

A 3 Year Case Study of Alcohol Related Psychotic Disorders At Hospital Seremban

S George, FRANZCP*, C N Chin, MRCPsych**, Department of Psychiatry, Hospital Seremban, 70300 Seremban, ** Lot 1B, Ground Floor, CMH Medical Centre, 106, Jalan Pudu, 55000 Kuala Lumpur

Summary

This paper reports the characteristics and psychopathology of alcohol dependents with alcohol induced psychotic disorder admitted to the Seremban Hospital. The method is that of a case study of all alcohol dependents with alcohol induced psychotic disorder admitted to the Psychiatric Ward, Hospital Seremban over 3 years (1993-1995). There were 34 subjects, 30 Indians, 3 Chinese and 1 Malay with a mean age of 43 years. 32 were men and predominantly of Social Class IV and V (91%). They had a mean duration of drinking of 14.2 years and had a mean weekly consumption of 69.5 units of alcohol. There was a family history of alcohol dependence in (44%). The majority (68%) consumed samsu with beer the second choice. Auditory hallucinations (26) and delusions (16) were common while visual hallucinations (3) and depression (2) were less frequent. Speech disorder occurred in 4 subjects. 2 developed delirium tremens and 1 died. Liver function test was normal in 55%. All except the death from delirium tremens responded to treatment with a combination of anxiolytics, thiamine and antipsychotics and were rapidly discharged. The mean stay was 7 days. However, (68%) did not return for follow up and only 4 were abstinent from alcohol at the time of follow up.

Key Words: Alcohol dependence, Psychosis, Psychopathology

Introduction

Psychotic illness occurs in people with alcohol dependence and manifests in several ways. They are usually in the form of hallucinations and/or delusions. Those occurring in clear sensorium are usually short lived and are termed alcoholic hallucinosis under the DSM IIR classification (1). Those that occur in a setting of clouded consciousness with delirium and predominant visual hallucinations have delirium tremens. Delusions in particular delusions of jealousy or marital infidelity tend to be longer in duration. Many of alcohol dependents with psychosis are admitted to hospital because of the severity of their illness. While there has been local studies on prevalence (2,3,4) and drinking patterns of Malaysians (5), there is a paucity of recent reports of our local Malaysians on the clinical presentations of alcohol related psychotic disorders.

This study reports the characteristics of patients with alcohol related psychosis admitted over 3 years to Seremban Hospital.

Methods

This is a case study of patients who have alcohol dependence and are also psychotic and who were admitted to the psychiatric wards in Hospital Seremban. The subjects must fulfil the criteria of alcohol dependence according to DSM IIR namely inability to cut down or stop drinking; impaired social or occupational functioning; need for markedly increased amount of alcohol to achieve the desired effect; withdrawal after cessation of or reduction of drinking. They should also have features of psychosis like delusions and hallucinations. Suitable subjects had their demographic data recorded : age, ethnic group, sex, marital status, occupation. A detailed

drinking history was obtained, in particular, duration of drinking, type of drink and amount consumed. The amount of alcohol consumed was converted to units of alcohol weekly or daily based on conventionally accepted quantification methods (7). As far as possible an informant was interviewed to verify the accuracy of the history. A family history of alcoholism was recorded followed by a full physical and mental state examination. Liver function test was done on all subjects. The course of the subject's illness was recorded in particular the duration of stay, symptomatology and treatment. Finally, the outcome was recorded in cases who had been discharged to see if they returned for regular follow up and the status of their drinking pattern at that time. The period of study was 3 years from 1993 to 1995.

Results

Demographic Data (Table I)

A total of 34 subjects with alcohol induced psychotic disorders were admitted in the 3 years. Their demographic characteristics are summarised in Table I. Almost all were Indians and from the lower socio-economic (31 or 91%). 3 (9%) were from social class III. Their mean age was 43 years.

Table I
Demographic Data

	Male	Female	Total
Indians	28	2	30
Chinese	3	0	3
Malay	1	0	1
Total	32	2	34

Drinking History

The mean age onset of drinking was 24.2 years while the mean duration of drinking was 14.2 years. Samsu was a preferred drink by 22 subjects with beer chosen by 9 and whisky preferred by 3 at the time of admission. All subjects exceeded consumption of 21 units of alcohol weekly, which is the accepted safe limit for men. The accepted safe limit for women is 14 units of alcohol weekly. The mean weekly consumption was 69.5 units

of alcohol or 9.9 units daily. Samsu drinkers were the heaviest consumers who averaged 12.4 units of alcohol daily compared to 4.9 units daily for beer drinkers and 8 units daily for whisky drinkers. This was despite excluding 5 samsu drinkers who drank till they were drunk and it was not possible to estimate their daily consumption. There was a family history of alcoholism in (44%).

