

P-745 - EXCITED DELIRIUM: A CLINICAL CASE

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Introduction: Delirium involves an acute, transient disturbance in consciousness and cognition. When the delirium involves aggressive behavior it's termed excited delirium; when this is followed by sudden death, it's termed excited delirium syndrome. Typically, patients presented fever, a rapid pulse, agitation and anxiety, with increasing confusion, and a progressive deterioration over a course of weeks before dying.

Objectives and Aims: Alert to the poor prognosis of excited delirium syndrome.

Methods: Review of relevant literature after the description of a clinical case.

Results: Description of a clinical case:

A.R. is a man of 69 years, without psychiatric background, under neoadjuvant chemotherapy for metastatic bone disease. He has multiple comorbidity: chronic obstructive pulmonary disease, hypertension, diabetes and stomach cancer treated 15 years ago.

Three days before the hospitalization the patient began incoherent speech, and physically he was dehydrated; it was requested observation liaison psychiatry for psychomotor agitation. In the course of the interview, the patient was aggressive, very anxious, with jealousy and paranoid delusions, visual and auditory hallucinations, disoriented and with dispersed attention. It's placed the hypothesis of delirium by multiple etiologies and he was medicated with neuroleptics. It was necessary increased doses and physical restraint to control of agitation, which was not complete and lasted two weeks; meanwhile, he developed a respiratory infection. The patient eventually died of cardiopulmonary arrest.

Conclusions: It's described a typical case of excited delirium syndrome in a patient with psychomotor agitation that was difficult to control and lasted weeks, which culminated in cardiopulmonary arrest.