

P-902 - DEPRESSION CAUSED BY PRIMARY HYPERPARATHYROIDISM WITH HYPERCALCEMIA: A CASE REPORT

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Introduction: Multiple articles highlight the role of some organic pathologies causing depression. One common organic cause of depression is hyperparathyroidism, with hypercalcemia associated or not. The neuropsychiatric symptoms related to primary hyperparathyroidism involved different types of presentations (anxious, affective, cognitive and psychotic). The most characteristic manifestations are depression with apathy and minus cognitive impairment.

Objective: Describe a case of depression by hyperparathyroidism with hypercalcemia to remark the importance of some organic factors in some types of depression.

Suggest re-evaluating the criteria of parathyroidectomy, in which are not included depression and cognitive impairment.

Methods and results: Male aged 71 affected by diabetes mellitus type 2 , hypertension and Parkinson's disease.

In the last 2 months, the patient progressively became more apathetic, sad (with occasional crying), with hyporexia, 4 kg weight loss in the last month, and important reduction of water intake. Analysis detects hypercalcemia.

Psych evaluation shows slightly time disorientation, hypophonic language, bradilalia with increased latency of response and hypotimia.

Diagnosis of moderate depression episode is made and escitalopram 10mg/day is prescribed.

Conclusion: This reported case is a challenge, not only in a therapeutical level, but in a diagnostic level too because several organic depression etiologies are involved.

It's interesting to observe how the decreased water-intake, caused by depression, worsened hypercalcemia, showing a continuum between both, mental and organic pathology.

We think is necessary to re-evaluate the criteria of surgical intervention for parathyroid adenoma with hypercalcemia associated to establish whether psychiatric symptoms could be one of them or not.