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Mania Following Bereavement

SIR: I read with interest Rosenman and Taylor's case report of mania following bereavement (*Journal*, April 1986, **148**, 468–70). The authors state that such reports showing this association are uncommon. I report two further cases.

Case reports: (1) A lady who had no previous psychiatric history, first presented aged 49 years, two months after the sudden death of her husband. He had taken his own life whilst she was at work. At first, she grieved appropriately but six weeks after her bereavement she became restless, irritable and garrulous. She returned to normal mood within one month following treatment with neuroleptic medication and ECT. Four years later her mother died of carcinoma. She grieved initially but soon became cheerful. By the time of presentation, one month after her bereavement, she was restless, overtalkative, sexually disinhibited, giggly and expressed paranoid ideas with regard to her neighbours and sons. She said that nursing her mother for eight years had imposed a great strain on her and that her behaviour was a reaction to the lifting of this strain. She became euthymic within two months on treatment with haloperidol but 18 months later presented with a further manic episode. This occurred three weeks after a celebration in her husband's family to which she had not been invited and she had been initially very upset. She has been well in the nine years since the last affective episode.

(2) A 58 year old lady with a previous history of bipolar affective disorder presented the day after the funeral of her husband who had died suddenly of a myocardial infarct one week previously. Within 24 hours of his death she became restless, overtalkative and insomniac. On admission she talked incessantly and maintained that she felt "hilarious" in spite of occasional tearfulness. She believed she had special powers of healing people and that the television was telling her what to do. She could hear her husband talking to her. Her mood gradually stabilised on treatment with haloperidol, but one month after the bereavement she became depressed. She was then successfully treated with an antidepressant and discharged. One year later she presented with depression requiring treatment with ECT. Her mood stabilised but after a visit to her husband's grave three months later, she became manic with mixed affect. This resolved and she has been well for the last six months.

Rosenman and Taylor discuss the mechanism of manic response to bereavement. They cite the Post *et al* (1981) finding that a previous history of affective disorder predisposes to a rapid onset of mania. These two cases support this: (1) with no previous history of affective disorder did not develop mania until six weeks after her husband's death and (2) with a well established bipolar affective disorder developed mania within 24 hours of her bereavement. That repeated episodes of illness establish a facilitated pathway by which rapid changes of mood could occur, may be further supported by the recurrence of mania following case 2's visit to her husband's grave 15 months after his death, and following case 1's perceived rejection by her in-laws.

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SIR: The case report by Rosenman and Taylor (*Journal*, April 1986, **148**, 468–470) of mania following bereavement was of considerable interest. I report another two cases.

Case reports: (1) A 46 year old divorced engineer was admitted as an emergency in a hypomanic state on the evening of his mother's funeral. Instead of returning home from the funeral he had gone to his place of work where his behaviour had caused concern, the work's medical officer had arranged admission. On admission he was dressed in a