Case Report

Tiapride for resistant auditory hallucinations in an elderly patient with alcohol dependence : a case report

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ABSTRACT

Hallucinations are found in a variety of disorders like schizophrenia, substance withdrawal or substance induced psychotic disorders as well as mood disorders. Sometimes a patient might have only hallucinations as a residual complaint for a long time. Persistent hallucinations may be one of the complications of alcohol withdrawal which usually responds to benzodiazepines and antipsychotics. Here we present a case of persistent auditory hallucinations in an elderly patient with alcohol dependence responding to tiapride.

Key words *– Tiapride, hallucinations, alcohol dependence, elderly. .*

INTRODUCTION

Hallucinations in alcohol dependence is characterised by hallucinations (auditory mainly but also visual and tactile), delusions, misidentifications, psychomotor disturbances and abnormal affect [1]. Younger age at onset of alcohol dependence, low socioeconomic status, father's mental health or alcohol problems and medical co morbidities are associated with increased risk of alcohol induced psychotic disorder [2]. Even with the advent of newer antipsychotics, a significant minority of patients continue to have hallucinations despite treatment.[1] Apart from pharmacological treatment other methods like Transcranial Magnetic Stimulation (TMS) [3], Cognitive Behavior Therapy (CBT) [4] and Hallucination-focused Integrative Treatment (HIT) [5] have been tried for treatment of auditory hallucinations. Here we present a case of persistent auditory hallucinations in an elderly patient with alcohol dependence that responded to Tiapride.

CASE REPORT

A 67 year male, retired since the past 5 years, had presented to our out patient department with complains of hearing voices inaudible to others and decreased sleep since 3 weeks prior to presentation. Going longitudinally he started consuming alcohol at age of 25 years i.e. 1 pint of beer every week along with friends just for fun. Then due to work pressure he started consuming whisky 1-2 quarters daily at evenings. Over a period of 1-2 years he increased consumption to 3-4 quarters. Later on he shifted to country liquor due to his financial problems. He used to have withdrawal features in form of decreased sleep, tremors and craving for alcohol which would subside on consuming alcohol. He had tried multiple times in past to abstain from alcohol but maximum abstinence was for about a month only. He never had taken treatment for same. He had twice suffered from jaundice in past for which took treatment from general practitioner. He had given up alcohol 3 weeks prior to visiting us on advice of his doctor as he suffered from one episode of hematemesis. But after stopping alcohol consumption he started having tremors, palpitations and decreased sleep. On next day he started complaining of hearing voices inaudible to others. He could hear voices of his friends and family members giving comments on his actions. Also he started occasionally seeing things invisible to others. He could sometimes see a rat or cat moving around his room. Gradually his condition started worsening and he became disoriented in time and place. But he would recognise family members. We diagnosed him as alcohol dependence in prolonged withdrawal delirium and was treated on an out patient basis as family members were not willing for admission. He was given Lorazepam 8mg in divided doses and multivitamins. For his sleep Quetiapine 50mg at bed time was given. He followed p after 5 days with improvement in his orientation and sleep. Hence Lorazepam was tapered off over the next 2 weeks and Quetiapine was reduced to 25mg at night. But his complaints of hearing voices and seeing animals persisted. We added Haloperidol 10mg per day. He was a known diabetic under control and hence atypical antipsychotics were not added. After 4 weeks of treatment with Haloperidol upto 20mg per day his complaints of hallucinations still persisted. The diagnosis was revised to alcohol induced psychotic disorder. Tiapride 25 mg twice a day was started in view of the fact that we had a patient with resistant hallucinations and schizophrenia that had responded to the drug. After 15 days of treatment there was a 30% decrease in the frequency of hallucinations and the dose of tiapride was raised to 50 mg twice a day. There was gradual improvement in his condition and after 6 weeks of therapy he had 80% reduction in hallucinations. Currently he is on maintained on Tiapride 100mg and Haloperidol was tapered off. He is currently abstinent from alcohol too.

DISCUSSION

Tiapride has been used for alcohol withdrawal symptoms treatment since the late 1970s, especially in France in combination with carbamezapine [6]. The common side effects with tiapride are drowsiness, extrapyramidal symptoms, dizziness, and orthostatic hypotension though no major effects on metabolic parameters have been reported [7]. Tiapride offers good results in patients whose main complaints are auditory hallucinations which have not responded to other antipsychotics while the side effects are minimal. We have reported earlier the usefulness of tiapride in resistant hallucinations in a case of schizophrenia [8]. Hence we thought of using it in this case. Tiapride does not cause sedation so it can be added easily to other antispychotics with no worry of cumulative sedation effect. To best of our knowledge there are no reports on

the use of tiapride for persistent hallucinations in elderly patients with alcohol dependence.

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