Case Report

Depression in a Patient of Crohn’s Disease

Anubhav Rathi, MS Bhatia, Anant Oberoi

Department of Psychiatry, University College of Medical Sciences &
G.T.B. Hospital, Dilshad Garden, Delhi-110095

Introduction

Crohn’s disease (CD) is an idiopathic, multifactorial, inflammatory, gastrointestinal disease characterized by a chronic and relapsing course. Significant advances have been made in the past 2 decades in understanding of Crohn’s disease and the contribution of various factors in its pathophysiology. Though specific contribution of psychosocial factors to the evolution of the disease remains unclear and controversial but majority of the physicians attribute an important role to psychosocial factors in the clinical exacerbation of symptoms or even of disease activity. High rates of depression and anxiety are found in patients suffering with Crohn’s disease. There are several possible explanations for the increased co-morbidity of depression and Crohn’s disease than what is expected by chance. The relationship is thought to be bi-directional with depression thought to predispose people to Crohn’s disease and vice versa. The two disorders might also share a common environmental, behavioral or genetic aetiology. There is evidence that the individual health status of CD patients seem to be more closely related to psychological factors than to somatic ones. A growing number of empirically supported interventions, such as cognitive behavioral therapy, medications help patients and their caregivers cope with Crohn’s as well as the psychological and psychosocial sequelae. We hereby report a case of a patient suffering from Crohn’s disease with depression and its management.

Case Report

Mrs. C, a 48 year old housewife presented to our OPD with features of persistent and pervasive sadness of mood, fatiguability, reduced sleep and appetite, hopelessness, decreased confidence, impaired concentration and increased crying spells for past 2 years. The symptoms developed insidiously over the past 2 years and were gradually increasing in intensity. The patient was referred by a gastro-enterologist for the psychiatric consultation for the first time since her symptoms developed. There was no history of any psychiatric illness in the patient prior to two years. The patient was diagnosed as having Crohn’s disease 4-5 years back by a gastro-enterologist and was under treatment. The patient was not having any symptoms suggestive of active Crohn’s disease for past 1 year and was on antacid and a proton pump inhibitor pantoprazole for past 1 year. The patient was not on any other medications or having any other co-morbid physical illness. Patient had good family and pre-morbid adjustment. Physical and laboratory examinations were within normal limits. Colonoscopy done in the past confirmed CD. Mental status Examination revealed depressed affect, impaired concentration along with decreased interest in previously enjoyable activities along with decreased self confidence and hopelessness for the future. No death wishes or active suicidal ideations were elicited. On the basis of history, physical, laboratory and Mental Status Examination, a provisional diagnosis of Moderate Depression without somatic symptoms (F32.10) as per ICD-10 with Crohn’s disease was made. The patient was started on Escitalopram 10 mg daily and Etizolam 0.5 mg twice daily and non-pharmacological interventions were started. Patient was taught activity scheduling and relaxation exercises. The patient was followed up on day 15 and day 30. The patient showed gradual improvement in her depressive symptoms and was at baseline level of functioning after 30 days.
Discussion

Depression co-morbid with Crohn’s disease presents a unique challenge in its treatment in that while starting the psychotropic medications in such patients, a careful review of the current treatment status for Crohn’s and other co-morbid illnesses need to be kept in mind to avoid potential drug-drug interactions. Another thing that this case highlights that the patient had gradually progressive depressive symptomatology and was functionally impaired despite her Crohn’s disease being in the remission state. This illustrates that the depressive features are not a reaction to the somatic symptoms of Crohn’s in this case and were the chief reason of functional impairment. Another thing is that at least two years had elapsed before the patient was referred for psychiatric consultation. Thus, physicians and gastroenterologists treating patients suffering from Crohn’s disease should not only concentrate on physical symptoms but also keep in mind the neuro-psychiatric co-morbidities of Crohn’s disease and should refer these patients for psychiatric consultation at the earliest if they wish to treat them holistically.

References