PSYCHOPHARMACOLOGICAL TREATMENT DILEMMAS IN PATIENT WITH POSTTRAUMATIC STRESS DISORDER AND MYOTONIC MYOPATHY COMORBIDITY

S. Drmić[1], G. Bilonić[2], I. Vodopija[3], J. Sušac[4] & N. Mimica[4,5]

[1]Psychiatric Hospital «Sveti Ivan», Zagreb, Croatia

E-mail: stipe.drmic@gmail.com

[2]General Hospital Bjelovar, Bjelovar, Croatia

[3]General Hospital Zadar, Zadar, Croatia

[4]Psychiatric Hospital Vrapče, Zagreb, Croatia

[5]School of Medicine, University of Zagreb, Zagreb, Croatia

Patient F.I. age 49, was hospitalized in Psychiatric Hospital Vrapče for the first time due to mental deterioration characterized by suicidal tendencies, severe psychomotor agitation, emotional instability and dysphoric–depressive mood within chronic posttraumatic stress disorder (PTSD).

The patient had been previously hospitalized on four occasions and the main reasons for admissions were serious suicide attempts in his medical history. Four years ago, he was diagnosed with Proximal myotonic myopathy type II (PROMM) with insulin insensitive Diabetes mellitus type II (DM) and its complications (retinopathy and polyneuropathy) and arterial hypertension. PROMM is a dominantly inherited progressive myopathy; it is characterized by myotonia, muscle dysfunction and less commonly by cardiac conduction defects, iridescent posterior subcapsular cataracts, insulin insensitive DM type II and testicular failure.

Several family members suffer from myotonic dystrophy (MD), and one brother died due to complications from MD. There is also a family history of suicide (another brother, who was a Croatian war veteran and suffered from PTSD, committed suicide).

There is a dilemma about therapeutical approach to psychopharmacological treatment of PTSD due to limitations concerning comorbidity. Psychopharmacs are relatively contraindicated with regard to MD as it can cause worsening and accelerated illness progression. In this case, hospital environment, on the other hand, induced intense psychological distress because it triggered intrusive memories of the traumatic event while patient was in captivity.

Psychopharmacological treatment of this patient requires particular approach because even the lowest dosage of psychotropic drugs can cause unwanted side effects.