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HALLUCINATION, DELUSION, AFFECTIVE DISORDERS: A CLINICAL CASE ANALYSIS OF REPEATED MENTAL DISORDERS DUE BY MULTIPLE SCLEROSIS

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Abstract
Multiple sclerosis (MS) is a common demyelination disease of the central nervous system.MS is often accompanied by various mental disorders, which seriously affect the quality of life of patients. In this paper, a case of multiple sclerosis with recurrent mental symptoms such as auditory hallucinations, depression and grandiose delusion was reviewed. He was diagnosed as a mental disorder caused by multiple sclerosis, and his mental symptoms were relieved after treatment with psychotropic drugs, but the symptoms of multiple sclerosis recurred. This case suggests that psychiatric symptoms may play a certain role in the occurrence and development of multiple sclerosis, which is a dimension of clinical symptoms worthy of special attention.
Keywords: Hallucination, Delusion, Affective disorder, Multiple sclerosis, Mental disorder

INTRODUCTION

Multiple Sclerosis (MS) is a chronic and immune-mediated disease of the central nervous system characterized by inflammation, demyelination, and eventually axon loss. The cure rate of MS is low, and the lifetime prevalence of mental disorders can reach 50% [1]. Mental and physical symptoms of MS can increase subjective distress and seriously affect the quality of life of patients [2]. The following cases will help us better understand the characteristics of MS capabilities, as well as the related problems in diagnosis and treatment.

CASE REPORT

Early performance

The patient, a 31-year-old male, was admitted to the hospital due to "repeated numbness of limbs,7 years of vision loss, speech disorder, and sensory control for 1 year". Seven years before admission, the patient was admitted to a general hospital with numbness of limbs, unstable walking, blurred vision in both eyes and decreased vision. MRI of the head indicated that there were small patchy long T_1 and long T_2 signal shadows without enhancement in the middle foot of the right cerebellum, the hind limb of the left inner capsule and the narrator's matter of both lateral ventricles. Cerebrospinal fluid (CSF) examination showed positive IgG oligo-clonal zone (OB) and positive CSF specific IgG oligo-clonal zone (OB). Based on clinical manifestations, MRI, cerebrospinal fluid examination and other data, the patient was diagnosed as "multiple sclerosis". He improved with meprednisolone and oral terifluramide. Since then, the patient's condition improved after receiving hormone therapy for two relapses.

After the onset of psychiatric symptoms

One year before the treatment, the patient began to hear voices, depressed, and wanted to commit suicide, but the voices told him that jumping off a building, car crash will not die, Amsulpiride (maximum 400mg/d) and irregular, unfixed doses of sertraline were given in the outpatient department. After 2 weeks of treatment, the voice disappeared, but the patient developed hand tremors, mouth twitching, dysphagia, slurred speech, blurred vision, and body band sensation. The patient was given methylprednisolone shock therapy again, and olanzapine 2.5-5mg QN was used to control the mental symptoms. The condition was gradually relieved, and the above symptoms disappeared.

The performance

One month before admission, the patient again heard voices, was in high spirits, talked a lot, and felt like she was going to die. He says there are two consciences, one of which is the subconscious mind, which talks to him in his heart and controls what he says and does. Patients suffer from mood swings, irritability and poor sleep.

Inspection and evaluation

Physical examination: no positive abnormal results were found.

Auxiliary examination: no abnormality was found in blood routine, biochemistry, electrocardiogram and head MRI.

Psychological evaluation: Positive and Negative Symptoms (PANSS): 69; Young mania Rating Scale (YMRS): 31; Hamilton Depression Scale (HAMD): 4.

Psychiatric interview: The patient is conscious, active in contact, talkative and directional. There are auditory

hallucinations, you can talk to his other consciousness, communicate directly in the heart, tell him the Traditional Chinese Yin and Yang, world outlook, and this consciousness can control its words and actions, such as telling him to die. Feeling high, he felt that he was particularly strong. He said that the noodles he ate were decomposed into energy, which hit his abdomen and felt the gas beating. The gas passed to his viscera, and the viscera might burst if the energy was too large. He felt that he was too powerful to handle, that he was a genius, that he could diagnose diseases by looking at the palm of his hand, that he could cure all diseases, that there was a supernatural phenomenon. No significant impairment of cognitive function was observed. lack of insight.

Diagnosis and treatment

Admission diagnosis:(1) organic mental disorder;(2) Multiple sclerosis.

