A case of suspected delirious mania treated with benzodiazepines

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A case of suspected delirious mania treated with benzodiazepines

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Introduction

- Delirious mania is a life threatening syndrome characterized by rapid onset of delirium, mania, psychosis and catatonia
- It is unexplained by other primary psychiatric and medical illnesses
- It responds poorly, and can even be fatal, with traditional pharmacotherapy management for delirium or mania such as haloperidol and valproic acid, respectively
- Benzodiazepines are known to exacerbate symptoms of delirium, however, they are uniquely beneficial in cases of delirious mania
- If detected early and properly treated with high dose benzodiazepines (or ECT if available), patients can avoid prolonged hospital stays and consequential medical illnesses

Workup

<table>
<thead>
<tr>
<th>Test</th>
<th>Result</th>
<th>Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>CBC</td>
<td>WBC 10.1, RBC 4.19, Hb 13.2, Hematocrit 38.7, MCV 95.3, Plt 168 (all normal)</td>
<td>Laboratory</td>
</tr>
<tr>
<td>LFT</td>
<td>Total (mg/dL) 1.0, Urea (mg/dL) 6.7, Creatinine (mg/dL) 1.5 (all normal)</td>
<td>Laboratory</td>
</tr>
<tr>
<td>U&amp;Es</td>
<td>Negative for nitrite, leukocyte esterase, amylase, glucose, bacteria, Smalluros i blood</td>
<td>Microbiology</td>
</tr>
<tr>
<td>Blood culture</td>
<td>Negative for all including enterococcus, hemophilus, hemophilus, coagulase, enterococcus, staph, mycosis, streptococcus, staphylus</td>
<td>Microbiology</td>
</tr>
<tr>
<td>Urine</td>
<td>3.84 (normal)</td>
<td>Laboratory</td>
</tr>
<tr>
<td>NSA</td>
<td>No acute process</td>
<td>Hematop and Liver Studies</td>
</tr>
<tr>
<td>UA</td>
<td>No acute intracranial abnormality</td>
<td>Neurologic</td>
</tr>
<tr>
<td>MTH</td>
<td>No acute encephalopathy</td>
<td>Neurologic</td>
</tr>
<tr>
<td>HIV Enzyme</td>
<td>Negative for HIV antibodies detected</td>
<td>HIV Enzyme</td>
</tr>
<tr>
<td>PPD</td>
<td>Negative</td>
<td>Tuberculin</td>
</tr>
<tr>
<td>Syphilis serology</td>
<td>Negative</td>
<td>Syphilis serology</td>
</tr>
<tr>
<td>Microbiology</td>
<td>Negative</td>
<td>Blood culture and Microbiology</td>
</tr>
<tr>
<td>Paraneoplastic panel</td>
<td>Nonreactive</td>
<td>Paraneoplastic panel</td>
</tr>
<tr>
<td>Folate (ng/mL)</td>
<td>2.84 (normal)</td>
<td>Laboratory</td>
</tr>
<tr>
<td>B12 (pg/mL)</td>
<td>3.28 (normal)</td>
<td>Laboratory</td>
</tr>
<tr>
<td>Hematocrit</td>
<td>6.7(normal)</td>
<td>Laboratory</td>
</tr>
<tr>
<td>Hemoglobin</td>
<td>16.7(normal)</td>
<td>Laboratory</td>
</tr>
</tbody>
</table>

Case

- We present the case of a 71-year-old African American female with no past medical or psychiatric history who presented hyper-verbal, hyperactive, decreased need for sleep and paranoid about intruders breaking into her home
- She was found to have a UTI, which was treated, and she was discharged. However, she presented to the hospital again for worsening psychiatric symptoms which lead to her running into the street due to the paranoia.
- An extensive medical workup was completed and was unrevealing. See table 1.
- She demonstrated severe behavioral symptoms including fluctuating orientation, pressured speech, insomnia, hyperactivity, grandiosity, inappropriate toileting, and paranoid delusions
- The patient was given low dose lorazepam and haloperidol, however, she became violent towards staff, requiring restraints

Discussion

- Benzodiazepines are contraindicated for most cases of delirium. However, they are beneficial in cases of delirious mania and catatonia.
- Some authors suggest delirious mania is actually a subset of catatonia, as evidenced by their similar therapeutic response to high dose benzodiazepines2
- It is known that UTIs can induce delirium in the elderly, however, this patient’s symptoms surpassed just fluctuating attention and orientation and rather met distinctive and severe symptoms for delirious mania1

Conclusion

- Delirious mania is a deadly syndrome if not detected early and treated appropriately with high dose benzodiazepines
- There should be a low threshold for diagnosis of this syndrome if the patient meets criteria and does not respond to traditional pharmacotherapies for delirium and mania such as haloperidol and valproic acid, respectively

References

4. https://images.app.goo.gl/29LXq8D2zTZeElCJ9 -This cartoon clipart was duplicated, edited and was included with text to simplify clinical concepts of delirious mania