



New-onset Symptoms of Bipolar Disorder in Geriatric Patients

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Background and Introduction

- **Mania:** the median age of onset is in early third decade of life
- **Differential diagnosis** includes:
 - Primary Psychiatric disease
 - Substance/Medication-induced psychosis
 - Psychosis due to medical or neurological disease
- A late-in-life onset of manic symptoms and/or new diagnosis of bipolar disorder is concerning for an underlying medical or neurological disease or substance-induced disorder
- The case presents a suspected diagnosis of bipolar disorder in the eighth decade and a work-up of medical/neurological causes

Purpose

- This case presentation demonstrates the importance of a **broad differential and thorough work-up** in atypical presentations of psychiatric disease.
- Review the diagnostic criteria for bipolar disorder and features more frequently seen in elderly populations

Initial Presentation and History

- A **71 year old** married white male veteran with a past medical history of hyperlipidemia, hypertension, diabetes mellitus II, osteoarthritis, **social anxiety disorder, and bipolar I disorder (diagnosed one year prior)** presented to the emergency department with reported symptoms of **mania, depression, suicidal ideation, and auditory and visual hallucinations.**
- He was transferred to the **inpatient psychiatry** unit at the VA hospital where he was admitted voluntarily.
- He reported having **sent >\$100,000 to a woman in France he met online over the past two years,** and a **brief period of elevated mood** when preparing to meet this person recently, but otherwise **denied any periods of persistently elevated or irritable mood, increased goal-directed behaviors, grandiosity, decreased need for sleep, flight of ideas, distractibility, or any other changes to socializing or sexual urges.**
- Reported after his wife recently discovered he was continually sending money to his online acquaintance and his plan to fly to France to meet this person, his mood became **depressed,** and had **decreased appetite, decreased sleep duration with daytime fatigue, decreased concentration** with frequent forgetfulness, **guilt** toward not being able to visit his online acquaintance as promised, and **suicidal ideation** with a plan of crashing his car.

- Patient reported for the past 6 years since moving to his new home, he has intermittently seen “**shadows**” in his home a few times per week, and **upon waking** briefly sees a “**woman in her gown and a dog**” that he believes are ghosts of the previous owner. He hears “**bird sounds**” once per week and a “**grumbling**” voice he cannot understand once per week **upon waking.** Denied other somatic, tactile, olfactory, gustatory hallucinations, paranoia, thought insertion, withdrawal, broadcasting or ideas of reference.
- **One past psychiatric admission** for six weeks one year prior when his wife first discovered he was sending money to a woman he met online. Diagnosed with bipolar I disorder at that time and began on citalopram and valproate.
- Otherwise psychiatric history only noted “**memory issues**”.
- **Two past suicide attempts** just prior to his one psychiatric hospitalization: flipping his kayak to drown before swimming out of water; sitting on a dock in a storm hoping to be struck.
- No recent changes in medications and denied substance use
- Collateral from his wife of 37 years confirmed the details.

Medications on Admission

Citalopram 40 mg PO daily
 Divalproex 500 mg ER PO BID
 Trazodone 50 mg PO qhs
 Lisinopril 20 mg PO daily
 Rosuvastatin 5 mg PO daily
 Metformin 500 mg PO BID

Evaluation

- Patient reported possible decline in memory, had changes to his baseline behavior, and a change in mood, so a **neuropsychological assessment** was completed, with **no significant impairments** on testing, and validity measures found **potential for suboptimal effort** during testing.
- **Head CT and brain MRI** and while inpatient and MRI one year prior found **mild diffuse atrophy** without a pattern to suggest specific neurodegenerative process
- **PET scan** noted **mildly abnormal right putamen uptake, nonspecific,** but may be seen in **early parkinsonian or Lewy Body dementia** in the appropriate clinical context
- There were no significant abnormalities to patient’s physical exam, vitals, or labs including a complete blood count, complete metabolic profile, urinalysis, coagulation studies, thyroid, Vitamin D, B12, folate, or syphilis or toxicology screens.

Clinical Course

- Had no observable distress or cognitive impairments evident in interview or socially in unit milieu. Citalopram was tapered and discontinued. Divalproex was unchanged.
- Hallucinations responded rapidly and completely to initial dose of aripiprazole 2.5 mg daily, which was discontinued after patient was transferred to long-stay psychiatry unit.

Diagnosis and Treatment

With inconclusive neurological, radiological, and neuropsychological results, the patient diagnosis of bipolar disorder remained, though changed to type II. The patient was discharged to surgery/rehab after 2 months of hospitalization and had resolution of mood and hallucinations while only on divalproex and trazodone at home doses.

Discussion

- A **diagnosis of bipolar disorder at any age** must meet same criteria for a manic (or hypomanic) episode, including a period of persistent elevated or irritable mood for at least one week, most of the day nearly every day, with three or more of: grandiosity, decreased need for sleep, pressured speech, flight of ideas, distractibility, increased goal-directed behaviors, and behaviors that have high potential for painful consequences.
- Up to **95% of geriatric patients** with bipolar disorder had an **onset prior to age 50.** They may present with more baseline medical comorbidities and cognitive impairment, and less sexual behaviors, comorbid anxiety, or substance use.
- From available records, it is unclear this patient has ever met criteria for mania, and neurodegenerative processes (including Lewy Body or frontotemporal dementia) should be considered despite imaging.
- With the relative ease of access for online communication and transferring money, the elderly are at particular risk for being defrauded or exploited, and what constitutes an impulsive or drastic behavior change should be carefully examined.

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References

UpToDate - www.uptodate.com/contents/geriatric-bipolar-disorder-epidemiology-clinical-features-assessment-and-diagnosis