Henry Ford Health System
Henry Ford Health System Scholarly Commons

Case Reports | Medical Education Research Forum 2020

5-2020

A case of suspected delirious mania treated with benzodiazepines

Hala Katato

Mohan Gautam

Esther Akinyemi

Follow this and additional works at: https://scholarlycommons.henryford.com/merf2020caserpt

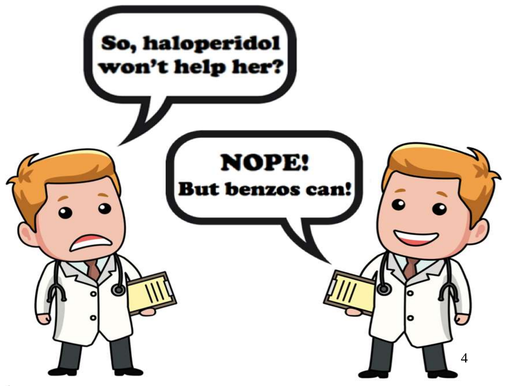
A case of suspected delirious mania treated with benzodiazepines

Hala Katato, D.O., Mohan Gautam D.O., M.S., Esther Akinyemi, M.D.

Henry Ford Health System, Detroit, Michigan

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



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
- She was then started on valproic acid and haloperidol, however, at reevaluation, she decompensated
- She had worsening of her paranoia, as well as catatonic symptoms including posturing, echolalia and negativism
- The restraints in addition to the decompensation of the patient's clinical picture eventually led to the patient developing a bilateral PE
- At this time we began to consider delirious mania as the patient's diagnosis and subsequently discontinued valproic acid and haloperidol
- High dose lorazepam (2 mg TID) was utilized as monotherapy which led to gradual resolution of her symptoms

Workup

Table 1: Medical Workup

BMP	Only abnormality was Low K at 2.7 which was replaced	**Folate (ng/mL)**	6.7 (normal)
CBC	WBC 10.1, RBC 4.19, Hb 13.2, Hematocrit 38.7, MCV 95.3, Plt 168 (all normal)	**Lead (ug/dL)**	<1.0 (normal)
UA	Negative for nitrite, leukocyte esterase, urobilinogen, glucose, bacteria. Small trace of blood	**TSH (uIU/mL)**	2.84 (normal)
Urine Toxicology	Negative for all including amphetamines, barbiturates, benzodiazepines, cannabinoids, cocaine, ethanol, methadone, opiates, phencyclidine and tricyclics	**Syphillis Serology (Treponemal IgG/IgM)**	Nonreactive
CXR	No acute process	**Hepatitis and Liver Studies**	Negative
CTH	No acute intracranial abnormality	**Microbiology including urine culture, blood culture and HIV Antigen/Antibody Combo**	No growth/ nonreactive
MRI BRAIN	No acute ischemia, mass lesion or abnormal enhancement	**ANA**	Negative
B12 (pg/mL)	328 (normal)	**Paraneoplastic Panel**	No informative antibodies detected

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 benzodiazepines[2]
- 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 mania[1]
- She demonstrated acute onset of disorganized thought and behavior, inappropriate toileting, insomnia, paranoid delusions, psychomotor agitation and pressured speech
- She clinically declined post administration of haloperidol and valproic acid—medications that would typically improve symptoms of delirium and mania, respectively
- Antipsychotics can exacerbate the symptoms of delirious mania[3]
- This patient's clinical decline caused her to be at risk to herself by running into the street, and at risk to others by becoming violent towards staff. She eventually required sitter and restraints causing prolonged immobility, and inevitably, bilateral PE.
- After we discontinued haloperidol and valproic acid and treatment became solely lorazepam, her symptoms improved

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

1. Karmacharya, Rakesh, et al. "Delirious Mania: Clinical Features and Treatment Response."*Journal of Affective Disorders*, vol. 109, no. 3, 2008, pp. 312–316., doi:10.1016/j.jad.2007.12.001.

2. Fink, Max, and Michael Alan Taylor. "The Many Faces of Catatonia." *Catatonia*, 2001, pp. 33–70., doi:10.1017/cbo9780511543777.006.

3. Fink, Max. "Delirious Mania." *Bipolar Disorders*, vol. 1, no. 1, 1999, pp. 54–60., doi:10.1034/j.1399-5618.1999.10112.x.

4. https://images.app.goo.gl/29xLVqcDZkTzE1CJ9 -This cartoon clipart was duplicated, edited and was included with text to simplify clinical concepts of delirious mania