

“Case Report: Charles Bonnet Syndrome (CBS)”

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Abstract:

Though Charles Bonnet Syndrome (CBS) is rare, its recognition is important to avoid misdiagnosis of major psychiatric disorder. CBS is characterized by complex visual hallucinations in elderly people without cognitive deficits. In present study ,70 years old male was brought to Physician outpatient department with complaint of abnormal behavior and insomnia. He complained of seeing women wearing bright saris and dancing in next building .At times he would hear songs but could stop it if he wished so. As he would call out the names and tried to communicate with them ,his spouse was worried about social problems due to his behavior. He had no delusions, other hallucinations, or cognitive deficits. There was no history of fever, trauma,headache,vomiting ,incontinence. There was no prior history of any medical, psychiatric illness or substance abuse.He was investigated. His biochemical parameters were normal.MRI of brain was normal. His psychotropic medication was reduced and stopped. Though this condition is rare evident but it is important to think about this syndrome in every elderly patient with visual hallucinations .This avoids unnecessary medications.

Keywords : Charles Bonnet Syndrome , Psychiatric disorder

Background:

Though Charles Bonnet Syndrome (CBS) is rare, its recognition is important to avoid misdiagnosis of major psychiatric disorder. CBS is characterized by complex visual hallucinations in elderly people without cognitive deficits. ¹Ocular pathology leading to reduced visual acuity is common in CBS. We report a case of Charles Bonnet Syndrome referred to psychiatric OPD for visual hallucinations and insomnia from medicine OPD.

Case Report:

70 years old male was brought to Physician outpatient department with complaint of abnormal behavior and insomnia. He complained of seeing women wearing bright saris and dancing in next building .At times he would hear songs but could stop it if he wished so. He

had no distress due to these hallucinations and enjoyed watching them. As he would call out the names and tried to communicate with them ,his spouse was worried about social problems due to his behavior. He had no delusions, other hallucinations, or cognitive deficits. There was no history of fever, trauma,headache,vomiting ,incontinence. There was no prior history of any medical, psychiatric illness or substance abuse.

He was investigated. His biochemical parameters were normal.MRI of brain was normal. His MMSE score was 26. In view of complex visual hallucinations in presence of normal clinical status , he was referred for Ophthalmic examination which revealed bilateral cataracts. He was prescribed T.Olanzapine 2.5 mg OD .He underwent cataract surgery for both eyes .On follow up after one month; he had

no hallucinations and had good insight in his hallucinations and behavior. His psychotropic medication was reduced and stopped.

Discussion:

Charles Bonnet Syndrome is more common in elderly. Partial or total insight into the visual hallucinations and normal cognitive status are important features. Patients may report high levels of distress, with some patients reporting anger, anxiety and even terror associated with hallucinations.

It affects 1.85 to 3.5% of psycho geriatric patients referred to psychiatrist by adult physicians, general practitioners for visual hallucinations. ²If physicians cannot recognize this syndrome, then it may be interpreted as psychiatric illness. Patients with CBS often have ophthalmic pathology such as macular degeneration, cataract, glaucoma, optic neuritis etc.³ Social isolation, fatigue and stress are associated with increase risk of CBS.⁴

Ophthalmic examination in elderly patients presenting with visual hallucinations is of utmost importance to avoid unnecessary labeling of a patient. Firm reassurance that this syndrome is not related to mental illness or dementia is a great relief for patients and care givers.

Recommendations: Though this condition is rare evident but it is important to think about this syndrome in every elderly patient with visual hallucinations. This avoids unnecessary medications. Symptomatic treatment for distressing hallucinations is essential.

Conflict of Interest: Nil

Source of Support: Nil

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Source of support: Nil; Conflict of Interest: Nil
Date of submission: 19 Aug. 2012
Date of Provisional Acceptance: 28 Aug. 2012
Date of Peer review approval: 25 October 2012
Date of final drafting: 24 November 2012
Date of Publication: 2 December 2012