PATHOLOGICAL JEALOUSY TREATED WITH PIMOZIDE (A Case Report)

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Introduction

Pathological jealousy is characterised by a delusional belief that the spouse is unfaithful. It can occur in association with chronic alcoholism, organic brain disorder, schizophrenia and affective disorder [1] or it may present as the only delusion in delusional disorder [2]. The treatment of pathological jealousy is difficult [3-8]. A case of pathological jealousy who did not respond to phenothiazines, antidepressants, electroconvulsive therapy and psychotherapy but responded dramatically to pimozide is reported.

Case Report

A 39-year-old housewife was referred for psychiatric evaluation in Mar 90. She complained that her husband had been consistently unfaithful to her with many women for the past three years. She had first become suspicious in 1988 that her husband was having an affair with his brother's widow. According to the patient, the reason was that her husband had seemed to be in a great hurry to get the provident fund and other pensionary benefits released to his sister-in-law. His explanation that till the money was released the patient's husband would have to support his sister-in-law and that was the sole reason for helping her, fell on deaf ears. After about two months all the formalities were completed and the patient's sister-in-law went back to her village permanently, and the patient's husband expected some peace. But the patient continued accusing her husband of having relations with various ladies in her neighbourhood. She would constantly question her husband and if he was late in returning from office by even a few minutes, she would fly into a rage, hurl abuse and throw household objects at him. His explanations and claims of innocence were summarily rejected and disbelieved. Patient was

initially treated with antipsychotic drugs and psychotherapy, a course of ECT, and finally antidepressants but she did not improve. There was no past or family history of psychiatric disorders. Patient was the only child of the parents who had lost her father when she was one year old and had been brought up by her paternal uncle. She was good in studies and had completed her graduation. She had been a devoted mother of three children and prior to the illness had a happy married life.

Physical examination and relevant investigations including fundoscopy and skull radiograph were normal. Psychiatrically she was well kempt. Talk was relevant and coherent. She was tense, agitated and preoccupied with delusional beliefs. There was no evidence of major affective disorder or schizophrenia or organic brain disorder. The patient's husband was distressed by her accusations but he and his neighbour strongly denied the accusations.

With a diagnosis of pathological jealousy she was treated with Tab Pimozide 2 mg daily for 3 days and then 4 mg daily. Over the next six weeks, the delusions vanished. She remained symptom free and in Feb 91, medicine was discontinued. In July 92, she suffered a relapse. Tab Pimozide 4 mg was started again with amelioration of symptoms in four weeks. After six months, the dose of Pimozide was reduced to 2 mg. She remained symptom free till last review in Dec 93.

Discussion

This patient's presentation is characteristic of pathological jealousy and meets the DSM III R criteria for delusional disorder, jealous subtype [2]. Various treatments have been tried for this condition including phenothiazines [4], behaviour therapy [5], individual psychotherapy and family therapy [6], with limited success. Successful treatment of pathological jealousy by pimozide was first reported by Dorian [9]. Since then three other

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reports [3,7,8] have been published and in all of them the response to pimozide was excellent, as was observed in our patient. In addition, there is evidence that erotomania and monosymptomatic hypochondriacal psychosis are very similar to pathological jealousy except as regards the delusional content, and that they too respond to pimozide [3,8].

Pimozide is a derivative of diphenyl-butyl-piperidine and is one of the purest dopamine antagonistic drugs available. It is a potent and long-acting antipsychotic drug, devoid of autonomic and psychomotor sedative effects and also has a low parkinsonian liability at therapeutic dose levels. It is effective in chronic as well as acute schizophrenia. The efficacy of pimozide in monodelusional disorder has led to the speculation that if in schizophrenia there is a complex breakdown of interactive functions of dopaminergic, noradrenergic, serotonergic and even other neurotransmitter systems, it is possible that in a circumscribed delusional disorder such as pathological jealousy, there may be a circumscribed neurotransmitter dysfunction, affecting only the dopaminergic system [10]. As the treatment of delusional disorders in general is not very satisfactory, it is possible that

pimozide may be effective not only in monodelusional disorders, but in delusional disorders in general.

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