MICRO LABS SYNAPSE

Interesting cases PSYCHIATRY

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Dear Doctor,

Greetings from Micro Labs Limited.

We are happy to bring you the "PSYCHIATRY Case series", which contains the latest and most interesting cases in the field of Psychiatry.

This issue contains

1. Acute and Transient Psychotic Disorder leading to attempt suicide during the COVID-19 Outbreak- A case report
2. Nicotine withdrawal causing acute psychosis in a diabetes ketoacidosis patient – a case report
3. Patient with Anorexia Nervosa with Subthreshold Autism Spectrum: A case report.

Should you require any specific article or medical information, please feel free to contact us at medicalservices@microlabs.in

Looking forward to your valuable feedback

Best Regards,

Medical Team,

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Acute and Transient Psychotic Disorder leading to attempt suicide during the COVID-19 Outbreak- A case report.

A COVID 19 outbreak resulted in unbearable psychological pressure. People are prone to a variety of psychological and psychological problems. Current case presentation is suicide attempt caused by acute and transient psychotic disorder (ATPD).1

Case presentation:

A 25-year-old male college student of china had travelled 2 days before the onset of epidemic. He felt feverish in morning on January 30 th and he suspected that he was infected with COVID-19. He became insane that evening. He remained awake all night, talking nonsense, sometimes dancing, crying, and laughing. He was then sent to hospital by parents. Temperature recorded was 37.2°C. The pharynx swab was taken for novel coronavirus nucleic acid test. Chest computed tomography showed nodule in left lung area. He was subsequently diagnosed as upper respiratory tract infection without considering COVID-19's diagnosis. Patient believed firmly hat he had got the COVID-19 and did not believe the doctor's diagnosis.He went to other hospital. In Waiting area, the patient suddenly got emotional and gibberish, saying, he has been injured by others, why someone else doesn't get pneumonia, and he got it and Somebody is trying to hurt him. Patient told his friends that he had COVID-19. Next day he went with his family to collect the nucleic acid test report. Test was negative, but he still cried and laughed, and the family went to buy antipyretic drugs and azithromycin as symptoms did not improve. On the same day he stopped talking with parents, did not eat or drink, and his expression was painful. In between he Sometimes he yelled and cursed and kept spitting things out of his mouth. Patient suddenly jumped from the sixth floor of his home on that evening. Luckily, because of the canopy below, he suffered no serious injuries. He was taken to hospital; CT examination did not show any serious injuries. The patient had a skin wound on the inside of his right ankle that had been sutured, and a skin scratch on his left chest, which was disinfected by iodophore. Patient was admitted, results of the peripheral blood test showed that creatine kinase (CK) 1236 U/L was higher than normal, but no obvious abnormality was found in the rest. The diagnosis of novel coronavirus pneumonia was excluded after consultation in the respiratory and infection department. ATPD was diagnosed and quetiapine fumarate was given with an oral rehydration solution of 0.1 g bid per day. No previous family psychiatric history and no history of drugs. Creatine Kinase levels were 1236 U/L, total bilirubin (TB) 46.8 mmol/L, and aspartate aminotransferase (AST) 62 U/L. Routine blood test showed that the percentage of lymphocytes was 18.10%, monocytes was 12.10%, the ratio of eosinophils was 7.10%, and the rest was normal. Electrocardiogram (ECG), electroencephalogram (EEG), and cranial CT were normal. Positive and Negative Syndrome Scale (PANSS) score was 76, Hamilton Depression Rating Scale (HAMD) was 29, and Hamilton Anxiety Rating Scale (HAMA) was 19. Quetiapine was gradually increased to 0.4 g per day for oral treatment, supplemented by cognitive therapy. After a week of medication and psychotherapy, the patient's condition was improved, the diet was normal, and the sleep was better than before. Psychiatric symptoms also improved markedly The

score reduction rate of PANSS was more than 50%. The patient is exposed to cooperation and occasionally shows signs of tension, hallucinations, and delusions were not elicited. The patient was discharged from the hospital after 10 days.

Discussion:

Acute Transient Psychotic Disorder is a psychotic syndrome with acute attack and a short course of disease. Acute stress events often lead to self abandonment in patients with ATPD. Drugs are used for short term in ATPD to prevent long term metabolic adverse effects. Combined with psychotherapy, it has a good effect on the rehabilitation of patients with ATPD.1

Conclusion:

A case of Acute Transient Psychotic Disorder was successfully controlled with Quietiapine.

Reference:

1)Zhang K et al. A Case Report of Suicide Attempt Caused by Acute and Transient Psychotic Disorder during the COVID-19 Outbreak. Case Reports in Psychiatry. 2020; 4320647: 1-3 pages.

Nicotine withdrawal causing acute psychosis in a diabetes ketoacidosis patient – a case report.

