Pseudocyesis: Birth of a Phantom

To the Editor: Pseudocyesis is defined by the *DSM-5* as a false belief of being pregnant that is associated with objective signs and reported symptoms of pregnancy, which may include abdominal enlargement, reduced menstrual flow, amenorrhea, subjective sensation of fetal movement, nausea, breast engorgement and secretions, and labor pains at the expected date of delivery. Pseudocyesis should not be confused with delusion of pregnancy, which has no objective signs or symptoms of pregnancy. Tarin et al[1] states that the incidence of pseudocyesis is about 1 in 6 of every 22,000 births in the United States. The exact mechanism underlying the disorder is unknown.

Case report. A 42-year-old woman with 3 adult children was referred by her general practitioner to the crisis resolution and home treatment team with low mood and a bloated abdomen. A suicide note was found by her family after she took an overdose of her prescribed low-dose amitriptyline and tied a ligature. She disclosed that she felt that she had been pregnant for the last 8 months. She had done 3 home pregnancy tests and interpreted 2 of them to be positive in October 2015. Her periods had stopped 6 months prior. She was advised in primary care that she was going through early menopause. The patient was convinced that she was pregnant and started to gain weight. She started to perceive fetal movements. She started lactating in the eighth month of her believed pregnancy. In addition, she reported low mood, anhedonia, anergia, and insomnia.

She was sent for an ultrasound scan as she repeatedly complained to the general practitioner about her bloated abdomen. The patient was not shown the scan but was informed that everything was fine, which she took to mean that the baby was fine. She bought items in preparation, which included a pink "Moses" basket, crib, milk bottles, and nappies. She went on to experience false labor pains.

A mental state examination showed an unkempt woman with whom rapport was difficult to establish. She was tearful and confused with a mix of emotions as she did not wish to be pregnant. She was objectively depressed with shallow and constricted affect. There was no evidence of psychosis. She was embarrassed and guarded about her pregnancy symptoms. Although convinced about her pregnancy, she could be challenged at times.

The patient met *ICD-10* criteria for moderate depressive disorder, and sertraline was started. The crisis resolution and home treatment team provided daily visits and gently challenged her thought process. She was compliant with treatment and read the information about pseudocyesis that we provided. We felt that she was at high risk of harming herself, especially as the expected due date approached.

She showed a gradual improvement in her mental state as she started to come to terms with her diagnosis. She made reference to the fact that her abdomen was visibly less distended, which was objectively supported by the assessing professionals. Her acceptance of the diagnosis coincided with disappearance of physical manifestations of pregnancy.

Risk assessment indicated that our patient had made a serious suicide attempt by trying to strangle herself. These patients feel extremely embarrassed and are vulnerable. It is important to provide these patients intensive support and assess risk on a regular basis.

Pseudocyesis powerfully demonstrates the interaction between mind and body. It is a poorly understood condition, and, hence, treatment remains empirical. In this case, we had a successful outcome with a multidisciplinary approach. Yadav et al[2] and Paulman and Sadat[3] state that pseudocyesis is associated with underlying psychological issues, and the recommendation is to provide psychological support including grounding techniques. It is important for the treating professionals not to minimize the reality of the patient's physical symptoms.

References

1. Tarin J, Hermenegildo C, García-Pérez M, et al. Endocrinology and physiology of pseudocyesis: reproductive biology and endocrinology. *Reprod Biol Endocrinol.* 2013;11:39.
2. Yadav T, Balhara Y, Kataria D. Pseudocyesis versus delusion of pregnancy: differential diagnoses to be kept in mind. *Indian J Psychol Med.* 2012;34(1):82–84.
3. Paulman PM, Sadat A. Pseudocyesis. *J Fam Pract.* 1990;30(5):575.

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