Should Cushing Syndrome Be Only Evaluated by Endocrinologists and Neurosurgeons?

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OBJECTIVES
Physical features such as central obesity, purple stria, thin skin, moon face and buffalo hump may be observed in Cushing’s syndrome (CS). Psychiatric and psychological disturbances may also be present in addition to the physical problems. The most common mental disturbance is major depression. Mania and anxiety disorders may also be seen. It may be detected both in active period or in remission of CS on account of persistant effect of previous period of hypercortisolism, hypopituitarism and glucocorticoid deficiency. In this study, we aimed to analyze the frequency of psychopathologic disorders in CS.

METHODS
We prospectively followed 62 patients that had been diagnosed with CS between 2010 and 2014 in our clinic. Of the patients, 60% were cushing’s disease (CD) (29 female, 8 male) and 40% were ACTH-independent CS (20 female, 5 male). The patients who had been under medication for psychopathology were included in the study.

RESULTS
The prevalence of psychopathology was 19% in CS (12 patients). In ACTH-independent CS and CD it was 12% and 24%, respectively. Eleven (92%) patients were female. Nine (75%) patients had active diseases. Two patients, one with CD and one with ACTH-independent CS, had history of suicide attempts 1.5 and 2 years after surgery, respectively. Both suicide attempts happened after surgery. The patients who attempted suicide had glucocorticoid deficiency and hypopituitarism, respectively.

CONCLUSIONS
In CS patients, psychiatric and psychologic disorders may be seen before or after treatment. Despite treatment for CS, they still may have severe psychopathologic disorders to the degree of suicide attempts due to hormonal insufficiencies in the postoperative period that may result from medication or surgical complications. For this reason, patients should be evaluated not only by endocrinology and neurosurgery clinics, but also psychiatry clinics both before and after the surgery.