

# Transient psychosis due to caregiver burden in a patient caring for severely demented spouses

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## Abstract

**OBJECTIVES:** Caring for demented people has been associated with negative effect on caregiver health. One or more severe stress factors can precipitate brief reactive psychosis.

**METHODS:** A 59-year-old Caucasian married woman with no prior psychosis has been caring for her severely demented husband for more than 3 years. She was treated for anxiety disorder and reaction to severe stress in our clinic for 1 year.

**RESULTS:** Five days after husband's nursing home placement our patient developed the abnormal thought, that someone might tell her neighbours of her laziness and failures. She believed that she was under constant surveillance. These ideas grew rapidly into delusions and hallucinations.

She was diagnosed as having transient psychosis with associated acute stress and was treated with risperidone. The psychosis lasted for two months.

**CONCLUSION:** Careful differential diagnosis is necessary in the cases of transient psychosis. Psychotic symptoms in overloaded individuals may be more common than was previously thought.

## INTRODUCTION

Acute and transient psychotic disorders have been defined as a heterogeneous group of disorders characterized by the acute onset of psychotic symptoms such as delusions, hallucinations, and perceptual disturbances, and by the severe disruption of ordinary behaviour. Acute onset is defined as a crescendo development of a clearly abnormal clinical picture in about two weeks or less. For these disorders there is no evidence of organic causation. Complete recovery usually occurs within a few months, often within a few weeks or even days. The disorder may or may not be associated with acute stress, defined as usually stressful events

preceding the onset by one to two weeks. (ICD-10, WHO 2010) Caring for a loved one with dementia is often a highly stressful experience that produces physical and psychological morbidity (Ory *et al.* 1999). Dementia caregivers are at greater risk than noncaregivers for depression (Baumgarten, *et al.* 1992; Bookwala *et al.* 2000), anxiety (Dura *et al.* 1991), reduced well-being (Rose-Rego *et al.* 1998) and poorer health (Schulz *et al.* 1990). In addition, dementia caregivers report more physical and emotional strain than nondementia caregivers. (Ory *et al.* 1999). All of these factors persist for years, making caregiving a chronically stressful experience for many. Caregiver burden has been defined as a multidimensional response to

emotional, social, physical, psychological, and financial stressors associated with the caregiving experience (Kasauya *et al.* 2000). Much of the caregiving responsibility will fall on family caregivers, such as a spouse, although other family members are increasingly assuming this role. Partners, relatives and friends who take care of patients experience emotional, physical and financial stress. The hierarchy of responsibility for becoming a carer is spouse, daughter, daughter-in-law, son, other relatives and others. Most caring spouses are wives rather than husbands. Thus more carers are women. The kinship relationship between caregiver and patient is extremely important. Just as all patients are individuals, so are carers. More than 80% of AD caregivers state that they frequently experience high level of stress and almost half report that they suffer from depression (Alzheimer's Association 2006). Often, caregivers themselves begin to show signs of mental disorder or ill health. Depression, empathy, exhaustion, guilt, and anger can ply havoc with even a healthy individual faced with the care of a loved one suffering from Alzheimer's disease (Spruytte *et al.* 2001). This is a presentation of a case report of transient psychosis in patient caring of severely ill husband.

## CASE REPORT

A 59 year old Caucasian woman has been caring for her severely demented husband for more than 3 years. She has been providing the main support to him. As a family caregiver of loved one with Alzheimer's dementia, she was burdened and distressed. She was treated for anxiety disorder and reaction to severe stress in our clinic for 1 year. At that time she had consulted our clinic because of difficulty concentrating, irritability, sweating, anxiety and worry, sleep disturbances and palpitations. She complained neither of a manic nor depressive mood. She was diagnosed as having anxiety disorder and reaction to severe stress and was treated with supportive psychotherapy and anxiolytics (bromazepam, 1.5 mg per day). She continued to complain of various anxieties after a slight improvement in her irritability and sleep disturbances.

Five days after husband's nursing home placement our patient developed the abnormal thought, that someone might tell her neighbours of her laziness and failures. She believed that she was under constant surveillance. These ideas grew rapidly into delusions and hallucinations.

She was admitted to our Department of Psychiatry and was diagnosed as having transient psychosis with associated acute stress. She had only little insight into her abnormal thoughts, but she agreed to further medical examination. No mood swing, disruption of thought, or psychomotor agitation was observed. She underwent a thorough medical workup, laboratory data were within the normal range. A brain computed tomography scan was age-related.

Our patient was treated with risperidone (up to 2 mg per day), clonazepam 1.5 mg per day. The prolactin plasma level was controlled. Her delusions weakened and disappeared in two months. No delusions or hallucinations developed for two years after the last delusional episode

## DISCUSSION

Caring for demented people has been associated with negative effect on caregiver health. It is highly evolving and dynamic. The combination of loss, prolonged distress and the physical demands of giving care in older caregivers increases the risk of physical health problems.

The amount of time needed for caregiver increases as the severity of dementia is progressing (Langa *et al.* 2001). The majority of care is provided by family members, many of whom are themselves elderly and suffer from higher rates of emotional morbidity than age-matched controls. Intervention and support must therefore be carefully targeted, recognizing those components of a potential care package that will be useful in the particular circumstances.

Efforts to identify and reduce caregiver burden are an important healthcare issue (Family Caregiver alliance 2006). To my knowledge, this is the first published report on transient psychosis due to caregiver burden. Psychotic symptoms in overloaded individuals may be more common than was previously thought. Clinicians should be aware of the high rates of anxiety as well as depressive symptoms in family caregivers of people with Alzheimer's disease, especially in female caregivers. Caregivers' impaired physical healths are at risk of psychological morbidity and should be treated energetically.

### Competing interests

The author declares that she has no competing interests.

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