Postpartum Phagophobia, case report

Fagofobia postpartum, reporte de un caso

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Resumen

Introducción: Se presenta el caso de una mujer de 29 años con fagofobia posparto. Su diagnóstico fue inicialmente malinterpretado como problemas esofágicos a los cuatro meses. **Hallazgos clínicos:** La paciente experimentó una importante pérdida de peso de 15 kilogramos, que comprometió la calidad de la lactancia materna de su recién nacido. **Intervención terapéutica:** Tras la administración de medicación ansiolítica, reanudó la ingesta de alimentos sólidos. **Seguimiento y resultados:** Recuperó su peso e inició la lactancia materna en pocas semanas. **Discusión:** Los trastornos de ansiedad posparto rara vez se sospechan, lo que puede retrasar el tratamiento psiquiátrico. La fagofobia tiene características que la distinguen de otros trastornos médicos**. Conclusiones**: El infradiagnóstico de los trastornos de ansiedad postparto puede comprometer la nutrición del binomio madre-bebé.

Palabras clave: Fagofobia; Ansiedad postparto; Fobia a la asfixia; Caso clínico.

Abstract

Introduction: The case of a 29-year-old woman with postpartum phagophobia is presented. Her diagnosis was initially misinterpreted as esophageal problems by four months. **Clinical Findings:** The patient experienced a significant weight loss of fifteen kilograms, which compromised the quality of breastfeeding for her newborn. **Therapeutic Intervention:** Follow-

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ing the administration of anxiolytic medication, she resumed solid food intake. **Follow-up and Results:** Her weight was restored, and she initiated breastfeeding in a few weeks. **Discussion:** Postpartum anxiety disorders are rarely suspected, and this potentially delayed psychiatric treatment. Phagophobia has features that distinguish it from other medical disorders. **Conclusions:** The underdiagnosis of postpartum anxiety disorders may compromise the nutrition of the mother-infant binomial.

Keywords: Phagophobia; Postpartum anxiety; Choking phobia; Case report.

Introduction

Much research has focused on the clinical presentation, prevalence, etiology, and treatment of postpartum depression; however, fewer studies have examined postpartum anxiety disorders (Ali, 2018). More than one in five pregnant women is affected by perinatal mental health conditions, and they can develop during pregnancy until the first postpartum year. These diseases are most of the time undertreated because of the lack of diagnosis (American College of Obstetricians and Gynecologists [ACOG], 2023). Nevertheless, it is known that anxiety disorders are more common in postpartum women than in the general population, with estimates of their incidence during the first six months of postpartum ranging from 6.1% to 27.9% (Ali, 2018). Viswasam, Eslick, & Starcevic (2019) reported a prevalence for panic disorder (PD) and obsessive-compulsive disorder (OCD) of 3%, each during pregnancy, which was higher than the lifetime PD and OCD prevalence rates in women in the general population, which were both 1.6%. The prevalence rates of generalized anxiety disorder (GAD), specific phobia, and posttraumatic stress disorder (PTSD) during pregnancy were lower than the prevalence rates of these disorders in the general population of women. In the systematic review by Okagbue et al. (2019), they found that of 25,771 pregnant women screened for depressive symptoms, 4223 (16.4%) were positive for depression. Specifically, within the classification of anxiety disorders in the DSM-5, phagophobia (swallowing phobia/choking phobia) is considered a type of specific phobia, of which there are few reports to date (De Lucas-Taracena, & Montañes-Rada, 2006; American Psychiatric As-

sociation [APA], 2022; Rijal & Pokhrel 2024; Begotka, Silverman, & Goday, 2022). Due to the complexity and severe swallowing incapacity that leads the patients and primary doctors to search for bodily abnormalities. Interestingly, the sequelae of phagophobia in postpartum are also underreported.

The objective of this report is to expand the knowledge base concerning perinatal mental health disorders. It accomplishes this by addressing an understudied yet pertinent topic, namely postpartum phagophobia, which confers upon its significant value within the domain of specific anxiety disorders in the postpartum context.

CLINICAL FINDINGS

Patient Information

J.M. is a 29-year-old female, mother of four children, Catholic, middle school educated, married to a sailor, used contraceptive methods, and did not plan her fourth pregnancy. When she found out she was pregnant, she felt sad because her dream was to be able to work and earn more money. She was afraid to eat in her postpartum period and said, "I thought that I could get choked on" … "When I chewed food, I got scared of swallowing, so I had to spit it all out."

