Hormonal milieu and panic attacks

Sir – Regarding the article 'Resolution of panic disorder during pregnancy',[1] we would like to report the following:

A 24 year old woman presented with agitation, sweating and chest tightness. She had been taking the oral contraceptive pill Marviol (ethuyl oestradiol 30μg and desogestrel 150μg) for irregular menstruation for two years up to one month previously. At that time while on holiday in Portugal she had developed a skin rash and had received the antihistamine pheniramine maleate. During the following days she developed symptoms of chest tightness, agitation and sweating. She stopped both the contraceptive pill and the antihistamine. She returned home and went to see her GP who referred her to the hospital.

Clinical examination revealed an agitated, tearful patient. Respiratory examination was normal. Serum thyroxine, ECG and urinary metanephrines were normal. FSH and LH values were in the menopausal range suggesting initially a premature menopause, however, repetition of these measurements a couple of weeks later revealed a return to premenopausal values. Ovarian antibodies were negative and ovarian ultrasound was normal.

Her menstruation over the past six months has been irregular. She is disinclined to resume the oral contraceptive because of her experience in Portugal. She continues to complain of chest tightness, agitation and back pain premenstrually. She has been referred to a psychiatrist for review for panic disorder.

This young woman denied having a history of agitation prior to her summer holiday in Portugal. She dates her symptoms from the combination of oral contraceptive and antihistamine. Chlorpheniramine can cause chest tightness, depression and irritability. The fact that her FSH and LH values rose at that time suggests a possible interaction between pheniramine and the oral contraceptive leading to symptoms of oestrogen deficiency. The hormonal imbalance may have precipitated the manifestation of anxiety which several months later appears to be still present. We suggest that this lady may have had an underlying susceptibility to panic attacks which was unmasked by the oral contraceptive/antihistamine interaction.

Dr Teresa H Mitchell,
Department of Medicine,
Cork University Hospital,
Wilton,
Prof David Jenkins
Department of Gynaecology,
Erinville Hospital,
Western Road,
Cork,
Ireland.

Reference
1. Curran S, Nelson TE, Rodger RJ. Resolution of panic disorder during pregnancy. Ir J Psychol Med 1995; 12(3): 107-8.

BOOK REVIEWS

Irish Journal of Psychological Medicine 1995 December; 12 (3): 155-7

Psychosomatics, psychoanalysis, and inflammatory disease of the colon

Charles C Hogan. Madison CN: International Universities Press, 1995. 274pp.

This book provoked a trip down memory lane in that it raised so many issues familiar to me when I worked in the Psychosomatic Unit in St James's Hospital, Dublin about a decade ago. Then, as nowadays, there was not much notable involvement among psychiatrists and clinical psychologists in the treatment of psychosomatic disorders using psychological interventions. By and large patients went, and still go, to other specialists. Unfortunately, it is difficult to imagine that many such specialists, in this case gastroenterologists, would be keen to read a book like this.

This publication represents a masterful work by a psychiatrist with over 30 years' experience of psychoanalytic psychotherapy with psychosomatic patients. In Part I he begins with an historical overview of the organic pathology of ulcerative colitis and Crohn's disease, going on to discuss the treatments of these life-threatening diseases with pharmacotherapy and surgery, and their side effects.

Next, Hogan reviews epidemiological and genetic factors, pointing out that the reported incidence of inflammatory bowel disease is increasing in the Western World (as are ME, bulimia and anorexia nervosa).

There then follows a discussion of the family dynamics, personality structures and defences typically found in conjunction with inflammatory bowel disease. In brief, Hogan portrays immature pre-genital (ie. oral and anal) character traits, with obsessional dependent and controlling features, and with strong repression of affect, fantasy and, especially, aggression.

Part II of the book addresses the complex issue of psychosomatics. Here Hogan brilliantly reviews and synthesises theoretical constructs emergent from systems theory, psychodynamics, psychophysiology, psychosomatics and stress-diatheses research. He dismisses any notion of (dualistic) linear causal interactionism between psyche and soma, arguing instead for (monistic) linguistic parallelism in which psyche and soma are perceived as isomorphic manifestations at different levels of abstraction. Such a view puts strain on an assumed dichotomy between 'organic' and 'functional' pathology, with their implied definitional independence.

Hogan goes on to present an interesting comparison between hysterical somatoform conversions, which he sees as post-oedipally symbolic, and the more primitive pre-oedipal psychosomatic disorders which, he claims, operate

https://doi.org/10.1017/S0790966700014361 Published online by Cambridge University Press