

Delusion of pregnancy in a patient with bipolar affective disorder: A Case Report

*Kanu IO, **Coker AO, *Kolade AG

Abstract

Delusion of pregnancy is when one believes that one is pregnant despite contrary evidence and it is most times accompanied with classical symptoms of pregnancy. This rare disorder appears to be on the increase in Nigeria. We here report a case of delusion of pregnancy seen in a patient with bipolar affective disorder. Early diagnosis and treatment of delusions of pregnancy are important in order to prevent the attendant psychological and social consequences as evident in this case report. Attention of clinicians was drawn to this disorder that was once thought to be rare in this society.

Introduction

Delusion of pregnancy refers to false pregnancy accompanied by the classic symptoms of pregnancy¹. In Nigeria studies on delusion of pregnancy are scanty and it appears to be on the increase². The aetiologies of delusions of pregnancy have been reported to be heterogeneous. However, the pathological wish for pregnancy forms the basis of delusions of pregnancy³. We here report a case of delusion of pregnancy seen in a patient with bipolar affective disorder at the psychiatric ward of the Lagos State University Teaching Hospital, (LASUTH), Ikeja, Lagos.

Case Report

Miss A K, a 38-year old single civil servant, was referred for urgent psychiatric evaluation for verbal hostility towards her colleagues at work, talkativeness, and disturbing the general work environment. She had her first episode in 2003 when she was diagnosed and managed for bipolar affective disorder, mania with psychotic features. She had had three previous episodes in which she was admitted at the psychiatric ward. Her mental state examination showed a hyperactive lady with pressure of speech, flight

of ideas, her elated affect. She believed she was carrying a six month old pregnancy for which a male friend who lived in England was responsible. She was always verbally aggressive when questioned about her perceived pregnancy. She claimed that her last normal menstrual period was six months prior to presentation, for which reason she believed the gestational age of her pregnancy to be about six months old. Physical examination showed a dilated abdomen with normal uterus; no evidence of breast enlargement or pigmentation although she had galactorrhoea. The blood pregnancy test was negative and abdominal ultrasound scan showed no trace of pregnancy. A diagnosis of bipolar affective disorder, mania with psychotic features was made. She was admitted to the psychiatric ward and commenced on haloperidol and chlorpromazine. After six weeks of admission, the manic symptoms subsided and so did her delusion of pregnancy. She was discharged to the outpatients' clinic where she was monitored for another twelve month without a relapse of her condition.

Discussion

In the Nigerian society, the inability to conceive can bring about lowered self-esteem, anxiety, depression and social withdrawal³. The Nigerian society also places a high value on pregnancy and any woman who is barren at a mature age are reported to be subjected to mental abuse, discriminated upon, neglected and despised⁴. This report showed that delusions of pregnancy

* Department of Psychiatry, Lagos State University College of Medicine, Ikeja, Lagos, Nigeria.

** Department of Behavioural Medicine, Lagos State College of Medicine, Ikeja, Lagos, Nigeria.

Correspondence to: Coker AO

Email: cokerrotimi@gmail.com

Accessible at <http://dx.doi.org/10.4314/njcm.v4i3.6>

also occur in Nigerian female patients. The

pathological desire for pregnancy from this patient who was already 38 years old could explain the reason for her delusion of pregnancy. The patient reported in this case had been on antipsychotics for four years which could explain why she had galactorrhoea and amenorrhea which are common hyperprolactinemic side effects of typical and atypical antipsychotics⁵. In the management of delusion of pregnancy, apart from managing the primary condition with pharmacotherapy, psychotherapy is also indicated to treat the underlying psychological disorder. Repeated negative pregnancy tests and ultrasound scan have been found to relieve symptoms associated with this illness.

Conclusion

The prevalence of Pseudocyesis or delusion of pregnancy may be on the increase. Thus, early diagnosis and treatment of identified cases are important to prevent the attendant psychosocial consequences as evident in this reported patient. However, further studies of this disorder once said to be rare is suggested.

References

1. Kornischka J, Schneider F. Delusion of pregnancy. A case report and review of the literature: *Psychopathology* 2003;36, (5): 276-8
2. Coker, AO, Ladapo, HTO, Malomo, IO, Lawal, RA. Pseudocyesis / delusion of pregnancy: Case reports and literature review by Nigerian J Psychiatrists, 2009; 7: 31-33.
3. Dyer S. J., Abrahams N, Hoffman M, & Van der Spuy Z. M. "Men leave me alone as I cannot have children": Women's experience with involuntary childlessness. *Human Reproduction* 2002;17, 1663-1668.
4. Upkong D. & Orji E. O. Mental health of infertile women in Nigeria. *Turkish J Psychiatry* 2006; 17, 259-265.
5. Larsen U. Primary and secondary infertility in sub-Saharan Africa. *International J Epidemiol* 2000; 29, 285-291.