



ORIGINAL RESEARCH PAPER

Psychiatry

CASE REPORT ON PICA WITH ADULT-ONSET

KEY WORDS:

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ABSTRACT In pica, the individual repeatedly consumes non-food items. Pregnant females living in poverty, tropical areas, and tribal areas have been found to have pica. Here we report an elderly lady with raw rice eating which started during her pregnancy, which is associated with significant distress and its consequences on her health in form of dental caries and was started on treatment with serotonin reuptake inhibitor but was lost to follow-up.

INTRODUCTION

Feeding and eating disorders are characterized by when there are persistent problems of eating or eating-related behavior along with changes in the quantity of food consumed or absorbed, which further leads to impairment in physical or mental health (1). In DSM 5, Pica is included in the chapter on 'Feeding and Eating Disorders' whereas, in DSM IV, it was in 'Disorders usually first diagnosed during infancy, childhood, or adolescence.

Over the course of a month, a person with pica consumes nonfood items repeatedly, outside the context of culturally accepted customs or conditions that would normally cause this behavior (2). In contrast to other disorders in the same category, pica can be diagnosed in people of any age even when there are other feeding and eating disorders present. The most common things consumed can range depending on age and accessibility and can include things like paper, soap, cloth, hair, wool, chalk, and many others (1). Up to the age of two, pica is regarded as non-pathological because toddlers have a habit of exploring objects while their teeth are coming in. Additionally, children with developmental disabilities frequently experience it. Due to the various definitions of pica and the patient's reluctance to acknowledge abnormal cravings and ingestion, it is challenging to determine the prevalence of the condition. In children between the ages of 18 and 36 months, a prevalence of pica greater than 50% is regarded as normal. Age is thought to cause a decline in pica. (3) Pica has been found in pregnant women who live in remote, tropical, or impoverished areas. Numerous factors have been linked to the etiology of pica, with nutritional deficiency being the most widely accepted theory. These include organic, psychodynamic, socioeconomic, and cultural factors (4).

Case Study

A 60 years old married female, Hindu by religion, not formally educated, homemaker, belonging to a lower socio-economic status family, with no family history and no past history of any past psychiatric illness or neurodevelopmental delay. She presented to the psychiatry outpatient department with complaints of consuming raw rice for the last 40 years. The onset of her symptomatology was 3 months into her first pregnancy and was of insidious onset and progressive nature. She delivered a healthy female child, but her problem of pica

continued even after the delivery and would consume 100-200 grams of raw rice a day. She says that she is unable to get rid of this craving, tried however many ways and she would become restless when done so. She considered these thoughts to be excessive, and irrational and they were distressing to the patient. There was no history of low mood, disturbed sleep, decreased interest in the activity, etc. there is a past history of surgical intervention around 15 years back, records of which are not available. There was no past history of significant childhood illness reported or past history of any medical interventions.

On physical examination, her vitals were found normal, pallor was present, and the abdomen was found to be of full contour. on oral examination, dental caries in 25,26,36,38,44,45, and 46 was found.



On mental status examination, she was preoccupied with the problem of eating uncooked rice; she had no formal thought disorder, delusion or hallucination, and her judgment and insight were intact.

She was started on fluoxetine 20 mg daily and was advised to get investigations like Complete blood count, liver and renal function test, thyroid profile, and iron profile. Psychoeducation about the nature of her illness was given to her and was advised to behavioral modification. She was advised to follow up in psychiatry OPD after two weeks with her daughter. However, the patient was lost to follow-up.

