

Difficulties in Managing Alcohol Withdrawal Delirium in a Patient With a History of Schizophrenia

Commented [p1]: Title describes the key points of the case.

Abstract

Mr. M., a 55-year-old African-American male with a past psychiatric history of schizophrenia and alcohol use disorder, presents to the psychiatric consult service with recent onset of altered mental status, incoherent speech and picking movements. The patient had stopped drinking alcohol two days prior, and his family could only provide a limited history. He was admitted to the inpatient medicine service. The medical team considered the differential diagnosis of alcohol withdrawal delirium, toxic metabolic encephalopathy and medication toxicity. The patient's condition initially worsened. He was continually monitored on the regular floor instead of a critical care setting, with uncertainty whether his symptoms were a result of alcohol withdrawal delirium or schizophrenia. This led to the concern of suboptimal management of his alcohol withdrawal as a result of the stigma of his previous psychiatric diagnosis of schizophrenia, compared to a patient with no prior psychiatric history. Being that alcohol withdrawal is a medical emergency, patients with psychiatric histories presenting with this symptom constellation need to be treated in the same manner as any other patient would be. A thorough medical workup and history gathering can help elucidate the source of the presenting picture in this patient population. In this poster, we discuss the challenges and importance of differentiating psychotic symptom etiology during the treatment of alcohol withdrawal delirium in patients with a previous psychiatric disorder.

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