

## **KLEPTOMANIA PRESENTING WITH MAJOR DEPRESSIVE DISORDER : A CASE REPORT.**

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### **ABSTRACT :**

*A 35 year old, married, educated woman of well to do economic condition who was referred by court for psychiatric opinion was found to suffer from "Kleptomania" with "recurrent major depressive disorder." The patient had been stealing and hoarding (at times giving away when caught) defective and useless objects for the past 3 years ,mostly during periods of depression and had been arrested twice for stealing. Her kleptomaniac symptoms improved moderately when her depression lifted with antidepressants.*

**KEY WORDS :** *Kleptomania, major depressive disorder, affective spectrum disorder.*

### **INTRODUCTION :**

Kleptomania is defined as a disorder characterised by recurrent failure to resist impulses to steal objects not needed for personal use or their monetary value. An increasing sense of tension is felt immediately before committing the theft and pleasure or relief felt at the time of committing the act. The stealing is neither an expression of anger or vengeance nor it is due to conduct disorder or antisocial personality disorder (DSM III-R, 1987). Classified as an impulse control disorder in DSM III-R, Kleptomania has been hypothesized as a form of affective - spectrum disorder' (Mc Elroy et al. 1991).

The author, to the best of his knowledge, is not aware of any case report or study reported on kleptomania from India. The present case is described because of its rarity.

### **CASE REPORT :**

N.D., 35 year old married woman, an arts post-graduate, working as a stenographer was brought to psychiatry O.P.D. of I.G. Medical College Hospital, Shimla for psychiatric opinion after being charged for theft. She presented with complaints of uncontrollable desire to pick-up or steal petty things, sadness, insomnia, lack of interest in self and surroundings and suicidal ideation for the last one month. A feeling of great tension was reported prior to stealing which used to subside after the theft and failure to pick-up or

steal the object made the patient severely depressed and suicidal at times. She described her stealing as wrong and shameful but uncontrollable. The patient's husband reported that she had been suffering from recurrent episodes of depression (with one suicidal attempt) along with stealing behaviour for the last three years. The stealing which used to be sudden, was described to be more pronounced during periods of depression. The stolen items mostly used to be defective, old and useless and comprised of clothes, polythene bags, cotton, shoes, socks, stationery, tools, umbrellas, crockery, sand, bricks, electronic items etc. as recovered by police from patient's house. Apart from stealing, a few incidents of shop lifting and a police arrest was also reported in the past three years.

The patient belonged to a joint family of middle socio-economic status and was second of seven sibs. She had good interpersonal relationships with her sibs and parents and there was no family history of any mental illness. She had uneventful childhood and was an average student in school and college. The patient had worked at 3-4 different departments prior to the present one and used to get good salary every where.

The patient had normal menstrual history and was living in a nuclear family with her husband ( a govt. servant) and two children. The relations with the husband were strained ever since her illness. Pre-morbidly, she was described to

be reserved, intovoeert, irritable and short tempered without any antisocial or histrionic traits. No alcohol or drug dependence was reported.

On examination the patient was found to be retarded with depressed affect, depressive and suicidal ideation along with guilt feelings. In the ward, she attempted suicide twice but survived with multiple fractures. She was administered amitryptil Line-150 mg per day and 50 mg chlorpromazine at bed time. Her depression lifted within a fortnight but hospitalisation had to be prolonged due to associated orthopaedic disability. During subsequent two year follow-up, the patient had two depressive episodes with the persisting stealing pattern but without any legal problems.

### COMMENTS :

The patient satisfied DSM III-R criteria for the diagnosis of kleptomania and recurrent major depressive disorder. The striking feature of the present case was her tendency for massive hoarding of a wide range of mostly defective stolen items (though at times she used to give back the stolen article on her own or on being caught).

A link between kleptomania and affective disorders (including major depression) has been suggested by many authors (Ramelli and Mapelli, 1979; Mc Elroy et al. 1991; Goldman, 1992). Kleptomania has been found to respond to antidepressants (Ramelli and Mapelli, 1979; Fishbain, 1987; Mc Elroy et al. 1989) and kleptomanic stealing has been reported to relieve major depression (Coid, 1984; Fishbain, 1987).

The present case also shows a strong association between kleptomania and major depressive disorder, most notably worsening of depres-

sion after failing to steal and a moderate relief in kleptomanic symptoms with antidepressant treatment. Further research is warranted in the form of systematic studies based on rigorously diagnosed kleptomanic individuals to establish the etiopathological implications of kleptomania and to evaluate the usefulness of pharmacological and psychosocial modes of treatment for this disorder.

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