

# Brief psychotic disorder in a middle aged Nigerian following the terrorist attacks in America-case report

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## Summary

This case report illustrates the sudden onset, brief course and remission of a psychotic illness in a middle-aged Nigerian starting soon after she heard about the terrorist attacks in America. Vulnerability factors including personality traits and other concurrent life events were identified in the patients. Common mental disorder associated with terrorist attacks, disasters and armed robbery, and the need for health workers to be sensitised to these disorders are discussed in light of the ongoing violence in parts of Nigeria.

**Keywords:** *Psychosis, Terrorism.*

## Résumé

Cette étude illustre la première attaque brusque, la durée brève, et la rémission d'une maladie psychotique chez une femme nigériane d'âge mûr qui a commencé peu après le moment qu'on lui a fait part de l'attentat terroriste en Amérique. Des facteurs de la vulnérabilité y compris les traits de personnalité et les autres événements simultanés dans la vie ont été notés chez la patiente.

La maladie mentale habituelle associée avec attentat terroriste, désastre et vol à main armée, et le besoin pour les inspecteurs de la santé d'être sensibilisés en ce qui concerne tous ces désordres ont été discutés par rapport au phénomène de la violence en cours dans certains états au Nigeria.

## Introduction

Natural and human-caused disasters, violence with weapons and terrorists' acts have affected the lives of thousands of communities<sup>1</sup>. Alongside these disasters are the economic, ecological physical and mental consequences. The terrorist attacks on the World Trade Centre in New York and the Pentagon in Washington DC have been described as the worst terrorists' attacks on human being ever<sup>2</sup>. Some described this as a 'massive cataclysmic event', 'a defining moment from which the world will never be the same again and 'an absolutely evil thing<sup>3</sup>. The impact of these attacks is still being felt in diverse ways worldwide. In the wake of these terrorist attacks, mental health experts within the United States of America (USA) immediately identified the need for increased mental health services to cater for the psychological effects of the trauma<sup>4</sup>. Here in Nigeria, thousands of miles away from the terrorist attacks, the psychological effects are being felt. An indication of this is the occurrence, in a middle-aged woman with no previous history of mental illness, of what can be described as a 'reactive psychosis' now referred to as brief psychotic disorder with a marked stressor<sup>5,6,7,8</sup>.

## Case report

CR is a sixty-five year old woman referred for psychiatric evaluation following a 3-day history of irrational speech and behaviour. Her problem first started on the 11th of September 2001 when she learnt about the terrorist attacks in America. When she was told about the attacks she put her hands on her head and shouted out in her local language "I am in trouble". One of her two daughters lives in America, although in a place several miles away from the attacks. She was immediately reassured that her daughter was not a victim. That night she slept very poorly, waking up intermittently to read her Bible and shout out scriptures. The next morning

she told her husband she was convinced her daughter had died in the attacks and she went out to inform the neighbours. The family was then advised to seek medical help.

She was brought to the hospital on the 14<sup>th</sup> of September and had to be sedated with 20mg of diazepam intravenously and 100mg chlorpromazine intramuscularly during the assessment because she became increasingly restless and disruptive. She was admitted to the psychiatric inpatient unit and was placed on low-dose haloperidol 5mg and benzhexol 2mg twice a day. When she woke up, she immediately started to shout out the name of her daughter who lives in USA. She remained disruptive and uncooperative for the next three days, splashing water all over the ward and shouting the names of her children at night.

All laboratory investigations done were within normal limits. CR had never suffered any mental illness in the past and did not ingest any substances prior to this episode of illness. CR lived with her 80 year-old husband of over 35 years. They had two daughters who had been a real sources of worry to her. The old daughter was 37 years old and recently separated from her husband. When the marriage broke down, her husband sent her back to Nigeria and she only recently succeeded in returning to America. Her daughters visa had now expired and she had no job. CR's other daughter was 33 old not married. Her daughter described her as 'worrier' who was deeply religious.

By the 19<sup>th</sup> of September, she stopped shouting out her daughter's name and was quite. On the 21<sup>st</sup> of September, she was interviewed in detail and no abnormal was found. She explained that when she heard about the terrorist attacks she became alarmed. She was discharged on the 30th of September 2001, fully recovered. At the next follow-up clinic one week after discharge, she was instructed to stop medication and has since been functioning normally in the community.

## Discussion

'Reactive psychosis' is a severe disturbance of the mental state arising in response to a stressful event, which has an abrupt onset and usually resolves in a few days or weeks<sup>5</sup>. Precipitating factors include overwhelming fear, threat of destruction, social isolation, bereavement or interpersonal conflicts. Vulnerability factors could be sensitising experiences, organic impairment or personality disorders<sup>5,6,7</sup>. Why should a previously stable middle-aged woman so many miles away from the terrorist attack react with a psychotic illness?

It could be argued that this lady was peculiar because she had a child living within USA, but most Nigerians with children in the USA did not experience psychosis in the aftermath of the September 11 event. Other factors to consider are the stressful incidents that occurred in the patient's life within the presiding year, increasing her level of anxiety. Study of patients with 'brief reactive psychosis' reveal that symptoms of anxiety and depression often pre-date the florid psychotic reaction<sup>9</sup>. Brief reactive psychosis is also known to be associated with the 'anxious fearful' cluster disorders<sup>5,6,10</sup>, a personality trait found in this patient.

Brief reactive psychosis occurs when psychotic symptoms develop shortly after and in response to events that are really stressful<sup>5,6,7,8</sup>. To make the diagnosis, a full return to pre-morbid level of functioning within one month of the disturbance must occur. Health care workers must be alert to the possibility of this kind of reaction

\* Correspondence

to communal and personal traumatic events such as disasters, communal violence and armed robbery attacks.

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