Tobacco products has been linked to psychosis through smoking, increased incidence of smoking is seen in patients with schizophrenia and there is difficulty with smoking cessation. There are evidences of association between daily tobacco use and risk of psychosis including during adolescence. Current is a case report of young euglycemic diabetic ketoacidosis with multiple medical comorbidities, cannabis use, who experienced a cluster of symptoms including acute psychosis on abrupt discontinuation of nicotine or “quitting cold turkey.1

Case presentation:

A 20-year-old male with history of insulin-dependent diabetes mellitus on an insulin pump and unconfirmed Gilbert’s syndrome with no psychiatric history history presented with a chief complaint of nicotine withdrawal, stating he quit vaping cold turkey yesterday. He had been using electronic nicotine cigarettes—with increasing frequency over 6-9 months and use it all day, abruptly discontinued . After withdrawal, he gradually developed nausea with vomiting, as well as significant anxiety, agitation, and irritability. No history of recent illness, travel, fevers, chills, abdominal pain, or diarrhea. He revealed that his somatic symptoms of withdrawal were intensifying, and he also began to hear voices, reporting them starting at home and occurring again the night. Patient was priorly hospitalized for diabetic ketoacidosis (DKA) few years back which was uneventful. He was also diagnosed to have Gilbert’s disease Substance use included marijuana vaping; but he discontinued this one week prior to presentation with no emergence of symptoms consistent with that timeline or he disclosed, and he denied any illicit drug use. On examination, the patient was agitated with diaphoresis otherwise well-appearing of athletic build,

well-groomed, and with appropriate hygiene. Vital assessments were stable, and he was consistently afebrile, normotensive, and with adequate oxygen saturation. Lab results showed anion gap metabolic acidosis (venous pH 7.30, pCO2 48, PO2 51, HCO3 23, anion gap 20, and CO2 23) with ketones in urine and blood and betahydroxybutyrate elevated at 3.73 but normal blood glucose (122) and lactate (1.3) levels. He also had leukocytosis with white blood cells over 15,000, as well as hyperbilirubinemia with initial bilirubin 4.9 and indirect bilirubin also elevated . Eight-panel urine drug screen was positive for THC only, with serum alcohol < 0:01. CT of the abdomen and pelvis which was negative for any acute process such as abdominal infection. He was initially treated for euglycemic DKA with 1 L bolus of normal saline, followed by D5 normal saline with insulin drip Patient reported that the voices began several hours after discontinuing vaping and continued into the evening in the hospital despite ongoing otherwise effective treatment for his ketoacidosis. He remained alert and oriented, appearing at his cognitive baseline during the course of these symptoms, as confirmed by his mother present at bedside. For nicotine withdrawal, he had initially declined nicotine replacement but on his second day requested a patch. His experience of voices began to subside after agreeing to initiate a nicotine patch that morning. The hallucinations resolved within a day. In 3-day course of admission and treatment for his metabolic acidosis following the standard DKA protocol, his overall condition improved. He was not started on any psychotropic medications After 5 months patient returned to the hospital with worsening nausea and vomiting over the course of one day. At the time, he revealed that he had resumed use of e-cigarettes after his last hospitalization. He was again treated for euglycemic DKA.The treatment course followed the same trajectory as his prior hospitalization, with the exception that a nicotine replacement patch was applied earlier on in this episode, at the time of admission.

Discussion:

Cigarette smoking is strongly associated with psychotic disorders such as schizophrenia. Relationship could be explained by reverse causation; that smoking was secondary to the illness itself, either through self-medication or was entirely explained by confounding by cannabis use or social factors. Recently a bidirectional relationship has been proposed wherein cigarette smoking may be causally related to risk of psychosis, possibly via a shared genetic liability to smoking and psychosisIn current case, Nicotine withdrawal was an independent contributor to his psychosis, is strengthened as the clinical presentation was both preceded and followed by other episodes of ketoacidosis with hyperbilirubinemia requiring hospitalization.1

Conclusion:

Nicotine withdrawal is associated with acute psychosis. Patient with comorbidities like diabetes, there is a need of additional care.

Reference:

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Rutledge KJ et al. Acute Psychosis in Withdrawal from Nicotine Vaping in a Young Man with Comorbid Diabetic Ketoacidosis and Cannabis Use. Case Reports in Psychiatry. 2020; 5710810: 1-4.

Patient with Anorexia Nervosa with Subthreshold Autism Spectrum: A case report.

Autism spectrum disorder (ASD) presents with a cluster of symptoms associated with a neurodevelopmental alteration, usually manifesting in early childhood. Here is a description of autistic traits in a case of anorexia nervosa and Behcet's syndrome.

