LETTERS TO THE EDITOR

An octopus in my stomach: atypical depression presenting as hypochondriasis

Sir,

Sufferers with hypochondriasis may present themselves to A&E departments. One eminently treatable form is late onset hypochondriasis associated with depression. Because such cases are rare within an A&E setting they often go unrecognized.

A 55-year-old, divorced lady presented to the A&E Department in an agitated state complaining of almost continual abdominal discomfort 'like an octopus moving around in her abdomen' which had dramatically worsened over 3 days. She was fearful that she might be driven by her distress into killing herself. Her problems had begun 8 years previously following a sub-total colectomy with ileo-rectal anastomosis for recurrent constipation. She subsequently complained of a 'terrifying and miserable feeling' in her bowels, which was treated by anti-spasmodics and vitamin tablets.

Although distressed and agitated, at no time did she give a history of any classic symptoms of depressive illness nor was there evidence of any current delusions.

Referral to the department of Liaison Psychiatry led to a diagnosis of atypical depression. Amitriptyline was commenced and she was allowed to ventilate her feelings in a supportive, but non-reinforcing, atmosphere. Over 3 weeks her symptoms settled and she was discharged home. At follow-up she has continued to be well.

In many cases of hypochondriasis the problem is of late onset following a significant life event. Depressed patients often complain of pain which settles as their mood lifts. Kenyon's view that hypochondriasis is symptomatic of an underlying affective disorder (Kenyon, 1986) is not now generally accepted, but, a substantial proportion of patients who present with late onset hypochondriasis do have significant treatable depressive disorders.

There were a number of predisposing factors for depressive illness. These included the lack of a close confidante, loss of her mother before the age of 14, no employment outside the house (Brown & Harris, 1978) and the loss by death of her ex-husband and sister.

This case highlights the fact that depression may present in atypical forms, including hypochondriasis. The associated agitation may lead the patient towards committing suicide. A&E doctors should be aware of this possibility in the patient who presents with late onset atypical physical symptoms, especially if their complaints are highly emotionally coloured, their beliefs about cause unusual, or if they have predisposing factors for depression.

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REFERENCES

- Brown G. W. & Harris T. (1978) *Social origins of depression: a study of psychiatric disorders in women*. Tavistock, London.
- Kenyon F. E. (1976) Hypochondriacal states British. *Journal of Psychiatry* **129**, 1–14.

Delays to thrombolytic treatment following acute myocardial infarction

Sir,

We noted with interest the recent article by Mr J. P. Saetta and colleagues on the role of the A&E department in delays to thrombolytic treatment following acute myocardial infarction (Saetta, 1990). We recently audited admissions, over a 1-month period, to the Cardiac Monitoring Unit at Hull Royal Infirmary from the Accident and Emergency Department. Of the 40 admissions only five underwent thrombolysis; however all five had transit times in our department of less than 35 min compared to the overall average of 64 min. Early recognition of a patient with a typical presentation of a myocardial infarction with ECG abnormality allows 'fast-tracking' to the Cardiac Monitoring Unit for early thrombolysis.

While Saetta *et al.* have carefully documented the transfer times for patients from home to Cardiac Monitoring Unit and have referred to delays in presentation, to fully assess this situation we must also examine delays to thrombolysis after transfer to the Cardiac monitoring unit. In two out of our five cases undergoing thrombolysis further delays of 60–90 min occurred after admission to the Cardiac Monitoring Unit. Both these patients had ST segment elevation.

This type of audit provides useful information, which if presented at joint meetings with the relevant specialities can lead to suggestions for improvements in the management of patients. The audit can then later be repeated to assess the effectiveness of any changes initiated.

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REFERENCES

- Saetta J. P., Quinton D. P., DaCruz D. & Barnes M. (1990) Delay in thrombolytic treatment in acute myocardial infarction: the role of the accident and emergency department. *Archives of Emergency Medicine* **7**, 206–211