

Original Research Paper

Psychiatry

NIHILISTIC DELUSIONS IN DELIRIUM TREMENS: A CASE REPORT

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ABSTRACT

Nihilistic delusion is a rare occurrence and it has been reported in various organic conditions and other forms of psychopathology, it is reported less often in delirium tremens. In this report, we present a case of nihilistic delusions seen in a patient with delirium tremens.

KEYWORDS: Delirium tremens, Nihilistic delusion, Alcohol dependence syndrome

BACKGROUND

A delusion is a fixed and false belief which indicates an abnormality in the affected person's thought content. The person holds to the belief firmly regardless of evidence to the contrary. Nihilistic delusion is characterized by nihilistic beliefs about self's existence or life itself. It is estimated to occur in 3% of older adults with severe depression, less than 1% of older adults, and less than 1% of patients with psychotic disorders (1,2). Delirium tremens is recognized as a debilitating and potentially fatal complication of alcohol withdrawal. Many cases of nihilistic delusions have been reported in depression and schizophrenia but there is a dearth of evidence regarding nihilistic delusions occurring in delirium

CASE REPORT

Mr. A, a 32-year-old male presented to the psychiatry out patient department with history of alcohol consumption for 20 years and increased alcohol consumption since the last 2 years. He started with 1 bottle of beer and over the years changed to brandy. He started with drinking 180 mL of brandy once a week and increased it to 540 mL every day since the last two years. His alcohol intake increased over the years from weekly once to daily intake. Patient reported that he kept thinking about alcohol when he got up in the morning and that he had to drink a small amount of alcohol before going to work in the morning otherwise he felt nauseous, had palpitations and tremors of hand (alcohol dependence syndrome).

In the last 2 years, patient had tried to stop taking alcohol 3 times. Each time, just within 3 days of stopping alcohol, patient's wife reported that patient sat fearfully in one corner of the room, would say things like 'they are watching us', 'they are going to kill us'. These symptoms resolved over 3 days after which patient started drinking alcohol again. They had not consulted any medical professional for these symptoms. Patient presented now with the history of hearing voices commanding him to kill himself 3 days after stopping alcohol. He acted upon the auditory hallucinations and was stopped by his family members. He was admitted in the male psychiatry ward. On the day of admission, on mental status examination, patient was disoriented to time, place and person with fluctuating consciousness (withdrawal state with delirium), he reportedly said that his neighbors were trying to kill him, it was a fixed belief and when asked about how he knew that, he said that his skin had the gunpowder from the attacks made on him by the neighbors (Delusion of persecution). Patient also reported that he did not have internal organs like his kidneys and intestines. He was convinced that some of his internal organs were missing. During the interview the next morning, patient went on to say that he was not alive and denied the existence of his body. When he was asked about how that was possible, he

responded with a smile. He was convinced that he was not alive and reported the same multiple times to his wife (Nihilistic delusions). During the inpatient stay, patient also reported of auditory hallucinations. He was started on benzodiazepines and over the next three days, patient became oriented, denied auditory hallucinations and showed improvement in persecutory delusions and nihilistic delusions. His routine blood investigations were within normal limits. There was no history of seizures or any other substance use. Benzodiazepines were tapered over the course of the hospital stay and patient was discharged after improvement of symptoms.

DISCUSSION AND CONCLUSION

The onset of delirium tremens is acute (48-96 hours after cessation of alcohol intake), manifesting as profound confusion, vivid visual hallucinations, delusions, agitation, tremors, insomnia, autonomic hyperactivity, nausea and vomiting. Nihilistic delusions or delusions of negation occur when the patient denies the existence of their body, their mind, their loved ones and the world around them. They may assert that they have no mind, no intelligence, or that their body or parts of their body do not exist. They may deny their existence as a person, or believe that they are dead, the world has stopped, or everyone else is dead. These delusions tend to occur in the context of severe, agitated depression and also in schizophrenia and states of delirium.

An analysis of 100 cases of Cotard's syndrome was done (3) and they found depression to be most common diagnosis seen in patients presenting with Cotard's syndrome. In terms of phenomenology, nihilistic delusions concerning body and existence to be most frequent. Other descriptions include negation of mind, brain, intellect, denial of pregnancy, delusional paralysis and cosmos or the world. The nihilistic delusion may also include denial of existence of various aspects of body or self, like personal space like denial of being alive, non-existence of one's soul, personal name/age, self-movement/capacity to walk, capacity to eat, existence of function of heart/brain/liver/intestines/limbs. The aspects of extra-personal space denied in nihilistic delusions may include existence of world, marriages, parents or children (4).

In terms of association with other phenomenological descriptions, case reports have also described the occurrence of Cotard's syndrome with hydrophobia (5), Lycanthropy (6), folie a deux (7), Capgras delusion (7-12), Capgras and Fregoli delusion (13), Odysseus syndrome (14), depersonalization disorder (1), catatonia (15-18), voluntary starvation (19) and Koro like syndrome (20).

Our case highlights the occurrence of nihilistic delusions in a patient with alcohol dependence syndrome, withdrawal state

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with delirium without convulsions. It is well known that delusions occur in delirium tremens but nihilistic delusions in delirium tremens is a rare occurrence and hence, worth reporting.

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