BACKGROUND

An impediment to the normal flow of cerebral spinal fluid via the subarachnoid space can cause normal pressure hydrocephalus (NPH), a syndrome comprised of urinary incontinence, gait disturbance, and cognitive impairment. It is rare for NPH to manifest as psychosis.

CASE REPORT

A 73-year-old male with chronic severe coronary artery disease, atrial fibrillation, chronic kidney disease stage III, type 2 diabetes mellitus, heart failure with preserved ejection fraction, hypertension, hyperlipidemia, obstructive sleep apnea and psychiatric history of major depressive disorder with psychotic features and substance use disorder presented to the emergency department with chest pain in the setting of poor medical compliance with dual antiplatelet therapy.

Status-post unsuccessful PCI, the patient developed paranoia and hostility towards staff, and he was transferred to the Hybrid Complex Medical Unit.

Despite antipsychotic initiation, he had various episodes of paranoia and agitation for which olanzapine as needed was ordered. He had decreased appetite, began urinating on the floor, and had significant difficulties with mobility.

The patient’s mentation remained poor, and an increase in antipsychotic dosage yielded no benefit. Collateral obtained from family revealed that the patient had been exhibiting bizarre behavior and acute worsening of global functional status and cognitive state.

RESULTS / WORK-UP

MRI head showed moderate global parenchymal volume loss with a slightly discordant degree of supratentorial ventricular dilatation and borderline callosal angle with upward bowing of the corpus callosum.

A large volume lumbar puncture was performed with 37 mL of cerebrospinal fluid removed. Opening pressure was 19.

Over the next few days, the patient demonstrated significant improvement in cognition, his psychosis resolved, and his gait improved. Antipsychotics were discontinued with no recurrence of symptoms.

NORMAL PRESSURE HYDROCEPHALUS (NPH)

• NPH is a rare cause of dementia in older adults, with incidence ranging from 2 to 20 cases per million per year.

• The prevalence of NPH increases with age and is most often found in adults over the age of 60.

• NPH occurs equally in men and women.

DISCUSSION

• While “Wacky” is often understood as cognitive impairment alone, it is imperative to consider the spectrum of presentations that may occur.

• Prior history of psychiatric disease can lead to Anchoring Bias.

• Literature review reveals numerous case reports of psychotic features and/or other neuropsychiatric symptoms; however, manifestations of neuropsychiatric symptoms are sparsely documented in standard text.

• Collaborate approaches to patient care, such as in a Med-Psych Unit, may allow clinicians better opportunity to assess and diagnose complex medical and psychiatric disease.

CONCLUSION

This case illustrates the importance of a broad differential and inclusion of organic causes for late-onset psychosis. Early identification of psychosis as a possible presenting symptom of NPH may benefit its early diagnosis and improve the patient’s management.

REFERENCES