History of four pregnancies and four deliveries. In 2018, during her third pregnancy, she presented with a baby blues syndrome characterized by an auto-limited irritable mood. There are no psychiatric disorders identified in her family.

On January 22, after the fourth delivery, she weighed 52 kg. From the immediate postpartum period, she was highly irritated. By the third month after the delivery, she could not tolerate her newborn, and she desired to leave the baby and her home. During this period, the patient was treated for hypothyroidism with levothyroxine 50 mcg daily. She also manifested sadness, loss of interest, anhedonia, and low energy. Postpartum depression disorder was diagnosed then by the psychology service with twenty-two points on the Edinburgh scale (Cox, Holden, & Sagovsky. 1987).

Some weeks later, gastroenterology assessed her due to a decrease in food intake and loss of a few kilos caused by oropharyngeal dysphagia to solids, as well as a burning sensation associated with emotional triggers. The patient said that it all began because she got stuck with a banana piece during a meal. The special assessments from a gastroenterologist ruled out any organicity. Dysphagia persisted for months; she lost up to 1 kg per week. She manifested several affirmations: “I was ashamed to spit food in front of the public, so I stopped eating at work.” “All the people were thinking about this at lunchtime at work; they were asking if I had anorexia, but I was starving.” “I felt humiliated about the sound of my bowel caused by my hunger.” "In the middle of May, my grandma died, and I got sad, losing my appetite, so I stopped trying to eat, even alone."

On July 22, her weight loss was evident, weighing 41 kg, with 1.55 m of height and a BMI of 17.06 kg/m2. At this point, she was breastfeeding on demand for her 8-month-old son. She commented to her close friends and family that "she was afraid of dying of malnutrition" and then started to use farewell phrases: "If I die, please take care of my children; please guide them." For this last reason, treatment with 10 mg of escitalopram, 40 mg of esomeprazole, and 5 mg of cisapride was prescribed, and a psychiatric consultation was suggested.

On October 22, she arrived at the psychiatry department weighing 37.5 kg. She told her husband that "she has surrendered." Feeling frustrated because of the failure of all the analysis and medical care that did not work. She said, "I cannot pass another day like this". She feels a burning in her throat when she gets frustrated". "I get depressed about my skeletal appearance". She does not sleep, worried about any of her children choking: "I'm vigilant for choking signals and look at my children when they eat and when I eat".

THERAPEUTIC INTERVENTION

A daily dose of duloxetine (30 mg) and mirtazapine (15 mg) was prescribed to J.M. The sense of the entire tablet in her throat scares her, so she must grind it first. Nutritionists gave a menu of porridges integrating the five food groups interspersed with polymeric formulas. All the assessments were on a naval specialized hospital by a multidisciplinary team.

FOLLOWING AND RESULTS

J.M. started to eat only with pharmacology, targeted to decrease anxiety and somatic feelings in her throat, improve appetite, and improve sleep quality. The 8-month-old baby received breastfeeding complemented with formula due to the malnutrition state of the mom. The treatment focused on getting the mother to eat again. The goal was to stop her severe emaciation and prevent her from dying. She returned to a solid food intake and reestablished her weight and lactation in a few weeks.

ETHICAL CONSIDERATIONS

This study will be in accordance with the General Law of Health in the matter of investigation. It was approved by the Hospital Naval de Especialidades de Veracruz Research Ethics Committee No: 067/23.

DISCUSSION

There are limitations in this report because the anxiety was not scored since the beginning, and the information was captured retrospectively from the clinic expedient, but his strength is associated with the representative symptomatology of this case.

After birth, the mother suffers a dramatic drop in the levels of progesterone, which is the most abundant hormone in pregnancy. This could play a role in postpartum depression and the development of other psychiatric disorders. Progesterone has a cerebral metabolite known as allopregnanolone, which could decrease irritability. Until the

first menstrual cycle, progesterone would not be produced, which is the reason for this temporary imbalance. Because of this, women in the postpartum period could be affected by psychiatric diseases, in most cases depression, or could have exacerbations of their pre-existing pathologies (Trifu, Vladuti, & Popescu, 2019).

Postpartum depressive symptoms and the sudden onset of food refusal and weight loss characterized the patient's presentation. Depressive postpartum disorder was diagnosed, but anxiety syndrome was passed out. Ali (2018) reported the same pattern: depression is more commonly diagnosed, although anxiety is more common in the first six months postpartum. Organicity was suspected, and it was ruled out.

The patient attributed her inability to eat solid foods to her fear of choking after a traumatic incident. Interestingly, she was afraid of her children getting choked. A specific phobia of choking may result in the avoidance of several situations in which choking is possible, including eating (APA, 2022).

