

Cross species applicability of psychiatric diagnosis and treatment

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Br Med J 1989;299:1569

The diagnostic problems caused by depressive pseudodementia are well recognised in humans. Little consideration, however, has been given to the possibility that such a syndrome may occur in other species. I report a case of depressive pseudodementia in a domestic cat.

Case report

The patient was a female tortoiseshell and white cat of unknown age but judged by experienced observers to be between 12 and 15. She came to the notice of the medical profession after the death of her 89 year old owner, being discovered living in conditions of squalor by the owner's general practitioner. There was clear evidence of self neglect as her fur was matted with filth and complete loss of previous house training skills was apparent. Both ears were infected and discharging. The general practitioner obtained custody of the cat and sought the advice of a veterinary practitioner, who successfully treated the ear infection. She remained withdrawn and self neglecting; washing behaviour was rarely observed, house training could not be re-established, and she spent most of her time crouched in a corner in the utility room of the doctor's home. Later she left the house and was found in a disused outside toilet, where she remained for some time, refusing food and water that were put down for her. The doctor thought that senile dementia was the likely diagnosis and that euthanasia was the only humane option.

The case came to my attention, and I thought that diagnostic and treatment options had not been exhausted and took the cat into my care for an intensive rehabilitation programme. The daily programme devised included intensive stroking and lengthy periods of being held on my lap; brushing of matted fur to encourage washing behaviour; small tempting meals and ample quantities of milk; occupational therapy with a catnip mouse and a length of string; and a regular toileting programme. Contact with other cats resident in my household provided role models and further stimulation.

The response to treatment was dramatic. One month after commencing the programme she was alert, sociable, and active. Her fur was clean and washing



Patient after intensive rehabilitation programme

behaviour was often observed. Difficulty remained in establishing house training because of episodic diarrhoea, but this was found to be secondary to overindulgence in milk drinking, and a rationing scheme successfully overcame the problem. She subsequently succeeded in establishing a dominant position in the household cat hierarchy and showed herself capable of learning new skills by mastering the use of the catflap.

Comment

The apparent intractability of the cat's condition initially led to a diagnosis of dementia, but the response to intensive treatment showed a reversible condition. The preceding neglect by her dying owner and the subsequent bereavement may have been the precipitants of a reactive depression presenting as pseudodementia. As in elderly humans, social stimulation and encouragement of self care skills were important in restoring normal functioning. The maintenance of continence by regular toileting and avoidance of bowel disturbance also parallels the treatment of elderly human patients.

This case emphasises the importance of considering treatable causes in apparently demented patients, both human and feline, and also indicates that principles of rehabilitative treatment are applicable beyond the human species.

Ear pain referred by the vagus

J N Blau

This case report indicates that pain may be referred from a hiatus hernia to one ear and spread to the first division of the trigeminal nerve on the same side.

Case report

An 82 year old proprietor of an old peoples' home complained of recurrent painful episodes in the right ear that he had experienced for the past three to four years. Initially occurring at irregular intervals, the pain had become more frequent during the previous six months, occurring each morning between 9 and

9 30 am, recurring variably later in the day and more so during the evening. The pain, a severe deep seated ache, was felt inside his right ear (he pointed to the external auditory meatus with his index finger) radiating upwards and forward over the right parietal region to the right temple. He had tried various analgesics, deriving some benefit, but he had gained complete relief about 30 minutes after taking antacids, magnesium trisilicate, or a proprietary preparation containing light magnesium carbonate. His wife, who accompanied him, said that two doctors had curtly dismissed the idea that antacids could relieve headache.

His history showed that a barium meal examination had identified a hiatus hernia, and at times he regurgitated a bitter tasting fluid into his mouth. Recently he had had two episodes conforming to transient global amnesia provoked by swimming. In the more distant past he had had renal calculi and a prostatectomy and

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Br Med J 1989;299:1569-70