

Clinical and evolutionary characteristics of alcoholic hallucinosis. Study of six cases

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Dear Editor

Alcoholic hallucinosis, currently known as alcohol-induced psychotic disorder with predominance of hallucinations, is characterized by sensory perception disorders and delusions that occur during alcohol use or after a short period of abstinence, when the level of consciousness is normal. It is an infrequent diagnosis, and generally occurs in patients with prolonged heavy alcohol use.

We studied and analyzed the clinical, evolutionary, and therapeutic characteristics of the psychopathological condition and the most salient findings in six patients (three men and three women) diagnosed with alcoholic hallucinosis, who were treated and monitored as outpatients in the Alcoholism Treatment Unit (ATU) of Salamanca for 12 years.

We made some interesting findings from the analysis of our cases. Most of the patients lived in isolation to some degree (alone), with scant and poor quality family and social relationships.¹

Epidemiological studies in the general population, such as the NESARC² trial, and studies conducted in clinical populations³ indicate that the ratio of men to women with alcoholism ranges from 4:1 to 2:1. However, our sample contained the same number of women as men, a finding that could not be corroborated in other studies. The question we asked ourselves is whether this was a chance finding or if women are more vulnerable to suffering this disorder.

The history of alcohol consumption in the subjects in our sample did not differ from that usually found in other subjects seen in the ATU.³ Two findings are worth pointing out: in first place, four subjects had a history of previous treatment for alcohol dependence, and two of them had been in different units; in second place, two subjects (women) had a history of depression. The results of different publications are contradictory regarding the importance of the severity of dependence in the genesis of this conditions.^{4,5}

The hallucinatory and delusional picture of our subjects showed some distinctive features. There are three types of

hallucinations: auditory, visual, and kinesthetic. Auditory hallucinations take place in the second person (the subject is threatened and insulted by someone) and third person (the subject hears voices of people talking to each other and discussing the subject's acts). The visual hallucinations are generally elemental and consist of geometric shapes (circles, squares), and kinesthetic, located in the genital area. In two cases, the intensity of the hallucinations was accentuated when there were fewer environmental stimuli (at dusk, during the evening, or while the subjects was alone). On the other hand, the delusions were characterized by their poor quality and scant development from hallucinations; they were limited to the immediate environment and their main themes were injury and persecution. Both psychopathological symptoms appeared a few days after achieving abstinence (one or two weeks) or were delayed (appearing several months later), but the most noteworthy aspect was the exacerbation or recurrence with alcohol.

The features observed, such as the poor quality of the delusion, its low emotional impact, and the circadian variation in hallucinatory intensity, contrasted with other characteristics described in various publications^{1,4,5} that were not present in our subjects, such as: negative symptoms, formal thought disorder, blunted affect, family history of schizophrenia, and the late onset of the psychotic disorder, serve to distinguish it from schizophrenia.⁶⁻⁸

In addition to alcohol use, cognitive deterioration is a factor that can influence the development of the disorder. In our sample, five patients had undergone neuropsychological study and four had undergone neuroimaging (MRI or CT) studies, which documented cognitive impairment and cortico-subcortical atrophy. Recent studies carried out using functional neuroimaging tests such as SPECT have found dysfunction in different brain areas (frontal, parietal, temporal, occipital, and cerebellar), which is reversible with abstinence and antipsychotic treatment and accompanied by improvement in the psychotic picture.⁹

From the results of our study, we can conclude that alcohol-induced psychotic disorder is currently rare. Social and family isolation, the severity of alcohol dependence, and brain impairment by alcohol are factors that may influence its etiology. The evolution is usually favorable in most cases. Complete abstinence is essential, together with antipsychotic treatment during the first months of the disease.

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Letter to the editor

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