DISCUSSION

The Latin word for magpie, a bird renowned for its enormous and erratic appetite, is where the word "pica" originates. Pica is not always pathological and can occasionally be a practise

that is approved by the culture. There was no history of any neurodevelopmental disorder in this case, despite the fact that pica is the most prevalent eating disorder in people with developmental disabilities. Despite the fact that the cause of pica is unknown, the obsessive-compulsive spectrum has been linked to more recent cases of pica (5). Adults can use non-nutritive substances without typically associating them with pregnancy (6). Quite frequently, pica is only observed and diagnosed when complications result in the development of medical conditions, but in our case, no complications were noted aside from dental caries, which was an unintended discovery as the result of the pica. Teeth may be affected by pica. Chewing on bricks and stones can cause teeth to become worn down. Following a review of the literature, it was discovered that numerous cases detailing the damaging effects of pica on the dentition had been published. In an unusual case report, Djemal et al. described a tooth that had attrition from a habit of eating sand (7).

Another instance of cultural appropriation leading to tooth erosion, attrition, and abfraction was described by Johnson et al. An unusual case study explains how the patient's depression during pregnancy led to the development of an eating disorder. According to her dental exams, she had bulimia and pica (8). Numerous studies have shown that pica can lead to dental problems.

For pica, there are no laboratory tests. Instead, the patient's clinical history is used to make the diagnosis. Testing for anaemia, potential intestinal obstructions, and toxic side effects of ingested substances should be done in addition to diagnosing pica (i.e., lead in paint, bacteria, or parasites from dirt).

Testing for mineral or nutrient deficiencies and treating them are the first lines of treatment for pica. In many instances, eating habits vanish as deficiencies are fixed. Several behavioral interventions are available if the behaviors are not brought on by malnutrition or persist after nutritional therapy (9). Additionally, it's crucial to assess cultural practices and convictions that encourage pica behavior (10).

CONCLUSION

Reviewing the available literature on pica reveals how little is actually known about this widespread but frequently overlooked condition. Pica's origins are complicated, and it is unclear whether certain metabolic or behavioral conditions are the cause or the result of pica. The requirement for patient self-reporting and a high index of suspicion on the part of the clinician pose obstacles to an accurate diagnosis. Despite the lack of specific screening tests for pica, prompt and accurate diagnosis can help patients avoid some of the condition's numerous nutritional and psychological problems. Last but not least, behavioral therapy and counseling are the only effective treatments for pica.

REFERENCES:

1. American Psychiatric Association. (2022). *Diagnostic and statistical manual of mental disorders* (5th ed., text rev.). <https://doi.org/10.1176/appi.books.9780890425787>
2. Sadock, B. J., Sadock, V. A., Ruiz, P., & Kaplan, H. I. (2017). Kaplan and Sadock's comprehensive textbook of psychiatry (10th ed.).
3. Blinder B, Salama C. An update on Pica: prevalence, contributing causes, and treatment. *Psychiatric Times*. 2008 May 1;25(6):66-66.
4. Bhatia, M. S., Rai, S., Singbhal, P. K., Nigam, V. R., Bohra, N., & Malik, S. C. (1988). Pica: prevalence and etiology. *Indian pediatrics*, 25(12), 1165-1170.
5. George, Manju & Maheshwari, Shreemit & Ram, Dushad & Raman, Rajesh & Rao, Sathyanarayana. (2017). A Case Report of a Female Patient with Pica. *Annals of Clinical Case Reports*. 2. 1-2.
6. Kalita B, Dihingia S. The woman with habit of eating uncooked rice. *Int J Sci Rep* 2018;4(2):44-5.
7. Djemal, S., Darbar, U. R., & Hemmings, K. W. (1998). Case report: tooth wear associated with an unusual habit. *The European journal of prosthodontics and restorative dentistry*, 6(1), 29-32.
8. Johnson, C. D., Shynett, B., Dosch, R., & Paulson, R. (2007). An unusual case of tooth loss, abrasion, and erosion associated with a culturally accepted habit. *General dentistry*, 55(5), 445-448.
9. Pica [Internet]. National Eating Disorders Association. 2017 [cited 2022 Nov 14]. Available from: <https://www.nationaleatingdisorders.org/learn/by-eating-disorder/other/pica>

10. Al Nasser Y, Muco E, Alsaad AJ. Pica. [Updated 2022 Jun 27]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2022 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK532242/>