A Gut Feeling: Delusional Parasitosis

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Aims: Delusional parasitosis, first described by Karl Ekbom in the 1930s, is a rare psychiatric disorder characterised by a persistent, false belief of parasitic infestation. The condition is typically classified into three categories: primary, secondary and organic. Primary delusional parasitosis arises in the absence of any other psychiatric or medical condition, while secondary and organic forms are associated with underlying psychiatric disorders or organic diseases. Here, we present the case of a 50-year-old male with a history of crack cocaine use, previously unknown to mental health services, presenting to our drug treatment centre with delusions of infestation.
Methods: Mr A, a 50-year-old male with a 20-year history of crack cocaine use, was referred for psychiatric review by his keyworker after expressing unusual beliefs. He had been engaged in treatment for his substance use for the past year. During this period, he disclosed a persistent belief that he had contracted a parasitic infection in his gastrointestinal tract, which he attributed to consuming sashimi during a trip to Cambodia a decade ago. He described feeling worms moving within his abdomen, with heightened nocturnal activity that disrupted his sleep. His appetite was affected by fear of worsening the infestation, though no significant weight loss was noted. His mental state exam revealed no signs of thought disorder, additional delusions or perceptual disturbances. His cognitive function, social interactions, and self-care remained intact. Despite reassurance that repeated blood tests and abdominal ultrasound scans showed no abnormalities, his delusions persisted.
Results: Substance misuse, particularly with stimulants such as cocaine and amphetamine, is a well-established risk factor for delusional parasitosis. Chronic stimulant use can result in a dysregulated dopamine system, contributing to psychotic symptoms. In Mr A's case, his long history of crack cocaine use is considered the primary contributing factor to his condition. While delusional parasitosis is typically associated with delusions of skin infestation, this case is notable for its gastrointestinal presentation, which is considerably rarer. Importantly, there was no indication that there were other contributory psychiatric or organic factors.
Conclusion: The management of delusional parasitosis requires a holistic, multidisciplinary approach. It is important for health professionals to address the patient's beliefs with empathy to promote trust and encourage engagement. Addiction services continue to support Mr A's efforts to reduce cocaine use, while mental health services have initiated antipsychotic treatment and are providing psychological therapy. Early indications suggest a positive response to this integrated treatment plan.

Lost in a Thyroid Storm – Psychosis as a First Presentation of Grave's Disease

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Aims: Thyrotoxicosis is caused by an overactive thyroid gland, leading to excessive production and release of thyroid hormones into the bloodstream. The most common cause is Grave's disease. Presentation of Grave's disease with neurological and psychiatric symptoms as first line is rare; however it can lead to mis-diagnosis of a primary psychiatric condition, especially in younger patients. This report illustrates the case of a 24-year-old female presenting with psychotic symptoms on a background of undiagnosed Grave's disease.
Methods: Case report.

A 24-year-old lady was brought to A&E due to an abrupt change in behaviour, with confusion, bizarre speech, attempts to run on the street, aggression and insomnia. At assessment, she presented with thought disorder, thought block and derealisation phenomena. She was physically well, with only some mild diarrhoea. Routine blood tests were done at initial presentation, but this did not include thyroid function tests. She was detained under the Mental Health Act and transferred to a psychiatric ward. Thyroid function tests revealed an extremely high thyroid hormone level and presence of thyroid receptor antibodies. She was started on carbimazole and propranolol and her psychotic symptoms improved markedly without anti-psychotic medication. In the next few months, however, her psychiatric symptoms returned and she required further treatment in hospital as well as commencement of risperidone, an anti-psychotic. There was much debate between psychiatry and endocrine teams about the appropriate place of her care and the legal framework for a young woman who lacked capacity to consent to treatment due to an organic psychosis.
Results: Albeit rarely, hyperthyroidism can present with acute onset disorientation which can be misdiagnosed as a primary psychiatric disorder. Prompt treatment of hyperthyroidism with antithyroid medications is crucial for mitigating psychiatric symptoms, but it may take several weeks to months for thyroid hormones to return to baseline. The use of antipsychotics should be considered for symptom management; the dose and duration of treatment will depend on the time needed for return to euthyroid state, severity of symptoms and persistence of psychotic symptoms after correction of thyroid balance. Close collaboration between psychiatrists and endocrinologists is essential for the patient to receive the best quality care. Involving the patient and their family in care is equally important to support recovery in the longer term.
Conclusion: This case highlights the importance of considering organic causes in patients presenting with psychiatric symptoms.

Awake Bruxism Treated With Quetiapine in a Patient With Alzheimer's Dementia

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Aims: Bruxism is a stereotyped movement disorder of tooth grinding or clenching. Unlike sleep bruxism, awake bruxism is not a sleep disorder, but is secondary to disorders of the central nervous system, such as Parkinson's disease, stroke and advanced dementia. We report a case of debilitating awake bruxism that developed during the course of Alzheimer's dementia, unrelated to neuroleptic use.