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Naltrexone in adults with intellectual disability improves compulsive and dissocial disorders: a case report

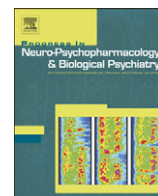
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Letter to the Editor (Case report)

Naltrexone in adults with intellectual disability improves compulsive and dissocial disorders: A case report**1. Introduction**

According to the 10th edition of the International Classification of Diseases, kleptomania is a pathological tendency characterized by repeated failure to resist impulses to steal.

Kleptomania is a pathology of the obsessive–compulsive disorders (OCD) spectrum characterized by invasive thoughts, the inability to resist compulsive behaviour and the emotional tension caused by this act (Durst et al., 2001). Other authors emphasize the heterogeneous aspect of kleptomania, sharing characteristics of the compulsive and addictive disorders, as well as characteristics of the affective spectrum (Aizer et al., 2004; Kozian and Otto, 2003). The left temporal lobe is also thought to be involved (Aizer et al., 2004).

The prevalence of kleptomania is high: 7.8% in a population of hospitalized psychiatric patients (Grant, 2006); no data are available for individuals with intellectual disability (ID).

Mood stabilizers and antidepressants have been prescribed to treat kleptomania (Kozian and Otto, 2003; Durst et al., 2001), with partial results. However, compulsive disorders generally resist traditional psychotherapeutic and psychotropic treatments.

Studies concerning individuals without ID, suggest that opiate antagonists may attenuate these compulsive disorders (Grant et al., 2008; Kim, 1998; Pattij et al., 2009; Raymond et al., 2002). The therapeutic effect of these medications could be produced by regulating motivation and behaviours. In this way, naltrexone seems to reduce the symptoms linked to strong compulsive desires and reduce problematic behaviours. No studies have been published on the effect of this medication in patients suffering from compulsive behaviours in the population with ID.

These same medications have been shown to be effective in the treatment of trichotillomania and eating disorders.

2. Case report

We report the case of a 42-year-old woman, native from the Far East and adopted at the age of 2. By this age, we noted a failure to develop language and social relation. By the age of 5 she presented psychomotor impairment, developing ADHD-like symptoms (inattention, motor hyperactivity and impulsivity) and a behaviour evoking kleptomania. By the age of 7, she was receiving specialized social-educational care due to maladjusted behaviours (stereotyped movement, psychomotor agitation, self injurious behaviour (SIB), and kleptomania). Between the age of 9 and 21, psychotropic treatments failed to improve her disorders. At the age of 21, the patient entered in an institution for adults with ID working in protected workshop.

In 1991, The IQ of our patient, assessed using Wechsler Intelligence Scale (WAIS-R), was 63 with a number of autistic features without meeting all the necessary criteria for a diagnosis of autism. We found

no association with hereditary genetic disorder or chromosome abnormality.

The appropriation of other people's objects occurred according to the patterns of kleptomania or antisocial behaviour (repeated stealing at a frequency of approximately 4×/week); SIB were occasional (tearing her hair when frustrations). When confronted with her actions, she either presented an attitude of denial, with no feelings of guilt, or feelings of guilt which could lead to depressive episodes. Hyperphagia and trichotillomania appeared during this period and continued over the years. Overtime, different psychotropic medication treatments were instituted, in the form of citalopram, thiorazidine, and benzodiazepine, without evident therapeutic success on her compulsive disorders. Nevertheless, we noted a progressive improvement in SIB.

Likewise, she received various psychotropic medication treatments in monotherapy or in combination, including risperidone, zuclopenthixol, fluphenazine, mirtazapine, fluoxetine and citalopram, thioridazine or oxazepam. The clinical evolution was unfavourable, as her compulsive behavioural disorder, in the form of repeated stealing, worsened (at a frequency of 3 to 4×/day).

In this context of an unfavourable evolution despite the different forms of psychiatric and psychotherapeutic care received, a monotherapy naltrexone treatment was introduced at 50 mg/day with a rapid significant remission of the compulsive disorders. Running away and stealing only occurred rarely (2 times during the past year). Eating disorders and trichotillomania have also significantly regressed.

The response to treatment (6-month follow-up) was evaluated on the data contained in patient files and using the Clinical Global Impression scale – severity (CGI-S) of illness (ranging from 1 = normal to 7 = extremely ill) and the Clinical Global Impression scale – improvement (CGI-I) of illness (ranging from 1 = very much improved to 7 = very much worse).

3. Discussion

The introduction of a monotherapy naltrexone treatment at 50 mg/day led to a significant reduction of compulsive behaviour disorders (kleptomania, trichotillomania, and hyperphagia) in a woman with ID associated with behavioural disorders such as kleptomania and antisocial behaviour, not responding to classic psychotropic treatments or other forms of therapeutic care (CGI-S score: 6). After a period of 1-month follow-up, the socio-educational team remarked a progressive improvement in behaviour (CGI-I score: 3). After 2 months, the outcome could be rated as significantly positive with improvement in all behavioural symptoms (CGI-S score: 2; CGI-I score: 1).

This case report seems to confirm that the opiate antagonists (naltrexone) are effective in the treatment of compulsive behaviour disorders (Raymond et al., 2002). A double-blind, placebo-controlled study of 25 patients by Grant et al. (2009) showed that naltrexone (50–150 mg/day) led to a statistically significant reduction in

behavioural disorders related to kleptomania. A previous study found that 70% of treated patients had experienced a very favourable clinical evolution while 20% experienced a favourable evolution. Overall, 50% of these patients had previously received behavioural therapy without success (Grant et al., 2002). Moreover, naltrexone could be effective in the treatment of trichotillomania; De Sousa A. (2008) in a pilot study on the effects of naltrexone (25–100 mg/day) on 14 children between the ages of 7 to 11 who suffered from trichotillomania showed that 11 of the 14 patients experienced a favourable clinical evolution.

We did not observe any unwanted side effects in our patient such as nausea and elevated hepatic transaminase levels (Grant and Kim, 2002; Kim et al., 2006).

4. Conclusion

Naltrexone seems to be a promising treatment for compulsive disorders in adults with ID to avoid complicated, neuroleptic-based combination treatments. Additional research is necessary to confirm the reliability and effectiveness of this type of medication.

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Written consent was obtained from the patient for publication of the case report.

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