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Letters to the Editor

Deliberate Ingestion of Peanut as a Suicide Attempt

Dear Editor:

I report the case of a man, aged 24 years, with an established history of severe anaphylaxis to peanuts, who deliberately ingested peanut butter as a suicide attempt while admitted to hospital.

The patient was admitted to the psychiatry service for severe depression but had not revealed overt suicidal ideation. His medical history was significant for severe anaphylactic reactivity to peanuts. During his admission, he prepared himself a sandwich that he later admitted was intentionally contaminated with peanut butter. Within 5 minutes of consuming the sandwich, he developed shortness of breath and swelling of the lips and throat, followed by an erythematous, pruritic rash involving his entire body. He was admitted to the emergency department, where he was noted to be tachycardic and hypoxic, with an oxygen saturation of 91% on room air. Immediate treatment included subcutaneous epinephrine 0.3 cc at 1:1000 dilution, intravenous diphenhydramine 50 mg, and intravenous solumedrol 125 mg. His symptoms resolved within 30 minutes, after which he was observed for another 3 1/2 hours.

Later, he acknowledged that the peanut butter ingestion was a deliberate suicide attempt. He was subsequently placed on a suicide watch and denied access to all peanut-containing products.

While there are rare reports of patients with asthma who use their disease as a modality for suicide (either through deliberate avoidance of medications or deliberate induction of a severe attack) (1), no cases are thus far reported of deliberate induction of anaphylactic reactivity.

This is the first reported case of a patient exploiting allergic sensitivity in this manner, demonstrating a possible avenue of suicidal attempt. Upon admission to a psychiatric ward, food allergies should be well- documented; foods with anaphylactic potential should not be accessible to patients.

Note

An abstract of this case was previously presented at the Canadian Society of Allergy and Clinical Immunology Meeting; 2002; Quebec (QC).

References

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Kingston, Ontario

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