DEPRESSION MASKED AS MALNUTRITION

BY CAPT. JULES V. COLEMAN, M. C., A. U. S.

The consumption of food, normally an enjoyable affair, is readily subject to a variety of disturbances of a psychogenic nature. Eating is surrounded by extensive observances, rituals, symbols, and superstitions. These are easily adapted to the service of psychopathology, sometimes even at the expense of biological need, as in the extreme example of the psychotic patient who has to be tube-fed. Among the psychogenic disturbances associated with eating, are those of involuntary and voluntary vomiting, regurgitation and rumination, food refusal, food fads, and finickiness, pica or perverted appetite, and greediness. Some type of disturbance of eating habit, each with its own peculiar personal coloring, can probably be found in every case of psychoneurosis.

In this paper, particular attention is directed toward a special psychiatric disturbance of eating which is associated with loss of appetite and weight. Malnutrition is the chief clinical feature. There is little manifest indication of a mental disorder. Although these cases probably fall into the category of reactive depressions or variants of a very mild depressive phase of a manic-depressive psychosis, the patients do not complain of feeling depressed. Their attention and interest are completely absorbed by the rapid and mysterious loss of weight. The feeling of fatigue, the lassitude and listlessness, and the loss of interest are regarded as natural secondary results of a "run-down" physical condition. While not great in number, these cases are clinically of considerable interest, and, if unrecognized as psychiatric illness, may present a vexing problem of management and disposition. Prolonged hospitalization is unnecessary and can benefit neither the patient nor the military service. Two cases will be described in some detail, and reference briefly made to a number of others.

In the first case, the patient had suffered for many years from a cyclic reaction in which much of the affect of depression had been displaced by preoccupation with loss of weight. A 37-year-old white corporal, he was admitted to the hospital because of a peri-
arthritis of the right shoulder joint. Recurring attacks had been experienced since 1933 when he hurt his arm playing baseball. Since he was seen to be mildly depressed and did not respond well to treatment of his arm, a psychiatric consultation was requested. It was learned that in 1931 the patient had had an episode of marked loss of appetite and weight associated with lack of energy and fatigability. He spent several months at a mountain resort and recovered completely, following the usual course of the depressed phase of the manic-depressive psychosis, without the depression. He continued to have repeated minor episodes of the same nature with the same symptoms. The physical symptoms were more prominent than the depression which was always present but to which the patient did not attach much importance.

Inquiry into his personal relationships showed the patient to be overdependent and to have a masochistic trend. Fifteen years ago he was married to a woman 14 years his senior. She had been previously divorced from a prominent physician. The divorce proceedings had attracted a good deal of unfavorable newspaper publicity for the woman. Although she was apparently openly and flagrantly unfaithful to the patient, he suffered her behavior without protest and would have been content to do nothing had she not insisted on a separation three years ago. Even after the separation, he continued to make every effort to continue the relationship. He had been unhappy and depressed because she had not written to him in the last three months. Following admission to the hospital, the patient tried to overlook his depression, or at least its psychological reality. He said it was “as if I had something to worry about, but actually there is nothing to bother me.” His main preoccupation was with his weight.

The second case is a reactive depression with the secondary development of an infantile-dependent life pattern. The patient is a 45-year-old, gray-haired individual who looked so weak and emaciated that it never seemed to occur to anyone to expect him to be able to carry out his military duties. He was hospitalized promptly on arrival at his station. His life had been relatively free of any kind of emotional difficulty until the death of his childhood sweetheart when he was 25 years old. About this time, the patient lost a good deal of weight. From that time until the present, a period