

Mail Order Mania: An Induction of Mania While Seeking Gender Affirming Care

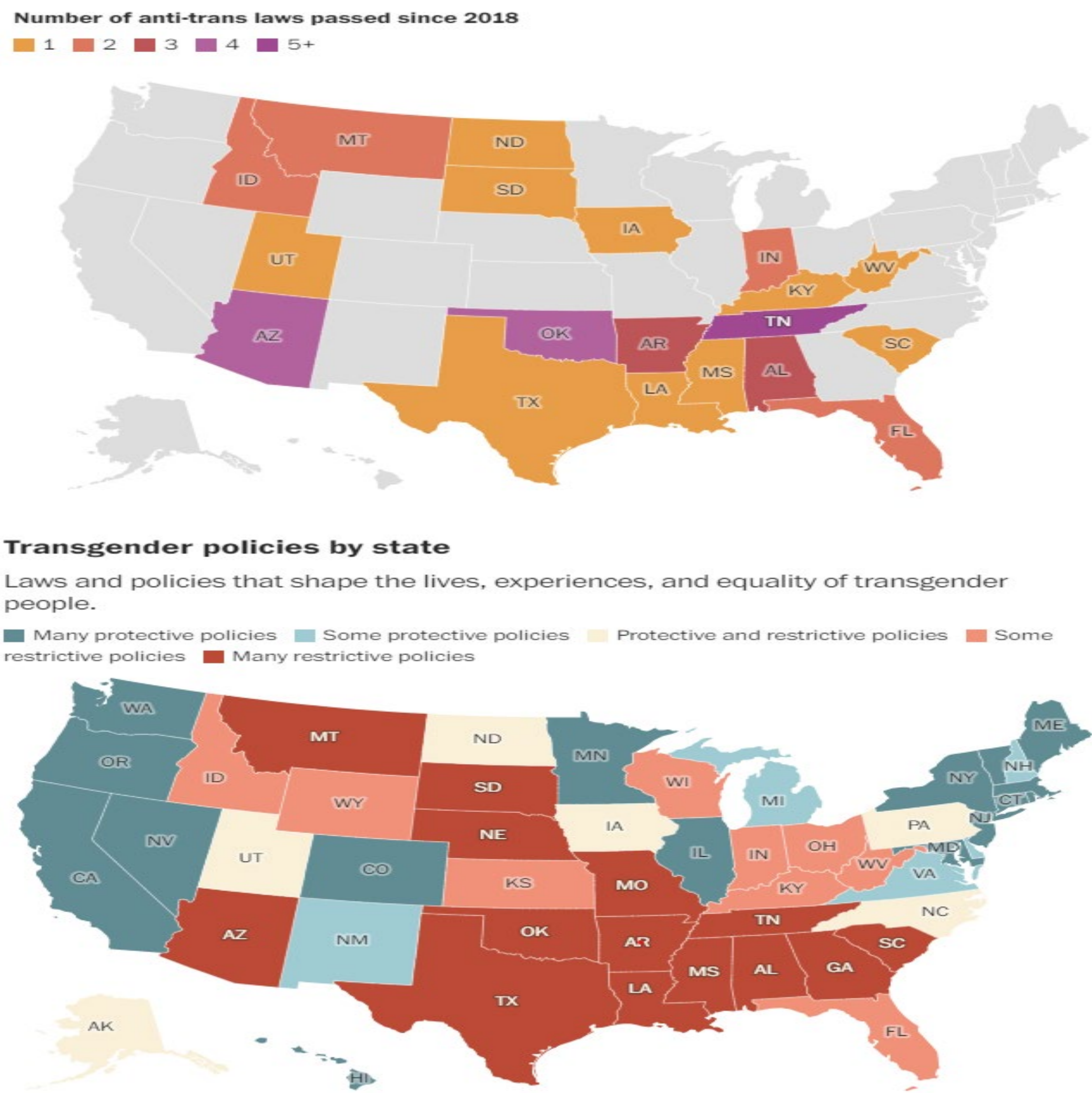
Samuel Polhemus MD, Max Rubenstein DO, Erin Smith MD
HealthONE Psychiatry HCA



Background

Transgender patients are an extremely vulnerable patient population in psychiatry. They have significantly higher rates of both suicidal ideation and suicide attempts compared to the general population as well as depression and substance abuse.¹⁻³ These rates in part can be explained by having several economic and psychosocial stressors, but in the current political climate they are losing resources and support systems which help them as protective factors.^{2,4,5} One of the largest legal targets for transgender individuals has been access to gender affirming care which has been shown to be beneficial to mental health for transgender individuals seeking treatment.⁶⁻⁸ For this reason patients have been seen using online forums and pharmacies to seek hormonal gender affirming care without proper medical oversight.⁹ This case report is about a patient who ordered unknown hormone supplements from an overseas pharmacy and induced a manic episode with no prior history of Bipolar Disorder.

