

PANCREATIC DISEASES AND ANXIETY&DEPRESSION COMORBIDITY: FOUR CASES IN A FAMILY

Murat Özalin, Ömer Aydemir

Department of Psychiatry, Celal Bayar University, Manisa, Türkiye

OBJECTIVE: The relationship between pancreatic diseases and psychiatric disorders has been widely studied. Depression rates in pancreatic disease patients range from 33% to 55%, and pancreatic cancer has the highest incidence of major depression among gastrointestinal tumors. This presentation aims to examine a case of anxiety and depression co-occurring with pancreatic disease and explore psychiatric comorbidities in relatives with various pancreatic diseases.

CASE: A 57-year-old male patient presented with symptoms of inner distress, restlessness, unhappiness, anhedonia, reluctance to leave the house, and suicidal thoughts. His mental status examination revealed symptoms of major depressive disorder (HAM-D: 31) and severe anxiety (HAM-A: 27). He was receiving mirtazapine 30 mg/day, olanzapine 2.5 mg/day, clonazepam 2 mg/day, and paroxetine 30 mg/day. Due to nausea, loss of appetite, and more than 10% weight loss in the past two months, lab results showed amylase 110 U/L, lipase 102 U/L, glucose 113 mg/dL, and GGT 199 mg/dL. A gastroenterology consultation revealed “Acute Edematous Pancreatitis” and hyperintense contrast in

liver segments. Given liver dysfunction, psychiatric treatment was changed to escitalopram 20 mg/day and mianserin 30 mg/day. The patient’s history included his mother being treated with ECT for major depressive disorder before being diagnosed with pancreatic cancer, and his maternal uncle experiencing chronic pancreatitis with mild to moderate anxiety. His maternal aunt had depressive episodes related to her pancreatic disease, and his cousin’s daughter had died by suicide. Following symptomatic treatment, laboratory findings and clinical symptoms improved. The patient’s HAM-A and HAM-D scores also decreased, and he was discharged with recommendations for follow-up. Informed consent was obtained for this case report.

DISCUSSION: Psychiatric comorbidity in pancreatic diseases is linked to both endocrine and exocrine secretions. Neuropeptide-Y and cholecystokinin-4 and -8 are potential mediators. CCK receptors have been shown to affect panic attacks and depressive symptoms. This family provides supporting evidence for these findings.

Keywords: Pancreas, depression, anxiety, genetics