Treatment process: olanzapine was started at 2.5mg/d and gradually increased to the target dose of 10mg/d. One week later, mental symptoms were improved, hallucinations and delusions disappeared, and mood was stable. Retest PANSS:35; YMRS:13; HAMD:4.

However, the patient developed a sense of banding and blurred vision again, and was referred to the neurology department for further treatment after considering the recurrence of MS somatic symptoms.At follow-up 2 weeks after discharge, the patient's condition was stable with no fluctuations in psychiatric symptoms.

DISCUSSION

The most common psychiatric disorders associated with MS are depressive and anxiety symptoms, followed by cognitive impairment, and the risk of manic episodes and psychotic symptoms is also 2-3 times higher in the general population [3]. Its manifestations and severity are complex and changeable, which brings difficulties to clinical differential diagnosis and treatment.

The patient in this case was relapsing-remitting MS (RRMS), which showed an obvious relapsing and remitting process. For the first time, the accompanying mental symptoms were mainly mental symptoms such as speech auditory hallucinations and depressive symptoms, and for the second time, manic-like episodes and psychotic symptoms appeared, which was consistent with the characteristics of variable symptoms of MS accompanied with mental disorders.

Some assessment tools have been used to evaluate the mental symptoms of MS, such as the Hospital Anxiety and Depression Scale (HADS), which was used to evaluate the Anxiety and Depression symptoms of MS patients[4]. Recently, Mental Symptoms in MS (MeSyMS) was developed to evaluate the Mental Symptoms of MS from three dimensions of social and emotional problems, anxiety, and depression[5]. However, existing tools can only focus on one or two mental symptoms, and there are very few assessment tools specifically for MS concomitant mental symptoms[6]. In this report, Positive and Negative Syndrome Scale(PANSS), Young Mania Rating Scale(YMRS), Hamilton Depression Scale(HAMD) were used for symptom assessment, which basically covered all mental symptoms of the patient.

In previous treatment for psychiatric symptoms, patients with lower doses of amsulpiride showed significant extrapyramidal adverse reactions, suggesting that the occurrence of EPS in MS patients may be easier due to their own neurological lesions. Therefore, drugs with low EPS adverse reactions should be preferred when choosing drugs. This patient was accompanied by manic symptoms. Considering olanzapine's ability to improve mood, treatment with olanzapine was one of the best choices. The lowest effective dose is recommended to avoid serious adverse reactions.

Studies have shown that the presence of psychiatric symptoms is associated with decreased adherence to MS treatment [7], Early detection of psychiatric symptoms may facilitate early adjustment of treatment strategies. In this case, the somatic symptoms of MS appeared after the control of mental symptoms in both episodes, suggesting that mental symptoms may have a certain prompt and warning effect on the occurrence and development of MS. It is a symptom dimension worthy of special attention in clinic.

REFERENCES

[1] Marrie, R. A., Fisk, J. D., Tremlett, H., Wolfson, C., Patten, S. B. Differences in the burden of psychiatric comorbidity in ms vs the general population. Neurology,2015;85(22), 1972-1979.

[2] Ghaem, H., Ghaem, H., Haghighi, A. B., Jafari, P., Nikseresht, A. R. Validity and reliability of the persian version of the multiple sclerosis quality of life questionnaire. Neurology India, 2007;55(4).

[3] Reiss, J. P., Sam, D., Sareen, J. Psychosis in multiple sclerosis associated with left temporal lobe lesions on serial mri scans. Journal of Clinical Neuroscience, 2006；13(2), 282-284.

[4] Patten, S. B., Burton, J. M., Fiest, K. M., Wiebe, S., Bulloch, A. G., Koch, M., et al. Validity of four screening scales for major depression in ms. Multiple Sclerosis, 2015; 21(8), 1064-71.

[5] Mfa, B., Sjb, A., Cb, C., Ab, B., Grfd, E., Mh, F., et al. Mental symptoms in ms (mesyms): development and validation of a new assessment - sciencedirect. Multiple Sclerosis and Related Disorders, 2021;49 :102744

[6] Sparaco, M., Lavorgna, L., Bonavita, S. Psychiatric disorders in multiple sclerosis.Journal of Neurology,2019. 1-16.

[7] Chwastiak, L.A., Ehde, D.M. Psychiatric Issues in Multiple Sclerosis. Psychiatric Clinics of North America,2007;30, 803–817.