Existing literature reflects that choking phobia has been most seen in females but in an extensive range of age groups (i.e., as low as five years to as high as 78 years) (McNally, 1994; Rijal & Pokhrel 2024; Begotka, Silverman, & Goday, 2022). There are some risk factors for psychiatric pathology during pregnancy, which can include biological, psychosocial, and environmental factors. The most associated are race (as a social construct), psychological intimate partner violence, and sexual IPV. The family and personal history of depression or anxiety, the history of a mental health disorder, and the history of psychiatric treatment either during a previous pregnancy or at any time (ACOG, 2023).

Very commonly, it has been misdiagnosed as an eating disorder. However, it should be kept in mind that phenomenologically, it is entirely distinct from eating disorders; it is characterized by the phobic stimulus of swallowing that results in the avoidance of food or drinks and ultimately leads to weight loss, social withdrawal, anxiety, and depression states, whereas in eating disorders, the central psychopathology is the constant concern with losing weight or fear of weight gain (Lopes, Melo, Curral, Coelho, & Roma-Torres, 2014).

J.M. started to diminish her intake and lost some weight due to bodily sensations in her throat that emotionally triggered her, also known as "globus pharyngeus." Conversion disorders may present as globus, which differs from phagophobia by the "perception" the patient has of noninterference with actual swallowing. Although this sensation was present initially, it was not the cause. Conversion disorder was ruled out because the patient lost almost 15 kilos due to the sense of being choked, the fear that food would become lodged in the throat, which was experienced only during mealtime, and the fear of her children getting choked (Lee, & Kim, 2012).

Other possible diagnoses were obsessive-compulsive disorder, panic attacks, and posttraumatic stress disorder. Panic attacks can generate this throat sensation and fear. Nevertheless, in this case, the panic is continuously induced by external stimuli like the sense of chewing, swallowing, or watching her children eat, but not the other way around. There were no obsessions or compulsions in her history; for that reason, an obsessive-compulsive disorder was discarded.
Traumatic stress disorder can be discussed as a differential diagnosis due to the existence of exposure to traumatic events (almost choking on a piece of banana), psychological discomfort, and an intense physiological reaction with swallowing and hypervigilance at mealtimes for more than a month.

Nevertheless, the event with the banana piece was not essential for her. She could not avoid it, and she wanted to eat. Her negative mood was associated with malnutrition, not because of the event. She was centered on the specific situation of choking.
It has been proposed that choking phobia occurs most commonly secondary to a conditioning experience of being choked, and it is sometimes precipitated by witnessing a choking (Chatoor, Conley & Dickson, 1988; Okada et al., 2007; Rijal & Pokhrel 2024; Begotka, Silverman, & Goday, 2022). Despite her denial of the relationship between this event and her current condition, we were struck by the fact that she recalled a past event from a long time ago. This probably is related from the unconscious and has a stronger implication. Indeed, analogous to post-traumatic stress, phagophobia has been described as an emotional reaction triggered by the observation of another person at risk of choking (Ball, & Otto, 1994; Rijal & Pokhrel 2024; Begotka, Silverman, & Goday, 2022).

Anxiety in pregnancy is associated with shorter gestational length and an increased risk of preterm birth, most often when women have shorter sleep durations (Tomfohr-Madsen et al., 2019). Although pharmacotherapy has been used to treat phagophobia, behavioral techniques are more common (Ball, & Otto,1994; Rijal & Pokhrel 2024; Begotka, Silverman, & Goday, 2022).

CONCLUSION

Postpartum anxiety presents as a specific phobia, coexisting with postpartum depression. Phobic symptoms were more prominent and severe, to the point of putting life at risk. Postpartum phagophobia has not been reported before in medical literature. This naturalistic case illustrates the fine line between differential diagnoses in food refusal (eating disorders, conversational disorders, panic attacks, PTSD, and OCD). Early recognition and specific treatment of postpartum anxiety disorders can have influence in the nutrition of the mother-child binomial.

RECOMMENDATIONS

We recommend not delaying psychiatric evaluation and medical treatment of any pregnant patient with unexplained symptoms. Likewise, we recommend all mental health professionals not to underestimate anxiety in peripartum patients. Joint assess-

ment of anxiety and depression in postpartum patients should be mandatory. There is no further information on phagophobia in adults. We encourage mental health professionals to report on this serious disorder in any future research setting.

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Conflicts of interest

The author declares they have no conflicts of interest.

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