IS THERE STILL A PLACE FOR INVOLUTIONAL MELANCHOLIA NOWADAYS?

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Objectives: Involutional melancholia was first described by Kraeplin in 1896, who, since 1907, omitted this entity from his publications. However, involutional melancholia kept on being accepted under various names. We intend to analyse if there are still evidences for the existence of this entity nowadays and its clinical utility.

Methods: We describe and analyse a case of a woman with the diagnosis of involutional melancholia and make a bibliographic review about this disorder.

Results: Nowadays the broadening concept of mood disorders denies involutional melancholia as a valid independent entity, so it is included in mood disorders as a unipolar endogenous depression with late onset. Psycopathologically, however, it still seems to have several differences that could justify its separation from the current mood disorder concept, such as proeminent motor agitation and restlessness, anxiety and apprehension, an exaggerated hypochondriasis sometimes with bizarre delusions and occasional paranoid ideation. These differentiating symptoms arise on a basic depressive substrate, marked by insomnia, anorexia and weight loss. Some studies point out the fact that now patients are treated earlier with antidepressives or ECT and so these classical severe symptoms may not develop, because the syndrome is aborted at a prodromal stage.

Conclusions: Study results are contradictory and further controlled investigations are mandatory. Even if involutional melancholia does not stand as a separate entity, it is important to keep in mind that depressive illness appearing for the first time in the involutional period of life may present as a somewhat atypical clinical picture.