Psychopathology

Auditory hallucinations were the commonest presentation and visual hallucinations were less common. 26 subjects experienced auditory hallucinations and the duration was short lived. Only 3 subjects had visual hallucinations and this occurred together with the auditory hallucinations. Delusions were present in 16 subjects, 11 of whom had it just for the duration of the present admission. The other 5 had delusions for years, 2 of whom had delusions of infidelity of their spouse and 3 persistent persecutory delusions usually about their family and neighbours. These occurred in clear consciousness. Speech disorder was detected in 4 subjects during the stay in hospital. However, this cleared by the time of discharge. Depressed mood was present in only 2 subjects, 3 subjects were found to have global impairment of memory, intellect and change in personality and were demented.

Liver Function Test

Abnormalities of LFT were found in (44%). This was mainly in the form of elevated enzymes.

Alcohol Related Disabilities

Physical problems were found in only 17 subjects. 4 had motor vehicle accidents related to their drinking, 4 gastrointestinal symptoms like nausea and vomiting, 2 had hypertension, 2 asthma, 1 epilepsy, 2 had liver enlargement and 2 had bad falls as a result of their drinking.

Outcome

2 subjects developed delirium tremens in the ward and 1 died. The subjects were treated with a combination of anxiolytics (diazepam), thiamine and haloperidol where indicated. Diazepam was administered orally or iv - 30 mg to 40 mg in divided doses; thiamine

injections 1 ampoule im for 3 days, then 100mg twice daily on discharge. Haloperidol was given im or orally between 30 mg to 40 mg in divided doses. All except the 1 death due to DTs recovered. The hallucinations and delusions resolved rapidly except for the 5 with long standing delusions. The mean duration of stay was 7 days. As regards follow up, only 11 were on regular follow up as at July 1996. 22 defaulted follow up. Of the 11 who returned only 4 were abstinent from alcohol.

Discussion

The subjects in the study were predominantly Indians from lower socio-economic class. This is a reflection of the utilisation of the hospital by the less well off and is similar to general hospital studies (3,4,5,) but different in ethnic composition compared to an urban general practice study (6). All had a long history of alcohol use as well as heavy consumption. This represents one end of the spectrum of alcohol abuse with the sequelae of years of drinking.

Despite the long and heavy period of drinking, there were surprisingly not that many with physical disabilities. Less than half had enzyme elevation in the liver function tests and only 2 had palpable livers. Gastrointestinal problems, fits and accidents were also uncommon.

The psychopathology of this group is similar to that of those reported in the West (8). The majority had short lived auditory hallucinations that responded rapidly to thiamine, anxiolytics and in prolonged cases an antipsychotic. Those with long standing delusions of persecution and infidelity of spouse fared badly. Although the hallucinations went away the delusions persisted. One possible explanation may be that the subjects did not have an adequate period of treatment with antipsychotics bearing in mind the short duration of stay in the ward. Delusions may take 1 - 2 weeks to resolve. An interesting finding was that 4 subjects demonstrated speech disorder when interviewed. This is unusual in alcohol induced psychotic disorder as it is said that it does not occur in alcohol induced psychotic disorder (8). The subjects at that time can be misdiagnosed as schizophrenic illness.

As expected, a small proportion of subjects develops delirium tremens. Of the two, one died. This emphasises the seriousness of delirium tremens as not only a psychiatric but also a medical emergency as well.

The outcome of this group is dismal. Two thirds defaulted follow up. Of the remaining 11 who returned, only 4 were abstinent from alcohol. The subjects were given counselling and advice regarding the hazards of their drinking behaviour before discharge.

In this study the majority of patients were from the lower socio-economic classes who drank mainly samsu which has an alcohol content of 37% - 70%. They drank heavily and on a prolonged and continued basis, presenting with psychosis consisting of illogical thinking, inappropriate affect, hallucinations and delusions. With repeated episodes this could run a chronic form.

Conclusion

Majority of subjects with alcohol related psychotic disorders admitted to hospital Seremban from 1993 to 1995 were Indians from the lower social classes with a history of alcohol consumption ranging for a duration of 10 to 25 years and consuming on an average 69.5 units of alcohol weekly. Samsu drinkers drank most heavily compared to beer or whisky drinkers. Auditory hallucinations and delusion were the commonest psychotic symptoms. These were usually of short duration except for delusions of persecution and infidelity, which were persistent. One died of delirium tremens but the rest recovered and were discharged on an average after 7 days stay. Only a third of the subjects returned for follow up and only 4 were abstinent from alcohol at the time of follow up.

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