/psychiatric comorbidities, which had developed after witnessing his aunt’s suicide.

CASE

T, an 18-year-old male, brought to the orthopedics clinic of a university hospital with hip pain, by his parents and hospitalized with a preliminary diagnosis as avascular necrosis. After the observation of aseptic necrosis with ‘the intestines filled with stones’ in the anterior-posterior X-ray examination incidentally, general surgery and psychiatry consultations were requested (Image 1).

Image 1. Anteroposterior view of hip and intestines of the patient

After initiating laxative treatment by general surgery and planning the clinical follow-up by orthopedics, the patient admitted to the outpatient clinics of psychiatry. In psychiatric examination, he disclosed that since four years, i.e. since he had witnessed his aunt’s suicide by hanging, he episodically had an irresistible desire to consume rocks and pebbles. The patient had intrusive memories, flash-backs and nightmares about his aunt are hanging vision. He still was having trouble accepting the death of his aunt. His school performance deteriorated steadily, and therefore he had to leave school. He had low mood, loss of interest in daily activities, hopelessness, worthlessness, irritability, impulsivity, disturbed sleep, decreased appetite and poor self-esteem since two years. Symptoms were progressive and, he had suicidal ideation, recently. The information about the patient was also cross-checked by his mother. She confirmed that all symptoms had begun after suicide. She reported a close relationship between her sister and son, before the suicide. The patient’s personality was introvert that he mostly had difficulties in expressing his emotions and in relationships with peers. There was not any psychotic symptom described in the story and the level of his intelligence was within the normal range consistent with his sociocultural status. There was no other family history of a psychiatric disorder except his aunt’s suicide.

In the routine investigations, he had anemia that his hemoglobin was 9.0 g/dl. All other routines and trace elements were normal. The scores of Beck Depression Inventory and Inventory of Complicated Grief were 44 and 45, respectively. According to DSM-IV-TR, the patient was diagnosed as depression and pica. He had complicated grief and posttraumatic symptomatology, as well.

His symptoms were still remaining after controlling the anemia that fluoxetine 20 mg/day with supportive therapy initiated. Within a week, depressive symptoms had decreased. He was interviewed for two-week intervals. After three months his mood was completely improved, his complicated grief and posttraumatic symptomatology were subsided. He was not ingesting rocks and pebbles for the past four weeks and indicated that thoughts of eating rocks and pebbles were not disturbing him anymore. The treatment continued and he is still being followed-up.

DISCUSSION

The most important feature of this case was the development of pica after witnessing a relative’s suicide, which was experienced during adolescence. There are reports about pica that aggravate with stressful situations. But to our knowledge the onset of pica related with suicide was not reported before.

In our case, pica was accompanied with posttraumatic stress disorder symptomatology. Although pica was not described with PTSD, there are many reports about eating disorders associated with PTSD. Also, Mitchell et al. indicated the common features of PTSD and eating disorders, such as cognitive disturbances, emotion dysregulation, dissociation, and impulsivity and reported the effectiveness of cognitive processing therapy in those patients.

The clinical features of our case and treatment response to both pica and PTSD symptoms were congruent with the findings, that clinicians should be aware of this comorbidity.

Although it’s difficult to suggest a definite relationship between this traumatic event and pica in our case, the onset of pica during suicide-bereavement is remarkable. Melhem et al. reported that adolescents might experience a traumatic grief reaction after exposure to a peer’s suicide. Our patient had multiple medical and psychiatric morbidity that he had CG, posttraumatic stress disorder symptoms and major depression including suicide ideation with a serious pica. Therefore, clinicians should be alert to the occurrence of traumatic grief reactions in adolescents and should investigate all different clinical presentations as in our case and further studies are needed to elucidate all comorbidities in complicated grief for better treatment approaches.

CONCLUSION

This case presents some important points: Firstly, witnessing a suicide is a serious traumatic event in childhood and adolescence that may be characterized with different clinical manifestations. Our patient has much comorbidity which may be associated with clinical severity. Secondly, the possible relation with suicide in this case, highlights the importance of psychosocial aspect of the disorder in terms of the etiology of pica again. And finally, exposing to suicide may cause different eating disorders like Pica that future longitudinal studies investigating the effects of witnessing a suicide would be helpful for preventing both psychiatric and clinical complications.

REFERENCES

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