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**Physical illness complicating the presentation of bipolar disorder in an elderly patient: A case report****Zhao Zhenru and Giles Tan Ming Yee**  
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It is well known that psychiatric symptoms may be caused by a wide variety of medical as well as psychiatric illnesses and it can be difficult to determine the real underlying aetiology without longitudinal observation. It is a case report of a patient with no previous psychiatric history who presented with altered mental status. The diagnosis was revised from acute psychosis to acute delirium and subsequently to bipolar affective disorder. A 62 year old Malay gentleman presented with a brief two day history of disorientation, disruptive behaviors and persecutory delusions that people were spying on him. There was no significant past psychiatric history or family history of mental illness; he had never taken any psychiatric medications before and did not abuse alcohol or illicit drugs. He had an organic workup done which was unremarkable. He was initially diagnosed with acute psychosis and treated with haloperidol 15 mg at night. Over the next 5 days, his agitation worsened and he was found to have inflammation of his left knee which was due to a flare up of gout. He was treated with colchicine and paracetamol and the inflammation subsided and the psychiatric symptoms also resolved spontaneously. As a result, the diagnosis was revised to acute delirium and haloperidol was stopped. He represented again two weeks later with full-blown symptoms of mania which included elated mood, increased energy and goal-directed thinking and activity, pressured speech and grandiose delusions. Repeated investigations were normal. The diagnosis was revised to bipolar affective disorder according to DSM-V criteria. The medication haloperidol was restarted and the dose was increased to 5 mg twice a day. The manic symptoms remitted after two weeks of treatment. This report adds to the body of evidence suggesting that physical conditions and psychiatric illness can complicate each other. Close longitudinal observation and follow-up is recommended for the proper diagnosis and management.

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