Specific language impairment in an adult with type I bipolar disorder – a case report

Distúrbio específico de linguagem em adulto com transtorno bipolar do tipo I relato de caso

Dear Editor,

Specific language impairment (SLI) is defined as a disorder of oral language abilities which are clearly below expected after controlling for age and developmental level. It affects multiple areas such as semantics, syntax, discourse and literacy acquisition. 1 SLI is a common disorder, with a prevalence of 3 to 10% of children;² however, this diagnosis is often overlooked in our setting.

Bipolar disorder (BD) is a common mood disorder characterized by episodes that might include mania, depression and euthymia. Some cognitive deficits have been described in BD individuals, with some studies suggesting that verbal functions deficits would be the most prominent ones.3 It has been suggested that verbal memory deficits could be endophenotypes of BD, highlighting the importance of evaluating verbal abilities in individuals with such diagnosis.

We would like to describe the neuropsychological evaluation of a patient with type I BD who had previous undiagnosed comorbid SLI and past several academic difficulties.

Case: Patient A, a 27 y. o. woman, has recently started a marketing degree. She was referred to investigate inattention and low academic performance. During high school, A realized she could not do homeworks with friends because she could not follow their reading speed. Also, A could not grasp the content of classes as expected by teachers.

Since 2002, she has been treated for type I BD; and had a suicide attempt in 2001. A reported several inattention symptoms, such as daydreaming while talking to others. Her father reported she used to complaint about difficulties to understand movies in her native language; also she could not follow subtitles of movies in foreign languages.

A certified board psychiatrist (PM) conducted the first interview; based on the report of significant difficulties in everyday situations and academic settings, the preliminary diagnostic hypothesis

was of mental retardation. ADHD diagnosis seemed unwarranted despite the self and parent reports of symptoms of inattention.

Neuropsychological evaluation: A was submitted to a test battery assessing several cognitive functions, including attention, intelligence and language. WAIS-III results revealed a normal global IQ (IQ = 107); with significant differences between verbal (100) and non-verbal (116) abilities. Performance on control inhibition and sustained attention test (CPT-II) was normal. A presented significant inattention only during language assessment by a speech therapist (TS). Single word reading was normal, but interpretation, writing and oral comprehension were below expected considering age and IQ.

She met criteria for type I BD in Mini-Plus;⁴ A reported significant inattention symptomatology on K-SADS-E,5 but these symptoms seemed to be secondary to language impairment: moreover. significant inattention first appeared in early adulthood, suggesting ADHD diagnosis was not likely.

Academic impairment began before BD symptomatology onset. ADHD symptoms were not present in childhood, although academic impairment was already present probably due to SLI. A was referred to a speech language therapist; it must be emphasized that the diagnosis of SLI and the documentation of a normal IQ had a positive impact in her self-esteem and autonomy to everyday activities, even before starting specific treatment.

Our case highlights the importance of an extensive cognitive assessment including language performance in psychiatric patients who report significant cognitive complaints and/or academic impairment. The early identification and treatment of learning and/ or language disorders potentially lead to a better prognosis.

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Disclosures

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^{*} Modest

^{**} Significant

^{***} Šignificant. Amounts given to the author's institution or to a colleague for research in which the author has participation, not directly to the author. Note: UFRJ = Universidade Federal do Rio de Janeiro; CNA = Centro de Neuropsicologia Aplicada. For more information, see Instructions for authors.

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