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Mania Associated with Weaning

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Summary: This paper describes a patient who has had two episodes of mania, both of which occurred immediately after weaning. Although no recent reference to weaning as an aetiological factor in psychiatric disturbances could be found, it is suggested that weaning was an aetiological factor in this case.

Psychiatric disorders have long been associated with childbirth, although whether there exist specific postpartum disorders has been debated. The International Classification of Diseases (ICD–9) does not recognize specific postpartum psychoses, although recent work challenges this nosology. Hays (1978) has provided evidence that schizophrenic illnesses directly after childbirth are a separate disease entity. Kadrmas *et al* (1979) found that patients with postpartum mania differ from other patients with bipolar affective disorder in that the postpartum manic patients are more likely to have Schneiderian symptoms, are less likely to have a family history of affective disorder and have fewer recurrences of illness. There has also been an increasing recognition that mania is a heterogeneous entity and may arise secondary to physical illness or drugs (Krauthammer and Klerman, 1978).

Weaning as a life event has not attracted psychiatric interest. A MEDLARS search of the literature back to 1966 failed to find a single reference which related the onset of a psychotic disorder to weaning. We present the case of a woman who has had two manic episodes, each occurring immediately after weaning.

Case History

Mrs J. a 33-year-old woman, was admitted to a psychiatric ward in December 1980. Over the past four to five weeks she had been sleeping less and had shown an increase in activity and talkativeness; the symptoms had increased markedly over the past few days despite treatment with thioridazine 400 mg and haloperidol 10 mg daily. Her symptoms had started within one week of weaning her second daughter when she was six months of age. On admission she denied that anything was wrong and suggested it was her husband who needed to be in hospital. She was restless and unable to concentrate, there was pressure of speech and marked flight of ideas. Mania was diagnosed and treatment with haloperidol 20 mg qid, benztropine 2 mg bd and triazolam 0.25 mg at night was commenced. She was physically well and had a normal blood screen, routine biochemistry (SMAC–20) and thyroid function tests.

In hospital her mood remained elated but labile, she was very restless and slept poorly. She continued to have flight of ideas and pressured speech. There was no evidence of Schneiderian first rank symptoms but at times she appeared very perplexed. She gradually settled over a period of two weeks and was discharged after three weeks, at which time both she and her husband felt she was back to normal. She was discharged on haloperidol 10 mg twice daily and benztropine 2 mg daily. This was slowly reduced over six weeks at which time she was well and receiving no drugs.

Two years previously she had had a similar manic episode which had lasted for approximately six weeks and had been treated at home by the family doctor with chlorpromazine and thioridazine. This episode had occurred immediately after weaning her first daughter when she was twelve months of age. Following this first manic episode it appears that she had a mild to moderate depressive episode with low self-esteem, poor concentration, poor appetite and disturbed sleep, which lasted for four to five months. During this period she received no psychiatric assistance and no psychotropic medication.

She denied any other history of depression or mania, including during either immediate post partum period. Her husband confirmed that she had not had any other noticeable mood disturbances, and had appeared normal on both occasions when breast feeding.

She grew up as the eldest of three children in a happy family. She did well at school, both socially and academically. After leaving school she held various jobs including that of a production assistant for a television company. She met her future husband when she was 20 and they married when she was 25. The

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marital relationship is good and, when well, she enjoys being a mother.

There was no definite family history of psychiatric disorder but her father died when the patient was 20 in a 'shooting accident', which was probably suicide, which raises the possibility that he suffered from an affective disorder. The patient described her father as very much like herself, namely, energetic, dynamic, happy, at times impulsive, but not prone to mood swings.

Discussion

While childbirth is an aetiological factor in psychiatric disorder (Kendell, 1978), weaning, at least in recent years, does not appear to have been implicated. However, this patient has had two manic episodes immediately after weaning, which suggested an association, especially as she has had no manic episodes unrelated to weaning.

When the first child was weaned it was the child rather than the mother who appeared to initiate the weaning, although the patient's milk supply was drying up. However, the patient felt happy about weaning and had no regrets. The nature of the association between weaning and mania in this patient must remain speculative, and whether weaning is more commonly associated with psychiatric disturbance or whether the association was idiosyncratic for this patient remains uncertain.

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