# Depression with suicidal and homicidal ideation in Turner syndrome

## A Case Report

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## Purpose

➔To explore the psychiatric manifestations and co-morbidities in patients with Turner syndrome.

## Abstract

Turner syndrome (TS) is a common genetic syndrome which
can present with a spectrum of biological and neuropsychiatric manifestations.
There are no DSM V criteria for TS but they can present as several psychiatric disorders, such as, mood disorder, cognitive and intellectual disability, personality disorder, body shape disorder, gender dysphoria and sexual identity issues. In this case report we are presenting a case of Turner syndrome who was admitted three times in two months in psychiatric unit in 2019. This patient presented with severe depression with suicidal ideation, suicidal attempt with medication over dose and homicidal ideation.

## Background

TS is a common genetic syndrome which can present with spectrum of physical and mental manifestations. The psychological aspects of TS has focused on the influence of the physical stigma of TS and the psychological development into young womanhood, highlighting short stature, failure to sexually mature at the same age as their peers, the issue of infertility, and how these issues relate to self-image and femininity. A “TS personality” characterized by excessive dependence, immaturity, passivity, depressiveness and distractibility. Studies in the last 12 years show consistently more severe depressive symptoms in individuals with TS than in previous years. TS women had fewer romantic attachments and less sexual experience, and significantly lower occupational and academic achievement, even with similar verbal IQs

## Case Presentation

Patient is a 28-year-old woman, single, unemployed, homeless, but temporarily living with her brother and mother, with history of depression since 2015, and medical history of Seizure disorder, hypothyroidism and Turner syndrome.
Patient had one admission in the past 5 years in Brooklyn hospital for 15 days because of depression, and three admissions in Bronxcare Hospital in 2019, in two months due depression and suicidal thoughts in the context of psychosocial stressors
Patient attempted suicide in summer 2018 (unreported) and October 2019 with medication over dose. Patient has no violence history. Patient smokes cigarette and Marijuana every day and drinks Alcohol two times a day every day. She had history of trauma, endorsed being sexually abused in 2013 when she was a babysitter by the brother of the family and in 2014 "by a stranger". She did not report any of the incidences.
Since 2014 the patient has been between shelter homes and currently living in an apartment with her brother and mother. She dropped out in 11th grade due to anxiety. She is bisexual, has not been sexually active since November 2018. Her last boyfriend was in 2014. Her last job was in 2016. In Wechsler Adult Intelligence Scale, full scale IQ was within Borderline range of functioning, consistent with her Test of Premorbid Functioning. Her verbal comprehension skills, perceptual reasoning skills and processing speed were borderline. Memory was a particular area of weakness and was extremely low range.
***First admission***: Patient was brought in by her brother for worsening depression in the context of non-compliance with her medication. She stated, she is depressed due to multiple stressors such as, homelessness, history of being molested and raped few years back. She reported of having intermittent thoughts of suicide without a plan. Patient treated with antidepressant and out- patient referral was made.
***Second admission***: Patient presented with worsening of depression and suicidal ideation. She reported that since her discharge two weeks ago she has been feeling depressed and suicidal with a plan of jump off the window. She had been noncompliant with medications and smoking marijuana after discharge from hospital. She feels more suicidal when she has thoughts of being lonely. She also endorsed hearing voices.
Her ADLs was poor, speech was slow and soft and was incoherent at times. Patient treated antidepressant and Risperidone was added and partial hospitalization program referral was made.

***Third admission***: Patient brought by EMS activated by her therapist due to suicidal ideations and reported overdose on Keppra and antidepressant. Patient feels like people are watching her, they know everything about her life, which makes her uncomfortable, sad, down, depressed and pushed her to want to kill herself. She also reports that 2 weeks ago she heard voices telling her that she is hopeless and to kill herself. She also complains of flashbacks of when was raped. She was having suicidal ideation of jumping from the window or jump in front of a train if being discharged. Patient says she feels worthless and a burden to her family. Patient endorsed homicidal ideation against ex-girlfriend who is now her sister's girlfriend, and feeling betrayed, she did not provide a specific plan. High risk assessment was done. She also expressed gender identity issues during this admission. Patient through all the admissions struggled with communication with her family and would be anxious that she is unable to reach them. Patient on the third admission treated with two antidepressants, antipsychotic and patient discharged to partial hospitalization and substance treatment referral.

## Discussion

Women with Turner syndrome manifest several psychiatric diagnoses, which can affect their social functioning and employment. The presented patient was diagnosed with severe major depression disorder, with psychotic features, anxiety disorder, suicidal thought and suicidal attempts, homicidal thought, sexual orientation, substance use disorder, borderline range of functioning IQ, borderline verbal comprehension skills, borderline perceptual reasoning skills, and weakness in processing speed memory. The multiple co- morbidities, psychiatric issues in this case adding to poor social support, dysfunctional family dynamics and social functioning with low self-esteem and lack of coping mechanism can make treatment difficult and cause re-hospitalization and poor response to treatment.

## Conclusion

Suicide is the 2nd most common cause of death in adults. Patient with Turners syndrome who are all the more vulnerable with their cognitive and physical limitations further poses increasing challenges in care providers to identify psychiatric issues early and manage them.

## References

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