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A CASE OF RECURRENT DEPRESSION ASSOCIATED WITH UNDISCLOSED KLEPTOMANIA

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OBJECTIVE: Kleptomania is an impulse-control disorder characterized by recurrent stealing accompanied by guilt or shame. In patients with recurrent major depressive disorder (MDD), unrecognized comorbid impulse-control symptoms may worsen functioning, complicate treatment response, and increase suicidal risk.We present a case of recurrent MDD with longstanding but undisclosed kleptomania contributing to depressive exacerbation and a suicide attempt, aiming to highlight diagnostic awareness.

CASE: A 39-year-old unemployed, married woman was admitted following a suicide attempt by ingesting solvent. She had a 13-year history of recurrent non-psychotic major depressive episodes beginning postpartum, with five episodes lasting approximately six months each.At admission, she exhibited depressed mood, anhedonia, severe guilt, and marked functional impairment, including reduced self-care and parenting capacity. During a detailed interview, she disclosed longstanding kleptomanic behaviors for the first time; the intense guilt associated with these behaviors had precipitated the suicide attempt.The patient had previously been hospitalized for treatment-resistant MDD and received eight sessions of electroconvulsive therapy with partial response and early relapse.She reported partial benefit from venlafaxine 150 mg/day, accompanied by worsening kleptomanic urges.On admission, she was already receiving valproate, which was continued given its potential benefit on impulsive behaviors. Although bipolar-spectrum depression was not diagnosed, it had been considered externally;therefore, and in the context of severe suicidality and planned high-dose SSRI treatment, lithium(300 mg/day) was added for mood stabilization and suicide risk reduction. Fluoxetine(40 mg/day), quetiapine XR(300 mg/day), bupropion, and clonazepam were administered. By week 3, depressive symptoms and suicidal ideation markedly improved, while kleptomania-related guilt persisted at reduced intensity. Written informed consent was obtained.

DISCUSSION: This case underscores the clinical importance of systematically assessing concealed impulse-control symptoms in recurrent MDD.Continuation of valproate alongside lithium reflected a pragmatic strategy addressing impulsivity, suicide risk, and diagnostic uncertainty without reclassifying the primary diagnosis.Careful antidepressant selection and adjunctive psychotherapy may be crucial in managing residual guilt and relapserisk.

Keywords: Recurrent depression, kleptomania, suicidal behavior