Abstract
We report the case of an 85 year old woman, admitted to hospital with a two month history of a depressive illness. Within one week of commencing treatment with citalopram 20mg daily, she had developed a widespread rash, bilateral ankle oedema and a range of biochemical and haematological abnormalities, including marked elevations of plasma urea and creatinine and increased neutrophil and eosinophil counts. Following withdrawal of citalopram, her physical state returned to normal within two weeks. The episode is suggestive of acute interstitial nephritis triggered by citalopram, a phenomenon not previously reported in association with the selective serotonin reuptake inhibitors.

Case report
We report the case of an 85 year old woman requiring admission to hospital with a two month history of a depres-

Catastrophic reaction following the separation of adult twins

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Abstract
We describe a case of adult twins presenting simultaneously with profound psychological disturbance following sudden separation. Formulation is made of a catastrophic adjustment reaction manifesting as depression in one sibling and anxiety in the other. An alternative possibility of acute onset psychosis in one or both of the twins is discussed.

Keywords: Twins; Twin studies; Adjustment reaction; Separation anxiety; Attachment theory; Psychosis.

Separation anxiety
Separation anxiety is classically seen in a child parted from their care giver in the early years of life. The anxiety manifests as fear and visible distress (usually crying).

Case report
Dizygotic, 18 year old, twin boys, presented one week after starting separate universities. They had maintained contact whilst apart by frequent text messaging. Twin A returned home in crisis followed by a concerned twin B. They were urgently referred to the psychiatric services by their GP.

On index assessment they were of similar appearance, hyperanxious, finding it difficult to speak and often completing each others’ sentences. Both had some delusional-sounding ideas regarding ‘lethal injections’ (twin A) and ‘poisoned tablets’ (twin B). They held thoughts of guilt for not managing at university and being a burden on each other. They responded better to questions about concrete details than those concerning emotions or thoughts.

In terms of background, the twins’ birth was uncomplicated and had followed a straightforward pregnancy. Twin A was born first and slightly heavier than twin B. They developed normally and had no problems in childhood. Their parents divorced when they were eight and they remained with their mother and two older brothers, but maintained regular contact with their father. There was no family history of psychiatric illness. Both boys were described as shy in nature and A in particular as being awkward with strangers. However, they socialised well with their peers, were good scholars and performed successfully in GCSEs then ‘A’ Levels. Both excelled at sport and played tennis at county level. They had attempted to attend different schools for VI form, but this had proved unsuccessful so they had never spent a significant period of time apart prior to starting university. They chose different universities according to preferred courses and had not discussed their imminent separation in any depth.

Twin A was admitted to hospital followed by twin B two
days later as his mother was unable to cope with him at home. After attempting to harm himself with a knife and a fire extinguisher, then refusing to eat or drink, Twin A was detained under section 2 of the Mental Health Act (1983) and transferred to the psychiatric intensive care unit.

Twin B remained on the open ward as an informal patient. Both brothers became convinced that the other was dead. Trialled contact with each other would not dispel this belief but increased agitation. Regular benzodiazepines were prescribed. Twin A then became mute, retarded and incontinent. He required full assistance with the activities of daily living. Twin B remained anxious, hypervigilant and suspicious.

Investigations revealed a normal set of bloods. CT brain scans and EEGs were reported as within normal limits, although an asymmetry of the lateral ventricles was commented on in A’s case and his EEG showed rare theta transients bilaterally. B had evidence of cannabis in his urine drug screen on admission.

After three weeks, both patients were started on amisulpride and a slow improvement began. Twin A gradually began to communicate in monosyllables, and his self care improved. Twin B started to speak more but in short anxious fragments. He was able to return home with intensive day hospital support. Both boys began to join in sports with their motor skills intact. However, it became increasingly evident that A was low in mood and had ongoing suicidal thoughts so the antidepressant paroxetine was added to the treatment. Slowly matters improved and some weeks after that, his depression began to lift. He eventually left the inpatient unit to return home and joined his brother at the day hospital.

Initially the brothers attended daily, and psychology input was arranged for both siblings. Twin A improved in terms of mood and spontaneity of speech and was easier to engage. Twin B’s levels of arousal lessened, his anxieties settled and speech became more coherent. The amisulpride was reduced and the paroxetine increased for both of them. Gradually the depression lifted further in Twin A and Twin B became less apprehensive. Six months after initial presentation, both twins had all but returned to normal. Both said they were better but felt ‘different’. However, there had been a significant shift in the quality of their relationship. Though still living with their mother, they spent more time apart, had different interests and held separate plans for the future. They both declined further psychiatric follow-up.

We considered the possibility of an acute onset psychosis in both the twins induced by the stress of separation.

While neither twin demonstrated clear positive psychotic symptoms, there were transient delusional sounding ideas voiced by both brothers at onset. The severity of illness and impairment of social function may have been reflective of a psychotic process.

An alternative hypothesis was of ‘true’ psychosis in Twin A, historically the dominant partner, producing an induced psychosis (folie à deux) in his sibling. In the original series described by Gralnick, 11 out of 118 of the cases were brothers.6 However, we propose a psychological interpretation of the case based on attachment theory. The phrase ‘attachment’ usually refers to the tendency of infants to try and remain close to their prime care giver. Bowlby7 originally described attachment behaviour as a process of reciprocal bonding taking place between mother and infant in the first six months after birth. Once attachment has been established, an infant will become visibly distressed when the mother leaves his or her presence. The fear that an infant shows of being separated from the mother is known as separation anxiety and is a manifestation of the attachment process. Typically this begins to decrease in children after the age of three years. However, Bowlby7 considered that attachment behaviour was never actually outgrown, even in adulthood.

We suggest that the twins formed a close sibling bond in infancy and early childhood that was strengthened by parental estrangement and then maintained by shared schooling, social and sporting interests during adolescence. Thus when they parted for the first time as young adults, the sudden separation proved intolerable and manifested as a profound depressive reaction in Twin A and anxiety state in Twin B. Some authors have suggested that the more dominant twin in the relationship can be most disturbed by separation8 as seemed to be the case here. Their course of illness following hospitalisation was akin to the phases of protest, despair then detachment characteristically seen in maternal deprivation. However, with the twins there was eventually resolution of an apparently pathological process.

Declaration of Interest: None

References