INTRODUCTION

Mutism is defined as the loss of faculty of speech due to functional or organic causes. [1] Psychiatric condition most commonly associated with mutism is schizophrenia of the catatonic subtype. [2] A few cases of mutism also occurring in non catatonic schizophrenia both in the adult and paediatric age group have been reported. The most often cited in this regard is the study done on the Kosraean population. [3]

We report a case of mutism in non catatonic schizophrenia which persisted for nearly one and half years after the resolution of other symptoms of illness despite trials with various antipsychotics including clozapine and electroconvulsive therapy.

CASE HISTORY

Mr SK, a 26 year old, unmarried man, engineer and a previous soft ware professional presented with an eighteen month duration illness characterised by auditory hallucinations (commenting type), delusions of persecution and reference, reduced speech productivity, sudden episodes of violent aggressive behaviour, social withdrawal and disturbed biological functions for the initial two months of the illness. Following this he was brought in for psychiatric consultation and diagnosed as paranoid schizophrenia. All routine laboratory investigations, electroencephalography and CT scan of the brain were normal. He was started on risperidone and the dose was gradually worked up to 8 mg over a period of one month. During this period the signs and symptoms of his illness gradually abated, except for the fact that patient was now completely mute. At the onset of illness his speech had reduced to monosyllables and short sentences, but now he would not speak at all. He would make his needs felt by gestures but refuse to either speak or write. Drugs like trifluoperazine, olanzepine, aripiprazole, and haloperidol were added on to risperidone sequentially in an adequate dose and adequate duration, with no change in his mutism. A course of 6 electroconvulsive therapies and clozapine up to 450mg was also tried with no result.

He continued in the same state for the following 15 months where risperidone 8 mg was continued. During this time his biological functions improved. No hallucinatory behaviour was observed. He did not go back to his job but would help with household chores and even shop carrying a written list with him. He would make his needs felt with gestures and show emotional reactivity to situations around him. He however continued to refuse to speak or to write anything on paper despite coaxing, except for his name. A fresh psychiatric consultation was sought and amisulpride...
was introduced. A change in patient’s communication was noticed. He now would write a few lines on paper to convey his needs and use mono syllables. Encouraged by the result amisulpiride was titrated up to 800 mg. After nearly four months of the start of amisulpiride, patient started to speak and communicate as before the onset of illness. On subsequent interviews he attributed the reason for his mutism to severe pain in his head which prevented him from speaking and which has now subsided. Risperidone was gradually tapered and now patient maintains well on 800 mg/day amisulpiride, and has rejoined his previous organisation.

DISCUSSION

Mutism is an important symptom occurring in various psychiatric and organic disorders. Psychiatric conditions associated with mutism include schizophrenia, mood disorders, dissociative disorders and autism spectrum disorders. [8] Neurological conditions presenting with mutism include dementias, stroke, encephalitis, head injury, post-ictal phase of epilepsy to name a few. Endocrine disorders, like hyperparathyroidism, myxoedema, diabetic ketoacidosis, and Addison’s disease can also cause mutism. [4]

Mutism is one of the symptoms of catatonic schizophrenia where it occurs along with other symptoms like catalepsy, excessive motor activity: posturing, echolalia and echopraxia. When any two of the above symptoms dominate the clinical picture diagnosis of schizophrenia, catatonic subtype can be made. [5] Like the other catatonic symptoms, mutism is measured by the Bush Francis catatonia rating scale. No speech, speech consisting of less than 20 words in 5 minutes and incomprehensible whisper have all been identified as different grades of Mutism in this scale. [6]

In a study done by Dutt et al, [7] mutism was found to be the most common catatonic symptom, and catatonic symptoms were mostly commonly found in catatonic schizophrenia. [7, 8] Mutism is also reported in schizophrenia in the paediatric age group. [9]

In addition to the widely reported mutism in catatonic schizophrenia, mutism has been reported in non catatonic schizophrenia as well, although less. One of the largest reports has been from the Kosraean population where of the 22 schizophrenics, 19 showed episodes of mutism especially when untreated or under treated. [3] Isolated case reports have shown the occurrence of mutism in non catatonic schizophrenia in adult and paediatric age groups. [4, 10]

Mutism associated with catatonia has been shown to respond to lorazepam, electroconvulsive therapy and even to clozapine. [8, 11] However, the case reports of Mutism in non catatonic schizophrenia have shown poor response to conventional treatment. [4, 10] According to one case report there is improvement in communication on adding levosulpiride to clozapine showing similar results like our case where the response has been to addition of amisulpiride. When patients were evaluated after resolution of mutism, most did not have any memory of their psychotic experience. [12] Our patient attributes it to headache and its interference with his ability to speak.

CONCLUSION

Our case report highlights the challenge of symptoms like mutism which persist after the resolution of other psychotic symptoms and continue to hinder the patient in his social, occupational and personal life.

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References


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