CASE REPORT

Simultaneous Onset of Mania Precipitated by Stress in Twins

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Abstract

This report describes a case of monozygotic twin sisters aged 15 years with a family history of bipolar affective disorder in the mother and recurrent depression in a maternal grandmother. Both sisters developed psychiatric illness simultaneously after stress (German J Psychiatry 2006; 9: 139-140).

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Introduction

Bipolar disorder typically develops in late adolescence or early adulthood. However, some people have their first symptoms during childhood, and some develop them late in life. Twin, adoption, and family studies indicate that genetics play an important role in the expression of affective disorders. A strong connection exists between the incidence of the disorder in individuals and occurrence in their biological parents. Also, when monozygotic and dizygotic twins are compared, a higher concordance rate for bipolar disorder is found for monozygotic twins.

Bipolar disorder has a strong genetic component that has been demonstrated in twin studies. The lifetime prevalence in first-degree relatives is increased compared with relatives of people without bipolar disorder. The mode of inheritance is unknown. Kendler et al. (1993) described 69.7% and 34.9% concordance among monozygotic and dizygotic twins respectively.

Case Report

A pair of monozygotic twins aged 15 years was brought in our outpatient department. Following an initial assessment, they were admitted. Four months back their mother was admitted in hospital where she was operated, had complications after surgery and had to be reoperated.

After this first of the two sisters, Miss N., a 15-year-old twelfth class student, a Hindu female, presented with sadness of mood, decreased sleep, and decreased appetite. She was treated with multivitamins and sleeping pills by general practitioner. These symptoms persisted for 1.5 month. After that she started becoming cheerful; she had increased social interaction, would talk with strangers would talk about her marriage, she would talk more in loud volume, would boast, sing songs and dance. She would become irritable when she was forbidden to do something. She expressed ideas of becoming a doctor and asked for gifts from everyone. On examination she was over talkative with pressure of speech, grandiose, disinhibited behaviour and impaired judgment and insight.

The second twin, Miss M., started doing more work at home, showed increased social interaction, started singing songs and dancing on them, showed increased activity, de-
creased sleep and disinhibited behaviour. On examination she was over-talkative and had pressure of speech, increased psychomotor activity and was irritable.

They were born by LSCS (Lower Segment Caesarean Section) at eight and a half months of gestational age, while their mother had preeclampsia. Both children cried immediately after birth and neither had any congenital abnormality. Their milestones were normal. They were immunized for all vaccine preventable diseases. They were sent to school at the age of 2 ¾ years and they were above average in studies. Both were reared in same environment. Neither had any psychiatric illness previously. There was family history of bipolar affective disorder in the mother and recurrent depression in a maternal grandmother. Both the patients were diagnosed as having manic episode and were treated with oral olanzapine, sodium valproate and clonazepam. They recovered and were discharged.

Discussion

There are few other reports of mania in twins. In a case reported by Srivastva et al. (1996), a twin brother of the index case had mania one year back. Mahmood & Silverstone (2000) reported a pair of monozygotic twins concordant for bipolar disorder and migraine. Sharma et al. (1997) described a pair of monozygotic twins with bipolar disorder but with a different course of illness. In all of these case reports onset was not simultaneous. To our knowledge, this is the first report of simultaneous onset of mania precipitated by stress in twins.

References

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