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Stammering and bipolar affective disorder

Dear Editor,

Stammering is a common disorder affecting 1% of the population.[1] It is characterised by frequent repetition or prolongation of sounds or syllables or words or by frequent hesitations or pauses that disrupt the rhythmic flow of speech. Stammering usually begins in childhood between the ages of three and five, and while as many as one in 20 children stammer at some point, approximately two out of three recover spontaneously.[2] There is 74% overall recovery rate and those who recover usually do so by their early teens. Stammering is more common in men and occurs independent of race, culture, education or socio-economic status.

The cause of stammering is unknown however a positive family history is found in 65% of cases.[3] In monozygotic twins, concordance rates for stammering ranges from 75% to 89%.[4] Some studies have reported structural brain differences in children who stammer,[5] with the cerebellum and basal ganglia being implicated.[6-8] However, studies do not support a physiological cause of stammering and the more common view is that conditions such as shyness and social anxiety result from stammering.[10] One repeated finding is that when people sing they do not stammer which suggests that stammering may occur more when there is ambiguity in what to say and when to say it. During singing there is no such ambiguity as the words are learnt and rehearsed.

Case report

A 30 year old mother of two presented to the Accident & Emergency department 10 days post partum. She described a four day history of elated mood, sleep disturbance, racing thoughts and over activity. She had auditory hallucinations of her dead mother's voice and believed that someone was putting thoughts into her mind. She denied anxious or avoidant personality traits and her general physical health was normal. Routine investigations revealed no biological or haematological abnormalities.

She had developed a persistent developmental stammer in childhood and had no past history of mania. However, her treating psychiatrist noted that she had pressured speech on admission and that she was no longer stammering. She was commenced on antipsychotic medication and her manic symptoms resolved during a 10 day admission. At follow-up in the outpatient department, it was noted that her mood was euthymic and that she did not show evidence of stammer in her speech. She was seen at out-patient appointments over the following two years and her stammer had not returned at any point.

Discussion

Even though most of the evidence suggests that social anxiety is secondary to stammering, this case highlights the importance of mental state among people who stammer or have any form of speech difficulties. At the time of presentation DO'R was grandiose and disinhibited, with increased self-esteem and self-confidence. She was also over talkative with flight of ideas and pressure of speech and was less anxious and reticent in conversation. As stammering is associated with a reduction in self-confidence and self-esteem and assertiveness training forms part of the treatment, it seems plausible that situations in which self-confidence is increased could lead to a reduction in stammering. One such situation occurs during manic episodes. In this case DO'R's stammer did not return at two-year follow up and we can only hypothesise that her manic episode resulted in the resolution of her stammer.

One aspect of note was the complete resolution of this lady's stammer even after two years follow-up. Her return to speech fluency was not due to antipsychotic medication as her stammer had resolved prior to the commencement of treatment. Further, most studies suggest that antipsychotic medication can induce stammering rather than treat it and although some studies have reported a limited benefit this is usually short lived and not long lasting. In the absence of a clear biological cure to her stammering it is more likely that psychological factors have resulted in sustained improvement. The resultant improvement in her self-esteem and confidence after the birth of her baby could have reduced the chances of her stammer returning. The relationship between self-esteem, mood state and stammering will be better established over time. At the time of follow-up DO'R was euthymic and was off treatment. If she later develops a depressive episode and her stammer returns then this would point more conclusively to a relationship between her mental state and stammering.

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Basal ganglia MRI T_1-weighted signal hyperintensities in an alcoholic patient

Dear Editor,

Substance abuse disorders encompass a broad range of clinically heterogeneous and interchangeable syndromes which could confound diagnosis.

A 35-year-old-male patient with a history of chronic hepatitis C since 2002 and opiate and alcohol dependence since

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