



Ataque de nervios: A case report

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Case Study

A 47-year-old transgender (male-to-female) woman was admitted to an acute female inpatient unit after she presented to the emergency department with disorganized behaviour and a collapse episode. No organic causes were found in the initial assessments but behavioural symptoms persisted. She was considered to be having a dissociative episode and due to the difficulty in a comprehensive assessment, she required a period of admission under Section 2 1983 Mental Health Act.

She did not have an established psychiatric diagnosis nor did she have a significant past medical history. All standard laboratories and other investigations were unremarkable. She had four episodes of "collapses", two of which were within a month before the admission date, triggered by various stressors, mainly harassment in the transphobic context by other male residents in her sheltered accommodation.

She was born in Mexico, was adopted into an Italian family and grew up in Italy. She reported not meeting her biological family since she was adopted, and she was not in contact with her both families. When she was 15-years-old, she discovered she wanted to be a female but hid due to having strict parents. She reported physical and emotional abuse by the adoptive family due to her gender identity. She had lived in various countries with an aim to escape from the pressure before she moved to the UK. During her time in the UK, she had lived in various LGBT homeless shelters and currently continues to reside in a hostel.

On admission, she was more settled and cooperative after familiarizing with the environment. She was observed to be visibly distressed and hyperventilating during the assessments, especially when she was elaborating on the adverse past experiences. She explained that she had "collapse episodes" after receiving abusive comments and aggressive behaviour from other people in her accommodation.

She continued to have further dissociative episodes during her admission period, one of which was observed directly by the author. Following an offensive comment on her gender by another patient, she became increasingly distressed. She then started to shout indistinctively in the ward communal area while pacing nervously. She displayed self-aggression by punching and scratching herself in various body areas, also attempted to drink liquid soap. She initially appeared to be responding to verbal de-escalation in Spanish, however, verbal de-escalation techniques were unsuccessful. Shortly after, she fell to the floor in a dissociative state. Her stability was ensured during the episode and the episode resolved spontaneously without requiring further intervention.

The nature of her episodes were in line with a characteristic ataque de nervios symptomatology coupled with her background. As subsequent assessments did not reveal any other psychopathology, ataque de nervios diagnosis was entertained. After the diagnosis was made, the precipitators were identified and addressed accordingly. She then continued to improve in her mental state and no further episodes occurred. She was linked with the local community teams and currently continues to remain in remission.

Background

Cultures show great variety in all their aspects from their definitions of health and sickness to their relations with nature to their beliefs, cultural variables influence behaviour. Ataque de nervios represents a cultural syndrome and is a key idiom of distress among Latinx.

The following case discusses the presentation of ataque de nervios in a Mexican transgender female. This case provides insight into a classical yet unique presentation of ataque de nervios in a population that clinicians should be aware of in order to ensure accurate diagnosis and a brief review of literature.

Key Messages

The case describes a presentation of an ataque de nervios in a transgender woman and proposes that the ataque de nervios was triggered by experiencing transphobic attitudes which was a previously unidentified trigger for this condition.

The case study provides an opportunity to review and update cultural syndromes given the evolving psychosocial climate by discussing the complexity of symptoms, cultural and sociodemographic issues as well as sexual identity issues.

The case illustrates a successful management of ataque episodes and emphasises the need for further studies by underlining the scarcity of evidence to inform of the treatment of this syndrome.

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Discussion

Ataque de nervios is a response to acute stress, first appeared in literature in 1955 and recognized as a culture bound syndrome in 1989 with Guarnaccia et al.'s work. (1) Characteristic features are defined as trembling, shaking uncontrollably, attacks of crying and becoming physically or verbally aggressive. Attacks frequently occur as a direct result of a stressful event and may or may not be present with dissociative experiences, seizure-like and fainting episodes. (2)

Ataque de nervios remains as a challenge to the clinician, due to its varied presentations and coexistence with other diagnoses. Ataques de nervios' share similarities with symptoms of panic attacks and panic disorder. However, the centrality of interpersonal disputes in triggering episodes, the marked dissociative features, and the evident relief experienced by some individuals after an attack distinguish them from panic attacks. (3)

Epidemiological studies show lifetime prevalence of anxiety disorders is approximately 25% in Latinx population and a lifetime prevalence of ataque ranging from 5.4% to 10.9%, highest in Puerto Ricans. (4)

In particular, women, those from low SES backgrounds, and people who had experienced a marital disruption were likely to report an ataque de nervios. (5) A recent cohort study provided strong evidence that neighbourhood violence is associated with ataque de nervios with increase in the neighbourhood violence scale associated with greater odds of experiencing ataque de nervios. (6) This study draws attention to the necessity of more attention to the contextual factors.

In the case, the presenting features represented a characteristic presentation of ataque de nervios. The middle-aged Hispanic transgender lady had an ataque episode started by intense emotional upset triggered by transphobic behaviour, followed by uncontrollable shouting, crying and self-harming behaviour. This was then followed by a self-limiting dissociative episode. Her presentation and background were in line with the classic ataque features; however, her triggers were unique to the individual's gender identity which has not examined in the literature before. Environmental factors such as experiencing gender phobic behavior have played a significant perpetuating role which had not adequately identified prior to the presented episode. Yet, this factor was intense enough to cause emotional stress to trigger ataque episodes.

There is no research at present that might inform treatment of this common Latinx syndrome. The RCTs are very scarce in this topic and the main evidence source from case studies. (11) Intervention strategies in the literature are based on supportive strategies focusing on removing the stressor, providing support tailored to social needs. No systematic studies evaluating the effectiveness of the clinical interventions for this condition undertaken, however, some strategies for episodes in various nature suggested. The brief and self-limiting episodes may not require further intervention however, if agitation is prominent and involves risk of injurious behaviour, IM benzodiazepines may be of use. (12,13) Culturally sensitive psychodynamic approach has also found beneficial in the Latinx patient group. In a pilot study, it is found that teaching emotional regulation techniques (e.g., applied muscle relaxation and meditation) was useful as a treatment of ataques. (14) In another study, culturally adapted form of CBT was found beneficial in Latino women with ataque and PTSD. (15)