Insulin Habituation and Psychopathy

Brit. med. J., 1968, 2, 346

Drug dependence has increased in recent years, and the rate of increase seems to be related to the increase in the variety of drugs available. This paper describes a case of insulin habituation associated with a long history of psychopathic behaviour.

CASE REPORT

The patient, a man aged 24, first came under our care on 21 June 1967. He was transferred to this hospital from Chester-le-Street General Hospital, where he had been admitted in a state of hypoglycaemic coma. His story was that he was a diabetic on insulin, and had missed two meals.

After recovering from his coma he was transferred to Winterton Hospital for observation.

On arrival he was drowsy, confused, and aggressive, and though quite unfit to leave demanded his discharge. Next morning he left against advice, but later on was returned to hospital by ambulance, having been found by a passer-by sitting on a pavement in a drowsy state. He received daily doses of insulin, was quiet and co-operative, and was discharged home to London, his fare being paid.

On 23 September he was again transferred to this hospital from Chester-le-Street General Hospital, where he had been readmitted in a hypoglycaemic state. He was confused, aggressive, and uncooperative. After a few days he became more settled, but remained aggressive, tended to incite the other patients, and was involved in most of the disturbances that occurred in the ward. He was self-confident and boisterous, and when he left hospital he persuaded one of the female patients to go with him. On interview his talk was spontaneous, very plausible, but evasive, particularly on questions relating to his habits and previous admissions to other hospitals. There was no evidence of thought disorder, delusions, or hallucinations; he was fully orientated in place and time and showed no impairment of memory. His intelligence was judged to be average, but no formal psychological assessments were made, as he left hospital before these could be done.

Investigations on this occasion showed that he was not a diabetic, though he insisted that he had been diagnosed as such four years previously. Our correspondence with other hospitals and the probation service elicited the following history:

The patient is the second of three children. He was not particularly bright at school, and was boisterous and a truant. As a child he was referred to a child guidance clinic, being described by his mother as backward. He first appeared before the courts at the age of 11, and subsequent court appearances hardened the poor relations between him and his father.

After leaving school he was in and out of work, unable to stick to any job. At the age of 17 he joined the Army, but was discharged a year later for disciplinary reasons. After discharge from the Army he moved from job to job and started taking drugs. From then on the local police got to know him well from having to take him home on various occasions in a doped state. He also made several suicidal gestures, and his behaviour was psychopathic in nature. He was frequently involved in scuffles, was insulting in behaviour, and started stealing from his friends, relatives, and parents. He was placed on probation for a year, and spent most of this time in Severalls Mental Hospital, from

which he absconded several times, and on one occasion was found to possess a large number of barbiturate tablets. In 1963 he was committed to Borstal, but after his release his father would not have him at home.

According to his own statement the patient was first diagnosed as a diabetic four years previously, but inquiries at the hospital named by him failed to reveal any record of his attendance there. Inquiries at other hospitals, however, showed that he had been going from hospital to hospital getting supplies of insulin. Investigations at many of them (at least five) have shown that he is not a diabetic, and at least three hospitals told him to discontinue taking insulin. He has also been diagnosed as of a psychopathic personality in at least three hospitals. He mentioned that his parents knew he was a diabetic, and that since it had been diagnosed his father insisted on his taking the insulin regularly. His parents, however, state that so far as they were aware he was not a diabetic, but they noted that he seemed to know a lot about diabetes and insulin.

The patient did not appear to have any delusional belief about being a diabetic, and when pressed hard he admitted that he took the insulin to "make myself feel quite different," but he would not elaborate on this.

COMMENT

This young man has exhibited psychopathic behaviour from an early age, and has developed the habit of taking drugs, particularly insulin. Investigations have shown that he is not a diabetic, and though he has been told this categorically he persists in taking insulin whenever he can obtain it. Observation in hospital over a period of three weeks showed that when insulin was withheld he did not show any withdrawal symptoms. He mentioned on one occasion that the insulin injection made him feel "calm." His psychopathy often resulted in self-induced hypoglycaemia and attendance at various hospitals over the country, where at times the urgent problem was the control of his psychopathy rather than his hypoglycaemia.

Search of the literature has revealed only one paper on insulin habituation (Roubíček and Dobiášová, 1959) in which "the habituation to insulin developed on the basis of a psychopathy with a tendency to toxicomania." The two patients discussed in that paper were euphoric with insulin, and showed very marked withdrawal symptoms on cessation of its use. During the short period we have known this patient it has not been possible to draw definite conclusions regarding his indulgence in insulin, but he still continues to take the drug, as the latest information received stated that he has once more been admitted to hospital in another part of the country in a hypoglycaemic state.

I wish to thank Dr. E. L. Sutherland for his help and encouragement, and for allowing me to publish this case.

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REFERENCE

Roubíček, J., and Dobiášová, L. (1959). *Čas. Lék. čes.*, 98, 762.