

P01-08 - MANIA, MANIA WITH DELIRIUM AND DELIRIOUS MANIA

B. Barahona-Corrêa^{1,2}, J. Fernandes², J. Alves da Silva^{1,2}, B. Neto², J. Almeida²

¹*CEDOC - Departamento de Saúde Mental, Universidade Nova de Lisboa,* ²*Departamento de Psiquiatria e Saúde Mental, Centro Hospitalar de Lisboa Ocidental, Lisbon, Portugal*

Since Bell's original description delirious mania (DM) has been repeatedly rediscovered and renamed, resulting in much confusion as to its meaning. Definitions range from mania with self-limited temporal-spatial disorientation to a fatal, delirious catatonic syndrome with euphoric mood, high fever and autonomic instability. Moreover, it remains unclear whether DM is a specific clinical entity or an unspecific, unpredictable complication of mania, and whether it is a useful diagnostic category.

Objective: To identify the frequency and clinical features of DM and mania with delirium.

Methods: We reviewed all admissions to our acute inpatient unit with mania, hypomania or mixed affective state, in 2006 and 2007. Cases with delirious features and cases with a working diagnosis of DM, were reviewed in detail. The three groups (no delirium, delirious features and DM) were compared for general demographic and clinical variables, as well as features specifically associated with DM (e.g., catatonia; nakedness; inappropriate toileting; unexplained fever, etc).

Results: We found 100 patients with mania, hypomania or mixed affective state. 14 had medically unexplained delirium, 4 of them with a final diagnosis of DM. DM cases (but not non-DM mania cases with delirious features) had extremely long durations of stay, acute onset, hypertermia, catatonia, autonomic instability, anarchic sleep, shouting/coprolalia, delirium persisting for over a week, and were more likely to receive ECT. Moreover, in three of them DM occurred in most manic/mixed affective episodes.

Conclusion: DM is a rare occurrence in bipolar disorder. It has typical clinical features and may be recurrent.