Figures



(Branigin & Kirkpatrick, 2022)
<https://www.washingtonpost.com/lifestyle/2022/10/14/anti-trans-bills/>

Case Report

Day 1:

- 20-year-old patient assigned male at birth with past psychiatric history of depression and anxiety presents after having “bizarre” behavior for about 6 days prior to admission; friends contacted EMS due to his behavior which prompted his admission
- Per collateral patient had purchased “hormone pills” two weeks prior to admission in with the stated goal of wanting to transition to being female
- Patient reported that he did not feel safe going to a doctor because he was worried his parents would find out and remove him from their home given he was still on their health insurance and did not have financial resources of his own
- Family history positive for Bipolar I
- On initial assessment patient’s mental status was documented as tangential, disorganized, and restless; he was difficult to redirect and was able to provide minimal, reliable information regarding his history
- Patient was provided Olanzapine 5mg Q4h PRN and his home Fluoxetine of 20mg daily was restarted as the admitting physician had noted he was already showing signs of improvement

Days 2-3:

- Patient’s initial improvement had plateaued, and he continued to have manic symptoms of poor sleep, grandiosity, and disorganized thoughts; Quetiapine 50mg Qhs added to expedite his treatment

Days 4-5:

- Patient showed worsening symptoms and required additional Ativan due to a panic attack; treatment transitioned to a more aggressive regimen including Risperidone 2mg Qhs and Lithium 300mg Qhs which was titrated to 600mg Qhs

Days 6-8:

- Patient began to show improvements regarding his manic symptoms and insight; Risperdal was increased to 2mg BID to continue titration
- Patient tolerated medications well and Fluoxetine 20mg daily transitioned to Mirtazapine 15mg Qhs

Discharge Day 9:

- At discharge patient was fully organized and insightful regarding the onset of his symptoms; patient was discharged with appropriate follow up and to continue Lithium, Risperidone, and Mirtazapine at said doses
- Patient was referred to outpatient psychiatry/therapy with ongoing treatment for Bipolar I with Psychotic Features as symptoms continued beyond the use of the substance

Discussion

This case report is reflective of a highly concerning risk that transgender patients are currently facing when access to gender affirming care is limited. If access is going to continue to be limited by mounting political forces, then the potential benefits from gender affirming care regarding their mental health is jeopardized.⁴⁻⁸ This patient felt that he was unable to obtain confidential, appropriate gender affirming care and turned to an unknown supplement with unknown risks which are suspected of inducing a manic episode and unmasking an underlying Bipolar disorder.¹⁰ This patient population is high risk for poor mental health outcomes, and the additional risk that transgender patients face with unregulated care is concerning for exacerbating those outcomes.⁹ Assisting transgender patients in the inpatient and outpatient settings with identifying goals of care and helping them find providers related to gender affirming care may benefit their mental health.⁶⁻⁸ By aiding these patients with their goals, psychiatrists are assisting these patients both by potentially improving their overall mental health and reducing their risk as well.

Conclusion

- Transgender patients are a vulnerable psychiatric population that is under growing psychosocial/political stress
- Transgender patients face enough psychosocial challenges with seeking care and growing legal restrictions on access to care will create additional barriers and could result in poor patient outcomes

References

1. Herman JL, Brown TNT, Haas AP. Suicide Thoughts and Attempts Among Transgender Adults. Williams Institute. Published November 2019. Accessed January 7, 2023. <https://williamsinstitute.law.ucla.edu/publications/suicidality-transgender-adults/>
2. Narang P, Sarai SK, Aldrin S, Lippmann S. Suicide Among Transgender and Gender-Nonconforming People. *Prim Care Companion CNS Disord.* 2018;20(3). doi:10.4088/PCC.18nr02273
3. Newcomb ME, Hill R, Buehler K, Ryan DT, Whitton SW, Mustanski B. High Burden of Mental Health Problems, Substance Use, Violence, and Related Psychosocial Factors in Transgender, Non-Binary, and Gender Diverse Youth and Young Adults. *Arch Sex Behav.* 2020;49(2):645-659. doi:10.1007/s10508-019-01533-9
4. Branigin A, Kirkpatrick N. Anti-trans laws are on the rise. Here’s a look at where — and what kind. Washington Post. Published October 14, 2022. Accessed January 7, 2023. <https://www.washingtonpost.com/lifestyle/2022/10/14/anti-trans-bills/>
5. Nakajima K, Hanzhang Jin C. Bills targeting trans youth are growing more common — and radically reshaping lives. NPR. Published November 28, 2022. Accessed January 7, 2023. <https://www.npr.org/2022/11/28/1138396067/transgender-youth-bills-trans-sports>
6. Almazan AN, Keuroghlian AS. Association Between Gender-Affirming Surgeries and Mental Health Outcomes. *JAMA Surg.* 2021;156(7):611. doi:10.1001/jamasurg.2021.0952
7. Nguyen HB, Chavez AM, Lipner E, et al. Gender-Affirming Hormone Use in Transgender Individuals: Impact on Behavioral Health and Cognition. *Curr Psychiatry Rep.* 2018;20(12):110. doi:10.1007/s11920-018-0973-0
8. Tordoff DM, Wanta JW, Collin A, Stepney C, Inwards-Breland DJ, Ahrens K. Mental Health Outcomes in Transgender and Nonbinary Youths Receiving Gender-Affirming Care. *JAMA Netw Open.* 2022;5(2):e220978. doi:10.1001/jamanetworkopen.2022.0978
9. Branstetter G. Sketchy Pharmacies Are Selling Hormones to Transgender People. The Atlantic. Published August 31, 2016. <https://www.theatlantic.com/health/archive/2016/08/diy-hormone-replacement-therapy/498044/>
10. Bostock E, Kirkby K, Garry M, Taylor B, Hawrelak JA. Mania Associated With Herbal Medicines, Other Than Cannabis: A Systematic Review and Quality Assessment of Case Reports. *Front Psychiatry.* 2018;9:280. doi:10.3389/fpsy.2018.00280

