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Treatment of major depressive disorder with psychotic features in acute intermittent porphyria: A case presentation

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Acute intermittent porphyria (AIP) is a heme synthesis deficiency disorder that may present with psychiatric features such as depression, anxiety, and psychosis. Possible triggers of AIP include psychiatric medications such as antipsychotics and antidepressants. AIP is furthermore associated with abdominal pain and wine-colored urine. We report the case of a 36 year old adopted male with a history of IBD-Crohn's and major depressive disorder with psychotic features who presented with abdominal pain, diarrhea, and major depressive episode with audio hallucinations and delusions of grandeur. He was adherent to his outpatient regimen of infliximab, sertraline, and aripiprazole. Fecal calprotectin, a test with high sensitivity of IBD flare-up, was negative. Urinary aminolevulinic acid and porphobilinogen were elevated, consistent with acute intermittent porphyria. High carbohydrate diet and oral glucose were started as treatment and outpatient medications were continued; all symptoms, including psychiatric, remitted within 72 hours. On follow-up at 12 months, patient reported having self-discontinued sertraline and aripiprazole due to fears of another attack. He had not experienced any mood symptoms suggestive of depression or psychosis since discharge. This case is of clinical significance to the psychiatrist as mood disorders may manifest as medical conditions, and treatment of the primary medical condition may spare the use of psychotropics. Until psychiatric medications associated with porphyria exacerbations are examined further, it may be prudent to treat porphyria-associated mood disorders without these drugs.

Biography

Gaurav Singh is a MD/MPH candidate at the University of Miami Miller School of Medicine. He was invited to present pharmaceutical Schizophrenia research to an international audience in Italy last year. He served on the review board of the American Public Health Association.

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