

Case Report

Hypothyroidism Presenting As Anxiety Disorder

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ABSTRACT

Anxiety disorder in hypothyroidism is relatively rare, as compared to depressive disorder. This case report discusses anxiety disorder in a 26 year old lady diagnosed with hypothyroidism. The anxiety symptoms were secondary to hypothyroidism, the underlying primary medical condition. General physical examination and examination of systems were within normal limits. There was no obvious thyroid enlargement. This case report is one of the few reports which discuss anxiety disorder in hypothyroidism.

Key words: Anxiety disorder, hypothyroidism, hypometabolism.

INTRODUCTION

Hypothyroidism is the deficiency in thyroid hormone secretion and action that produces a variety of clinical signs and symptoms of hypometabolism. It is one of the common endocrine disorders in Indian subcontinent. Patients with hypothyroidism may present with one or more of the following clinical features like - thyroid swelling, alopecia, dry skin, cold intolerance, bradycardia, menorrhagia, infertility, muscle aches, weight gain and constipation. [1] There may be associated psychiatric manifestations like depression, fatigue and forgetfulness.

Most patients with severe hypothyroidism will demonstrate psychiatric symptoms. However, causality is not so evident as in hyperthyroidism, where it is directly attributed to adrenergic system activation. Polymorphism in deiodinase genes and in transporter genes may be likely to make a significant contribution to the presentation of psychiatric symptoms, and also to the outcome of treatment of hypothyroidism. [2] Hypothyroidism commo-

nly presents with depressive symptoms. It may rarely present with anxiety symptoms as well. [3]

CASE REPORT

Mrs. S, 26 year old female, a house wife hailing from Beltangady, Mangalore, Karnataka was admitted in surgery ward for evaluation of abdominal pain and constipation since 6 months. Psychiatry reference was given. On examination patient had history of episodes of palpitations and fearfulness in the absence of any significant stress since 2 months.

These episodes were associated with sweating, shortness of breath, chest discomfort, nausea, abdominal discomfort, blurring of vision, dizziness, sensations of "chill" and numbness and tremulousness of extremities. During the episodes patient had fear of dying and fear of something bad about to happen to her.

Patient had 3-4 episodes in a day for 2-3 days in a week, each episode lasting for 15-20 minutes, the symptoms of which reaches a peak in 5-10 minutes and subsequently

reduces by itself. Patient also was persistently concerned about further similar episodes and their consequences that she was not even going out of the home or meeting people outside.

Patient also had h/o cold intolerance, weight gain in spite of reduced appetite, irregular menstrual cycles, disturbed sleep, body pain, headache, tremors and excessive sweating of palm.

No history of hoarseness of voice, head injury, diplopia, projectile vomiting, loss of consciousness or seizures, substance use, hearing of voices or seeing images, mood symptoms, repetitive thoughts or acts and cardiovascular diseases. No significant past history and family history.

On physical examination no obvious thyroid enlargement noted. Vitals were stable and all systems were within normal limits.

Mental Status Examination

- Patient was conscious and alert
- Normal psychomotor activity
- Talk - decreased in tone, normal in volume and reaction time, relevant, coherent and spontaneous talk was adequate.
- No process/ content disorders elicited.
- Mood - reported as fearful.
- Affect - Anxious, increased in range, reactivity, intensity, stable and appropriate.
- No perceptual abnormalities elicited.
- Cognitive functions - Intact.
- Insight - 0/5

INVESTIGATIONS

Relevant investigations including TFT were suggested which showed,

TSH = 110.4 μ IU/ ml (high)

T3 = 0.683 ng/ ml (low)

T4 = 1.79 μ g/dl (low)

FT4 = 0.257 ng/ dl (low)

Anti TPO = 600 IU/ ml (high)

ECG - within normal limits

Other blood investigations results were in normal limits.

USG - Abdomen & Pelvis showed no sonological abnormality.

FINAL DIAGNOSIS

1. Organic Anxiety Disorder (F06.4)
2. Hypothyroidism

MANAGEMENT

Patient was diagnosed to have hypothyroidism. Endocrinology reference was given and started on Tab. Thyroxine. Patient was also started on Tab. Clonazepam for symptomatic management. Patient's symptoms subsided with the treatment.

DISCUSSION

This patient presented with abdominal pain and constipation and clinical features suggestive of hypothyroidism. Patient also had associated anxiety symptoms. Hypothyroidism was revealed on subsequent lab investigations. Psychiatric symptoms markedly improved with treatment of hypothyroidism combined with adequate dose of anxiolytic.

CONCLUSION

Hypothyroidism is a reversible condition which requires early diagnosis and management. Psychiatric symptoms will improve by early intervention and management of the primary disorder. [4]

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