



## Short Communication

## Late onset mania as an organic syndrome: A review of case reports in the literature

Musa Sami <sup>a,b</sup>, Hina Khan <sup>c</sup>, Ramin Nilforooshan <sup>d,\*</sup><sup>a</sup> Kent & Medway Partnership Trust, UK<sup>b</sup> Institute of Psychiatry, Psychology & Neuroscience, King's College, London, UK<sup>c</sup> East Kent University Hospitals NHS Trust, UK<sup>d</sup> Surrey & Borders NHS Partnership Trust, Brain Science Research Unit, ACU, Holloway Hill, Lyne, Chertsey Surrey KT16 0AE, UK

## ARTICLE INFO

## Article history:

Received 5 May 2015

Received in revised form

7 July 2015

Accepted 12 August 2015

Available online 8 September 2015

## Keywords:

Late-life

Mania

Hypomania

Geriatric

First-episode

## ABSTRACT

**Aims:** Although First Episode Mania presenting over the age of 50 is reported in several cases, there has been little systematic compilation of these case reports. We report a review of case reports on these subjects.

**Methods:** We undertook a literature search on MEDLINE, PsychInfo and EMBASE to identify case reports of first episode of mania or hypomania presenting over the age of 50.

**Results:** 35 cases were identified. 29/35 (82%) had a suspected underlying organic cause. Organic causes included vascular causes, iatrogenic drug use, electrolyte imbalance, dementia and thyroid disease. Vascular risk factors were present in 17/35 cases (48%). In 10/35 (28%) of cases organic treatment contributed to successful remission of the manic episode.

**Limitations:** As evidently not all cases have been reported the main limitation is that of publication bias for this paper. Any such hypothesis generated from studying these cases would require replication in prospective longitudinal trials of this cohort of patients.

**Conclusions:** This review of case reports appears to add to evidence of late onset mania having an organic basis. Whether this is a separate organic syndrome remains to be established. Our provisional findings suggest that such patients should have a thorough medical and psychiatric screening in identifying an underlying cause.

© 2015 Elsevier B.V. All rights reserved.

## 1. Introduction

Late onset mania is an infrequent but serious illness characterised by: (i) distinct episode of manic or hypomanic illness presenting over the age of 50 and (ii) absence of a previous history of manic episode (Dols et al., 2014; Van Gerpen et al., 1999). Late onset mania is thus not the same as manic illness in the elderly, which may have a late (age > 50) or early (< age 50) onset. Late onset mania is also different from late onset bipolar illness, and does not require a depressive episode, although, evidently some patients with late onset mania will turn out to have a bipolar illness (Depp and Jeste, 2004; Vasudev and Thomas, 2010).

A recent meta-analysis noted manic illness to affect 6% of psychiatric inpatients over the age of 50 (Dols et al., 2014). Around half suffer from late onset mania: with one 5-year study reporting inpatient admissions in 9 out of 284 admissions (3%), whereas another reported 25 such patients out of 744 (3%) (Benedetti et al.,

2008; Ramirez-Bermudez, 2011). One study estimated a community incidence of 0.6% of a manic episode in the Canadian elderly (Préville et al., 2008), but this does not differentiate between late and early onset.

One early compilation of case reports of patients with 'secondary mania' noted a later age of onset (Krauthammer and Klerman, 1978) and, despite only reporting on 6 patients over the age of 50, subsequently a link was made between late onset illness and secondary causes. Retrospective case-note reviews and case series suggest that vascular injury, neurological illness, iatrogenic drug use and vascular risk factors are associated with late onset presentations (Subramaniam et al., 2007; Tohen et al., 1994; Young et al., 2003). However such work to date has had limitations: several papers have defined late-onset as variously between the ages of 20–45 (Benazzi, 2000; Chu et al., 2010; Depp et al., 2004; Lehmann and Rabins, 2006; Martino et al., 2013), thus limiting generalisability to older populations. Of studies which have had an appropriate age cut-off, most have often struggled to recruit late onset participants: reporting small groups of between 6 and 20 participants in the late onset cohort (Hays et al., 1998; Montes et al., 2013; Subramaniam et al., 2007; Tohen et al., 1994; Young

\* Corresponding author. Fax: +44 1932 875128.

E-mail address: [ramin.nilforooshan@sabp.nhs.uk](mailto:ramin.nilforooshan@sabp.nhs.uk) (R. Nilforooshan).