Case presentation:

A 35-year-old man was referred to the psychiatric department for with complete food refusal and severe weight loss. Earlier in 2003 he was diagnosed with Behcet's syndrome (BS). Orogenital and ocular lesions are common in BS, but it may show a wide range of clinical manifestations, including involvement of the central nervous system (CNS). BS is has strong genetic vulnerability and was confirmed with presence of HLA-B51 carrier status , further a brain magnetic resonance imaging (MRI) highlighted a diffuse signal intensity alteration of the right cerebellar hemisphere. He was initially prescribed glucocorticoids and colchicine. A detailed psychiatric history was done. He was the first of four children. No family history of mental disorders was reported. He recounted himself as a child and adolescent with pronounced anxiety traits: when he was between four and nine years old, he was quite worried of being separated from his mother, showing a lack of independence in several contexts, such as sleeping, socializing, and attending school. In adolescence and early adulthood, he continued to be overly worried about his parents' sake and to suffer from anxiety symptoms, avoiding social contexts. He never enjoyed practicing sports and he remembers himself as having always been thin and weak. After completing high school, he started to work as a religion teacher. He had only one stable relationship, lasting about four years, with a woman nine years older than him; he had no children. He himself described as a quiet person, very introspective, and ruminative. Besides his job, he devoted himself to political interests, taking part in the council of the small town where he lived. He never smoked or used illicit drugs. About 11 months before the current admission, he was shocked by the sudden death of a member of the town council, 30 years older than him, whom the patient remembers as a close friend. After which he started to be very focused on diet, restricting food intake and selecting only low-calorie food. But in a few weeks, he regained a normal eating behavior and sufficient social and work adjustment. He showed intense rumination over his friend's death and started again to fear that some untoward events could happen to his parents. A month before his

psychiatric admission, he showed another episode of food restriction, following the breakup of his relationship with his girlfriend. He suddenly developed depressive mood, feelings of hopelessness, inner tension, outbursts of anger, and rumination with difficulties to fall asleep. Even after several talks with his ex-girlfriend, he felt he could not understand the reasons why she broke up with him and started a calorie-restricted diet, feeling that taking control of his body shape could help him to boost his self-esteem and hopefully to bring back his ex-girlfriend. Rheumatologist treated him for more than 10 years for arthritis , he had lost about 8 kg in a month and his BMI was around 18.4. On psychiatric admission, patient was skinny, moderately unkempt, and slow at movement. His eyes moved little, staring with a plane face at the clinician's eyes. His speech was slow and circumstantial; answers were given in monosyllables, with a monotone voice. He was strongly worried with his body weight and with food calorie content, completely refusing to eat, such that nasogastric feeding was needed. He was diagnosed as having a partial form of posttraumatic stress disorder (PTSD), a separation anxiety disorder, and AN. But during his hospital stay, a peculiar social functioning was progressively observed. Patient continued to show a staring gaze, approaching people in an awkward way, without showing social awareness, as if he disregarded other people's feelings. Even when talking about emotionally charged situations, he used a matter-of-fact tone. Despite stating that he was desperate, he appeared calm, being always complacent towards anyone. When asked about his feelings, he found it very hard to express them, rationalizing and intellectualizing his difficulties. This suggested autistic-like impairments in social communication and in socioemotional reciprocity, a deeper evaluation was conducted. Patient reported that his classmates often picked on him for his social awkwardness and his over involvement in mechanical gadgets. He agreed to complete the short (14- Item) version of the Ritvo Autism and Asperger Diagnostic Scale-Revised (RAADS-R) , a self-report screening questionnaire for ASD, retrieving a score of 11 (cut-off score 14); he fulfilled also the self-report Autism Spectrum Quotient (AQ) and the Adult Autism Subthreshold Spectrum (AdAS Spectrum), both providing a dimensional measure of autistic traits, reporting a score of 22 and 51, respectively. During discharging from the hospital, the initial diagnoses of partial PTSD, separation anxiety disorder, and AN were confirmed.

Discussion:

Patients with ASD are known to show significant difficulties in adjusting to life events, eventually showing an increased vulnerability towards the development of suicidal behaviours in the context of an adjustment disorder. ASD do often experience symptoms of separation anxiety that are in turn associated with pathological reactions to grief. Autistic traits are reported to increase the likelihood of developing posttraumatic symptoms, leading to hypothesize that some autistic dimensions might raise the risk of a broad range of trauma and stress-related disorders. Autistic-like traits was found in patient that helped in more accurate description of the patient's phenotype, they offer better insight on several aspects of his clinical presentation.[1]

Conclusion:

A case of anorexia nervosa with Behcet's syndrome can present with autistic traits.

Reference:

1)Dell'Osso L et al. Subthreshold Autism Spectrum in a Patient with Anorexia Nervosa and Behçet's Syndrome. Case Reports in Psychiatry. 2020; 6703979: 1- 6 pages.