

Reply: psychiatric disorders and dengue

Resposta: desordens psiquiátricas e dengue

Leonardo Caixeta¹, Paulo Verlaine Borges Azevedo², Marcelo Caixeta³, Cláudio Henrique Ribeiro Reimer²

¹ Professor Associado de Neuropsiquiatria do Curso de Medicina da Universidade Federal de Goiás (UFG). Programa de Pós-Graduação em Saúde Pública do Instituto de Patologia Tropical e Saúde Pública e Programa de Ciências da Saúde da UFG, Goiânia GO, Brazil;

² Professor Titular de Psiquiatria da Pontifícia Universidade Católica (PUC-GO), Goiânia GO, Brasil. Programa de Pós-Graduação em Saúde Pública do Instituto de Patologia Tropical e Saúde Pública e Programa de Ciências da Saúde da UFG, Goiânia GO, Brazil;

³ Médico Assistente do Hospital das Clínicas da UFG. Programa de Pós-Graduação em Saúde Pública do Instituto de Patologia Tropical e Saúde Pública e Programa de Ciências da Saúde da UFG, Goiânia GO, Brazil.

Correspondence: Leonardo Caixeta; Instituto da Memória e do Comportamento; Avenida Cristo Rei 626; 74674-290 Goiânia GO - Brasil; E-mail: leonardocaixeta1@gmail.com

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Dear Editors,

We thank the interest of Dr. Beuy Joob and Dr. Viroj Wiwanitkit in our paper about the relationship between dengue and psychiatry.

We must say, however, that we have focused such association in a different way from what was interpreted by our Thai colleagues. In another words, we did not deal in our work with the psychiatric consequences of dengue infection. Instead of that, we deal with psychiatric symptoms and disruptive behavior that may influence the environmental conditions necessary to perpetuate de life cycle of dengue mosquito *Aedes aegypti*, i.e., by pathological accumulation of garbage in vacant lots (a behavior sometimes linked to compulsive hoarding and Diogenes syndrome, as we stated in our paper).

Assuming this public health issue as our object of study does not allow us to talk about 'pathophysiology'. We could do that if we were investigating the cascade of related biomedical events between dengue infection and dengue symptoms in the diverse organs of the body systemic economy. But this is not the case here, although it constitutes a very interesting line of investigation.

On the other hand, if we can not propose a 'pathophysiology' in its strict sense, we at least can formulate a 'psychopatho-socio-infectology', i.e., the complex way by which a psychopathology can provoke poor sanitation, which, in turns, generates health risks for diseases associated to the proliferation of vectors in an appropriate environment.

The main objective of our paper was highlight the always relevant role of psychiatry in public health issues. This relatively new line of investigation was neglect for many centuries, since psychiatric problems have been traditionally associated with bizarre and rare psychological problems (in other words, psychiatry was always associated with our intimate universe, our psychic life, in contrast to preventive medicine which deals with our social life), but not with behaviors that can precipitate infectious epidemics. Fortunately, this scenario has changed and today there are much information regarding the association of pathological behavior and mental illness with increasing risk of several infectious and parasite diseases^{1,2}.

There are, however, some case reports in medical literature dealing with the specific issue mentioned by Dr. Beuy Joob and Dr. Viroj Wiwanitkit, i.e., psychiatric consequences of dengue infection. For instance, Rittmannsberger et al.³ reported a case of a 21-year-old man who developed mainly neuropsychiatric symptoms which he caught one week after a feverish infection during his stay in India: troubles with concentration and memory, confusion, as well as depressive delusions and agoraphobia. CSF diagnosis, CT and MRI were mainly inconspicuous. The FDG-PET showed a diffuse lack of activity. IgM and IgG antibodies of dengue virus were positive. They interpreted these psychiatric symptoms as a result of a dengue virus infection. Rapp et al. reported a similar case⁴.

References

1. Brunette MF, Drake RE, Marsh BJ, Torrey WC, Rosenberg SD. Responding to blood-borne infections among persons with severe mental illness. *Psychiatr Serv* 2003;54:860-865.
2. Guimarães MD, Campos LN, Melo AP, Carmo RA, Machado CJ, Acurcio FA. Prevalence of HIV, syphilis, hepatitis B and C among adults with mental illness: a multicenter study in Brazil. *Rev Bras Psiquiatr* 2009;31:43-47.
3. Rittmannsberger H, Foff C, Doppler S, Pichler R. Psychiatric manifestation of a dengue-encephalopathy. *Wien Klin Wochenschr* 2010;122:S87-S90.
4. Rapp C, Debord T, Imbert P, Roué R. A psychiatric form of dengue after a visit to Djibouti. *Presse Med* 2002;31:1704.