**Table 1**  
Features of Late Onset Mania

Case	Age of onset	Psychosis	Postulated causative factor	Psychiatric History	Family History	Treatment Given:			Remission?
						MMSE	Neuroleptic	Organic	
Gammon (1980)	53		<i>Hypercalcaemia secondary to thiazide therapy</i>		Y		Lithium	Electrolyte correction	Y
Wright and Silvoe (1988)	73						Lithium and the fluphenzaine		Y
Drake et al. (1990)	52	Auditory hallucinations, Paranoid delusions	<i>Right ventral pons infarction</i>	Alcohol misuse			Haloperidol and lithium		Y
Drake et al. (1990)	56		<i>Left ventral pons infarction</i>				Chlopromazine and lithium carbonate		Y
Kubacki (1991)	72			Depression	Y		Clonazepam		Y
Lovestone (1991)	67		<i>Antidepressant</i>	Late-onset Schizophrenia	Y		Lithium and carbamazepine		N
Kellner and Neher (1991)	81				Y		Haloperidol, maprotiline, carbamazepine		Y
Cooper et al. (1994)	52			Learning Disability, Down's syndrome			Chlopromazine		Y
Evans and Marshall (1995)	62		<i>Autoimmune thrombocytopenia</i>				Haloperidol then thioradizine		Y
Davidoff et al. (1996)	67	Auditory hallucinations, paranoid delusions	<i>Antidepressant medication</i>	Depression	Y		Lithium, perphenazine and clonazepam	Stopped iatrogenic agent	Y
Habib et al. (1998)	73			Depression		30/30	Valproic acid		Y
Habib et al. (1998)	79		<i>Dementia</i>			19/30	Lithium then valproic acid and risperidone		Y
Fenn and George (1999)	78		<i>Stroke of left insular cortex and left basal ganglia</i>				Haloperidol, sodium valproate then lorazepam and thioridazine		Y
Schreiner et al. (2001)	81						Valproic acid		Y
Nath and Sagar (2001)	65		<i>Hyperthyroid</i>			26/30	Haloperidol, thioridazine, then lorazepam, buspirone	Thyroid correction (carbimazole)	Y
Zanetti et al. (2007)	61		<i>Bilateral extensive white matter hyperintensities and Nortryptilene</i>	Depression	Y		Lithium then olanzapine		Y
Senturk et al. (2006)	59	Auditory & visual hallucinations, grandiose and persecutory delusions	<i>Prodromal Vascular Dementia</i>	Depression	Y	27/30	Valproate and biperiden then clozapine and clonazepam, then lamotrogine and lithium		Y
Donovan and Freudenreich (2007)	67		<i>Critical Right Carotid Artery stenosis</i>	Depression			Aripiprazole and clonazepam then lamotrogine	Carotid endarterectomy	Y
Appleby and Rosenberg (2007)	76		<i>Alzhiemers dementia</i>	Depression		21/30	Various mood stabilisers		Y
Tor et al. (2007)	72	Auditory hallucinations, grandiose delusions	<i>Autoimmune hypothyroidism</i>	Depression		29/30	Haloperidol	Thyroid correction (thyroxine)	Y
Lopez et al. (2009)	61		<i>Thalamic ischaemia and Antidepressant</i>	Depression		23/30	Risperidone, then valproate and quetiapine		Y
Murru et al. (2009)	91	Grandiose and paranoid delusions	<i>Pancreatic neoplasm</i>			30/30	Valproate, quetiapine ECT, sertraline, trazadone		Y
Amaladoss and Le Claire (2010)	69	Bizarre delusions, thought disorder, auditory hallucinations	<i>Lacunar infarcts in bilateral thalami (vascular dementia)</i>	Anxiety & Psychotic Depression		19/30	Clozapine		Y
Prabhakar and Balon (2010)	76	Auditory hallucinations, delusions	<i>White Matter Hyperintensities and Antidepressant medication</i>	Psychotic Illness	Y	28/30	Risperidone	Stopped iatrogenic agent	Y
McKnight and Hampson (2011)	65		<i>Hyponatraemia</i>				Risperidone and sertraline	Electrolyte correction	Y
DeKay and Matuszak (2011)	68	Grandiose delusions, delusions of infidelity	<i>Chemotherapy (docetaxel and cisplatin)+steroids</i>				Various then olanzapine	Stopped iatrogenic agent	Y
Liang and Yang (2011)	75		<i>Cryptococcal meningitis</i>				Risperidone	Treatment of	Y

Download English Version:

<https://daneshyari.com/en/article/6231074>

Download Persian Version:

<https://daneshyari.com/article/6231074>

[Daneshyari.com](https://daneshyari.com)