

Poster presentation

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Psychotic disorder due to Graves' disease: a case report

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Case Report

The association between disorders of thyroid function and psychiatric symptomatology is well established. Affective symptoms (nervousness, depression, emotional lability, or manic behavior), anxiety, sleep disturbance and cognitive impairment seem to be the most common psychiatric manifestations found in untreated hyperthyroid patients and occasionally these could be the first manifestations of thyrotoxicosis. Psychotic symptoms associated with hyperthyroidism without affective or cognitive disturbances are uncommon, and there are very few cases reported in the literature.

A 74-year-old man was admitted to the Psychiatric Hospital of Thessaloniki with acute onset of auditory hallucinations and delusions of persecution in a stable state of consciousness, without any predominant affective symptoms and with no previous psychiatric history. The medical history as well as an extensive clinical examination led to the conclusion of possible hyperthyroidism and the results of the laboratory examinations (elevated total and free serum T4 and T3), the examination of the endocrinologist and the thyroid-scintiscan confirmed the diagnosis of Graves' disease. The most possible diagnosis is Psychotic Disorder due to Graves' disease (DSM-IV classification)/Organic Delusional (schizophrenia-like) (ICD.10-F06.2) His mental state improved in 10-days after therapy with neuroleptics (amisulpride) and benzodiazepines. Antithyroid drug treatment (methimazole) was also provided and progressively the thyroid function turned back to normal. Although full remission of the psychotic symptoms occurred in 4-weeks, treatment with neuroleptics (in prophylactic doses) was continued for six months. The patient remained asymptomatic after the discontinuation of the neuroleptics.

Discussion

All patients presented with psychotic symptoms should have a thorough clinical evaluation including thyroid function tests. The causal relationship between the psychotic disorder of this patient and hyperthyroidism is discussed with consideration of factors in favour as the absence of previous psychiatric history, family history, precipitating psychological factors and it will be further clarified by the longitudinal course of the illness.

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