

*Case Report***Self-Medication in Depression: a case report**Lumbini Debaje¹, Prajakta Patkar², Jahnvi Kedare³¹Resident Doctor, Department of Psychiatry, TNMC, BYL Nair Hospital, Mumbai.²Assistant Professor, Department of Psychiatry, TNMC, BYL Nair Hospital, Mumbai.³Additional Professor, Department of Psychiatry, TNMC, BYL Nair Hospital, Mumbai.**Corresponding author:** Lumbini Debaje**Email** – lumbinidebaje@gmail.com**ABSTRACT**

Depression is the 2nd most common mental illness in India with a current lifetime prevalence rate of 5.25%. It is more common in females and only 2 out of 10 affected people receive any approved treatment, studies report a treatment gap of almost 70-85%. Here we report a case of Recurrent Depression who self-medicated herself with Cyproheptadine 4mg and Dexamethasone 0.25mg for 5years and then presented to our department for treatment.

Key words: Self-Medication, depression, cyproheptadine, dexamethasone.*(Received – 7th April 2023, Peer Review completed – 16th May 2023, Accepted – 22nd May 2023)***INTRODUCTION**

Depression is one of the most common mental illnesses seen in clinical practice. It is more common in females and is easily treatable if treatment is sought at the right time [1]. It has a treatment gap very often that needs to be filled. Treatment Gap is the number of people with disease who are not taking treatment [2]. As per WHO, treatment gaps are 76-85% in developing countries for psychiatric disorders and is nearly 83% for India [3]. Self-medication hypothesis of addiction was described by Edward Khantzian who says that patients will self-medicate in response to dysphoric affected states [4]. We report year a case of a 28-year-old female, with self-medication of cyproheptadine and dexamethasone in view of her depression.

CASE REPORT

A 28-year-old married female and a homemaker from a rural background presented with persistent and pervasive sadness of mood, extreme lethargy, inability to do household chores along with loss of appetite in the past 5 months presented to our outpatient clinic. Ther had been a significant weight loss of around 10kgs in the last 3 months. She was constantly preoccupied with the fact that she does not look appealing because of the weight loss. This also led her to feel that her husband who used to be often away from home for work, may lose interest in her. This led to decreased sleep, increased irritability, active suicidal ideations with worthless feelings about self and feelings of hopelessness and helplessness about herself and the illness. The patient reported similar feelings 5 years ago for which she approached a medical store personal for help and took unsupervised tablets in the form of Dexamethasone 0.5mg and Cyproheptadine 4mg till 6 months ago as a once-a-day daily dose. She reported improvement in her symptoms and hence continued taking it. Since she also gained weight, she felt better about her appearance. After being pointed out as hazardous by her husband, she suddenly stopped it 6 months ago which led to intense symptoms of fever, pedal oedema, abscess in the axilla, raised WBC count, deranged LFT's and medical records suggested hepatotoxicity. This needed medical treatment from a physician.

Despite this experience, patient kept insisting that she be prescribed the same medications as before so she can start feeling better. General and systemic examination and all blood investigations were within normal limits. On mental status examination her mood was sad, and affect was depressed. She had thoughts of

helplessness, hopelessness and worthlessness with active suicidal ideations. Her insight into her illness was Grade 3 out of 5. Her personal judgement was impaired. Her score on the Hamilton Depression rating Scale [5] was 24/30. She was started on Mirtazapine 7.5mg which was increased 30mg/day. On day 15, she was started on Escitalopram 5mg which was increased to 20 mg in 10 days. Supportive psychotherapy and Family therapy was also started. She was kept admitted for a period of 30 days and discharged with 80% improvement. She was doing well on last follow up and has not restarted her old medication.

DISCUSSION

This is a case of a woman who was suffering from clinical depression, who did not approach a mental health professional. Ended up self-medicating herself by over-the-counter medications, improved but later had withdrawal features which needed medical care. Over the counter, long term unsupervised, unindicated usage can be medically harmful and has addictive potential [3], also worsening long term prognosis. Poor awareness and access to mental health facilities, especially in rural areas, directs many patients to choose over-the-counter unsupervised medications which affects long term prognosis. Hence, the need of creating awareness, filling up the mental health gap and supervision of over-the-counter medications is prudent.

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