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Psychosis in a hypothyroid: Is it really myxedema madness?

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Symptoms of hypothyroidism mostly revolve around metabolic slowing. Neuropsychological symptoms referred to as myxedema madness can be found in 5-15% of myxedematous patients who have had total thyroidectomy, Hashimoto's thyroiditis or in patients non-compliant to medication. The association has been well described in some studies however the treatment options remain controversial. Despite the known association between hypothyroidism and psychosis, identification of a primary psychotic disorder maybe missed. A 71-year-old-male with history of depression, Post-Traumatic Stress Disorder (PTSD) and Hashimoto's disease presented with psychosis and bizarre behavior including belligerence for five months. Review of systems was negative. There was no known family history of psychiatric illness. Social history was positive for smoking. His prescribed medications included Clonazepam, Ambien and Armor thyroid which he was non-compliant to for over one year. Physical exam on admission revealed depressed mood, monotonous speech, disorganized thought process with flight of ideas, auditory hallucinations, poor motivation and insight. Urine toxicology was negative. Liver, metabolic and kidney functions were normal. Thyroid stimulating hormone was 89.9 mIU/ml, free thyroxine 0.25 ng/ml, free triiodothyronine 1.8 pg/ml, thyroid peroxidase antibody 103 IU/ml, anti-thyroglobulin antibody 34 IU/mL. Computed tomography of the head showed no acute findings. A diagnosis of myxedema psychosis was established and he was initiated with levothyroxine. The rest of his home medications were continued. Patient's psychosis improved in the next four days and he was discharged. He returned to the emergency room two days later with worsening auditory and visual hallucinations. He was then started on risperidone along with prazosin for PTSD. By day ten, his speech remained monotonous, thought process was disorganized and tangential. Insight remained poor however he no longer had auditory hallucinations or delusions. During his admission, records discovered at home revealed that he had an established diagnosis of schizophrenia, paranoid type which had been untreated for over twenty years. Once hypothyroidism is identified, delusions and hallucinations that characterize myxedema madness tend to remit in about one week of appropriate thyroid hormone supplementation. In this case, symptoms took a turn for the worse. Initiation of atypical antipsychotics at a low dose has appeared to be well tolerated. Psychiatric complaints in a known hypothyroid patient maybe misdiagnosed and labeled as neuroendocrine which may lead to delay in treatment for functional psychotic disorders. This case illustrates the importance of implementing antipsychotic treatment in an atypical presentation of a common medical condition.

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