 doi:10.1111/j.1440-1819.2006.01597.x

Letter to the Editor

Werner syndrome with psychosis

Werner syndrome is a premature senility syndrome that manifests a variety of ageing symptoms starting from puberty.[1] Approximately 10% of patients demonstrate low IQ.[2,3] Reports regarding psychotic symptoms in Werner syndrome are rare.[4,5] Here we report a case of Werner syndrome with flourishing psychotic symptoms.

The patient was a 55-year-old unmarried woman. She was referred due to psychomotor excitement. She reported that one of her older sisters was abusive towards her, for example placing a big pan filled with hot water under the bed so that her back was almost burnt. She also claimed that her siblings raised poisonous vegetables, which they mixed in her food. When she took tablets prescribed by a physician, she felt her brain melt and flow into her nose and throat. She reported voices giving her permission to smoke, increasing the number of cigarettes each day. She said that her thoughts were broadcast around her. Even after psychomotor excitement was ameliorated in a short time, flourishing psychotic symptoms remained. There was little anxiety from the patient about these symptoms. Computed tomography (CT) showed frontal cerebral atrophy. After pharmacotherapy with haloperidol (3 mg a day) the patient was discharged after several weeks.

The patient's development was delayed from birth. She was physically smaller than her peers, but was academically normal. Depilation and depigmentation became evident when she was 18 years old. When she was 34 years old, Werner syndrome was diagnosed with the evidence of fibroblast dysfunction in the skin biopsy. Six months after the loss of sight in the right eye due to glaucoma, she contacted police saying that her mother was going to kill her. She then became mute and akinetic, and was hospitalized in a psychiatric ward. Her IQ was reported as 78 on the Wechsler Adult Intelligent Scale.

To the best of our knowledge, this is only the fourth case of psychotic symptoms with Werner syndrome and is the first from an Asian country. Signs of puerility were observed, such as clinging to nurses and doctors for sweets, and demanding to walk with people hand in hand. Epstein *et al.* noted that a substantial portion of Werner syndrome patients reportedly would display 'infantility'.[1] The present case shares a number of features with that described by Tannock.[4] Both patients presented with a wide range of flourishing psychotic symptoms, and cerebral atrophy. We speculated that the present patient's cognitive function was gradually deteriorating. This may contribute to the psychiatric symptoms. However, we cannot exclude the possibility that the coexistence of Werner syndrome and psychosis occurred by chance.

REFERENCES

1. Epstein CJ, Martin GM, Schultz AL, Motulsky AG. Werner syndrome. A review of its symptomatology, natural history, pathologic features, genetics and relationship to the natural aging process. *Medicine* 1966; **45**: 177–221.
2. Goto M. Hierarchical deterioration of body system in Werner's syndrome: implications for normal aging. *Mech. Ageing Dev.* 1997; **98**: 239–254.
3. Murata K, Nakashima H. Werner's syndrome: twenty-four cases with a review of the Japanese medical literature. *J. Am. Geriatr. Soc.* 1982; **30**: 303–308.
4. Tannock TCA. A case of a delusional psychotic syndrome in the setting of Werner's syndrome (adult progeria). *Br. J. Psychiatry* 1988; **152**: 703–704.
5. Barak Y, Sirota P, Kimhi R, Slor H. Werner's syndrome (adult progeria): an affected mother and son presenting with resistant psychosis. *Compr. Psychiatry* 2001; **42**: 508–510.

KAYO HASHIMOTO, MD[1]
KEN IKEGAMI, MD, PhD[2]
HISASHI NAKAJIMA, MD, PhD[3]
TOSHINORI KITAMURA, FRCPsych[1]
Departments of [1]Clinical Behavioral Sciences (Psychological Medicine) and [2]Neuropsychiatry, Kumamoto University Graduate School of Medical Sciences and [3]Kumamoto Prefecture Mental Health and Welfare Center, Kumamoto, Japan

Correspondence address: Toshinori Kitamura, FRCPsych, Department of Clinical Behavioral Sciences (Psychological Medicine), Kumamoto University Graduate School of Medical Sciences, 1-1-1 Honjo, Kumamoto 860-8556 Japan. Email: kitamura@kaiju.medic.kumamoto-u.ac.jp

Received 6 February 2006; revised 1 May 2006; accepted 14 May 2006.