Hypochondriasis Associated with Organic Brain Syndrome: A New Approach to Therapy

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ABSTRACT: Symptoms of hypochondriasis in patients with organic brain disease usually disappear during the course of an anticoagulant-psychotherapy regimen for the treatment of dementia.

In the April 1976 issue of the Journal of the American Geriatrics Society there were two articles (1, 2) on hypochondriasis in the elderly which reminded me of a phenomenon observed many times in the past ten years while treating patients with senile or presenile dementia. Although most of the patients were seen because of the usual symptoms of organic brain syndrome (OBS) such as confusion, disorientation and paranoid ideation, many also had persistent medical complaints fitting the description of hypochondriasis, i.e., no physical cause could be found to explain the symptoms and no treatment relieved them. These complaints included abdominal or retrosternal discomfort, obsession about constipation, visual difficulties, minor skin lesions such as a simple wart, and sometimes intractable pain (in the back, chest wall or elsewhere). Almost invariably these troublesome symptoms cleared when the psychotherapy-anticoagulant regimen (3) for OBS took effect. This happened so regularly as to lead to two assumptions with new patients: 1) if they had a longstanding hypochondriacal complaint, it represented another factor in favor of the diagnosis of brain damage; and 2) if they received adequate therapy, the complaint would almost certainly disappear within two or three months.

HYPOCHONDRIASIS

Sometimes the hypochondriacal symptom is the presenting problem. For example, in a previous paper (4) we described the case of a 60-year-old man who complained of pain in the chest wall since the time of a surgical incision there. He had such persistent pain that a sympathectomy was performed to provide some relief. Unfortunately the pain persisted postoperatively, but fortunately it later disappeared during dementia treatment. This man's memory was so poor that when I saw him postoperatively before treatment for dementia, he did not remember the sympathectomy even when his attention was drawn to the foot-long fresh scar.

Usually the patients are brought in because of confusion. For example, an 89-year-old woman became so confused in the middle of the night that she did not recognize her own daughter. She complained bitterly and repeatedly about an innocuous wart on her face. After dementia treatment, she no longer mentioned the wart.

An 85-year-old woman complained of persistent epigastric and retrosternal distress, constipation, and burning of her eyes. For the epigastric distress, she used antacids; for the constipation, laxatives; and for the burning of the eyes, Murine. None of these gave lasting relief. However, under the dementia regimen the symptoms disappeared and her requests for drugs ceased. This woman had persuaded an eye surgeon to remove a cataract. Afterward she claimed she could read with the surgically treated eye whereas, in fact, she had never been fitted with a cataract lens because vision was normal in the other eye. After treatment for dementia her eyes were tested and it was found that she could not read with the eye that had been operated on. In her confusion she
had believed the normal eye was the eye that had been treated surgically and that the latter now had a cataract that prevented reading. Yet she was not so generally confused that she could not live alone and she created the superficial appearance of being mentally competent. This led to misunderstanding among her relatives and the physicians. In retrospect, it might have been better to leave the cataract in situ in the first place.

**TREATMENT**

Busse (1) and Goldstein and Birnbom (2) describe the role of stress and maladaptation as a cause of hypochondriasis. These are important factors, and we deal with them in our own practice by means of individual and family therapy. However, the factor of impaired brain circulation seems at least equally important. In organic brain syndrome, impaired brain function interferes with the patient's ability to adapt to his problems and creates anxiety and stress. Such stress can be mitigated by appropriate psychotherapy, but a two-pronged approach seems to give better results. This method involves increasing the cerebral blood flow and thus enhancing brain function.

Impairment in the blood flow to the parietal lobes of the brain may cause bizarre physical symptoms resembling hysteria and including sensations of pain. Restoration of a normal flow of blood to this area may in itself relieve these bizarre sensations.

The anticoagulant-psychotherapy regimen for dementia has proved to be effective in treating hypochondriasis in elderly patients with other signs of OBS. Since severe complications may occur with anticoagulant therapy, it should not be undertaken lightly but reserved for patients with serious problems. The risks, however, are about the same as for cholecystectomy, and are probably less than with no treatment or other forms of treatment such as exploratory laparotomy, gastroscopy or certain potent drugs.

The relief of the troublesome symptoms is most gratifying to the relatives as well as the patient, since these complaints are often so persistent that they create great tension and anxiety in the relatives who are forced to listen to them over and over again. There is also a great reduction in drug requirements—almost to zero. In addition, surgical operations may be avoided.

Surgical procedures carry their own risk of complications and usually are ineffective, even though successful technically. These patients and their weary relatives are particularly prone to plead with the surgeon to try his skills at relieving their problems. Psychotherapy and a specific drug regimen for the associated OBS are the mainstay of treatment.

**REFERENCES**