

EV732

A case report of Charles Bonnet syndrome – the silent doubt: Am I crazy?

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Introduction The Charles Bonnet syndrome refers to symptoms of visual hallucinations that occur in patients with visual acuity or visual field loss. These are often called release hallucinations, reflecting the most widely accepted theory about their pathogenesis. The syndrome is most found in elderly patients, 70–85 years, and this probably reflect the mean age at which the most common underlying conditions are seen. It is probably more common than is thought and because either it is misdiagnosed as psychosis and/or dementia or it is not reported by patients because they fear that the hallucinations represent psychiatric disease.

Objective and method The authors present the clinical case of a 89-year-old woman, with no previous psychiatric disease, admitted to hospital because of visual hallucinations in form of children and animals. She experienced them during months until she told someone. No psychiatric symptoms were found. The lady had a serious cataract on the left eye with total loss of the visual acuity, as documented by ophthalmologic examination.

Results The patient initiated quetiapine 300 mg and will have period appointments with a neurologist. Further future information will be presented.

Conclusions A correct diagnosis is essential to treat these patients and explaining them the meaning of the hallucinations is generally relieving. Many author disagree with antipsychotic agents, while others report benefit.

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Very late-onset schizophrenia-like psychosis: Case report and current status of the issue

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Introduction Schizophrenia has traditionally been considered to strictly be an early-onset disorder. Current nosologies, including DSMV, are not restrictive with age of onset in schizophrenia and all patients that satisfy diagnostic criteria fall into the same category. Since 1998, International Late-Onset Schizophrenia Group consensus, patients after 60 are classified as very-late onset schizophrenia-like psychosis. Female overrepresentation, low prevalence of formal thought disorder, and a higher prevalence of visual hallucinations are associated with later age at onset. Atypical antipsychotics represent the election treatment because of the reduced likelihood of EPS and tardive dyskinesias, and should be started at very low doses, with slow increases.

Objective To review the current knowledge about very late-onset schizophrenia through systematic review of the literature and the analysis of a case.

Methods Case Report. Review. Literature sources were obtained through electronic search in PubMed database of last fifteen years.

Results We present a case of a 86-year-old woman suffering from delusions and hallucinations, diagnosed with very late-onset schizophrenia-like psychosis, after differential diagnosis with other disorders. We analyze etiology, epidemiology, clinical features and treatment in geriatric patients with schizophrenia.

Conclusions Reluctance to diagnose schizophrenia in old people is still present today, probably in relation with the inconsistency in diagnostic systems and nomenclature, and consideration of medical conditions in the diagnosis. Identification of these patients is really important in order to start an appropriate treatment, which can lead to patient clinical stability.

Keywords Very-late onset; Schizophrenia; Case report; Review
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Paliperidone palmitate in psychogeriatric patients and new criteria STOPP-STARTI. Martínez Perez^{1,*}, F. García Sánchez², M.R. Raposo Hernandez³, A. Gil Sánchez⁴, A.L. Gonzalez Galdamez³, M.D. Piqueras Acevedo³, J.M. Lujan Rico¹, A. Belmar Simo³, C.J. Garcia Briñol³¹ *Residencia Psicogeriatrica Virgen del Valle, Psiquiatría, Murcia, Spain*² *Hospital Universitario Viren de la Salud, Anestesia, Elda, Spain*³ *Hospital Universitario Santa Lucia, Psiquiatría, Cartagena, Spain*⁴ *Centro Salud Mental Vicente Campillo, Psiquiatría, Murcia, Spain*

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The treatment of psychosis in the elderly should ensure effectiveness and avoid side effects from combination therapy. Long acting antipsychotic as paliperidone palmitate facilitates this work. Furthermore, STOPP-START criteria, first published in 2008 (in Spanish in 2009), are being adopted as reference criteria throughout Europe. The Spanish version of the new 2014 edition is also recently published [1]. A descriptive study of a total of 53 institutionalized patients in psychogeriatric residence (>60 to 97 years) with psychotic disorder diagnosis and treatment with various neuroleptics is done. In total, 26.4% of the sample admitted to treatment with three different antipsychotics, and 47.1% with combination of two antipsychotics. Only 26.4% worked with antipsychotic monotherapy. In these patients, treatment with paliperidone palmitate starts or sets the previous dose. A CGI scale is applied after six months of treatment. Antipsychotic monotherapy in 66.66% of patients on neuroleptic combination therapy was achieved, so that 75% of the sample currently maintains monotherapy with paliperidone palmitate. The paliperidone palmitate has shown effectiveness in the symptomatic control and reducing the risk of inappropriate prescribing in older patients with psychosis. The paliperidone palmitate allows antipsychotic monotherapy in the psychogeriatric patient with severe mental illness polymedicated as the STOPP-START criteria recommends.

Reference not available.

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