

A CASE STUDY OF ALCOHOL DEPENDENCE SYNDROME WITH PSYCHOTIC FEATURES IN A 55-YEAR-OLD MALE

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Abstract

Alcohol Dependence Syndrome (ADS) is a chronic psychiatric condition often associated with withdrawal symptoms and psychotic manifestations. This case study describes a 55-year-old male admitted to the psychiatry department with complaints of self-talk, decreased sleep, and delusions of perception. The patient exhibited hallucinations and delusional beliefs suggestive of alcohol-induced psychotic disorder. Comprehensive psychiatric assessment, detoxification, vitamin supplementation, and antipsychotic management resulted in clinical improvement. This report highlights the importance of early identification and multidisciplinary management of alcohol dependence with psychotic features to prevent morbidity and relapse.

Keywords: *Alcohol Dependence Syndrome; Delusion of Perception; Alcohol-Induced Psychosis; Benzodiazepines; Antipsychotics.*

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**INTRODUCTION**

Alcohol Dependence Syndrome is characterized by a strong craving for alcohol, tolerance, withdrawal symptoms, and continued use despite harmful consequences. Chronic alcohol use can lead to neuropsychiatric complications such as hallucinations, delusions, sleep disturbances, and cognitive impairment [1]. Alcohol-induced psychotic disorder commonly presents with auditory hallucinations and paranoid delusions, particularly during intoxication or withdrawal phases [2]. Early diagnosis and prompt treatment are essential to reduce complications and improve prognosis.

CASE STUDY

A 55-year-old male was admitted to the Department of Psychiatry with chief complaints of self-talk, decreased sleep, and abnormal beliefs for several days, with a significant history of chronic alcohol consumption. Subjectively, the patient reported talking to himself, reduced sleep, and delusions of perception, believing that his friends were asking him for a stick and that a police inspector was following him with the intention to kill him. On mental status examination, he initially appeared unkempt, with tremors that gradually reduced over the course of hospitalization; eye-to-eye contact was adequate and rapport was well established. His speech was normal in tone, volume, and response

time, while thought form and stream were normal, with no abnormalities of thought possession. However, thought content revealed the presence of delusions of perception and delusions of reference, and perceptual disturbances were noted in the form of auditory hallucinations described as a male voice abusing him, with insight and judgment initially impaired. Based on the subjective complaints, clinical findings, and psychiatric evaluation, the patient was diagnosed with Alcohol Dependence Syndrome with psychotic features. During inpatient management, the patient received structured detoxification and supportive therapy including intravenous thiamine 200 mg once daily from day 1 to day 5, oral lorazepam 2 mg twice daily from day 1 to day 5, intravenous pantoprazole 40 mg once daily from day 1 to day 5, oral vitamin B-complex once daily from day 1 to day 5, intramuscular optineuron once daily from day 1 to day 5, intravenous haloperidol 5 mg once daily from day 2 to day 5, intravenous promethazine 25 mg once daily from day 2 to day 5, and oral baclofen 10 mg three times daily from day 2 to day 5. Following treatment, the patient showed marked clinical improvement, with significant reduction in self-talk, resolution of auditory hallucinations, decreased intensity of delusional beliefs, and improvement in sleep duration and quality; tremors subsided and psychomotor activity normalized, indicating effective control of alcohol withdrawal and psychotic symptoms. At the time of discharge, the patient was mentally stable, cooperative,

and oriented, with improved insight and judgment, and he was prescribed tablet lorazepam 2 mg twice daily, tablet pantoprazole 40 mg once daily, tablet vitamin B-complex once daily, tablet optineuron once daily, and tablet acamprosate 333 mg once daily to support abstinence and prevent relapse. The clinical improvement observed can be attributed to the combined pharmacological approach, where benzodiazepines such as lorazepam effectively managed withdrawal symptoms and anxiety, antipsychotic medication haloperidol controlled hallucinations and delusional thoughts, and vitamin supplementation, particularly thiamine, helped prevent neurological complications associated with chronic alcohol use. Additionally, the introduction of acamprosate at discharge was aimed at reducing alcohol craving and supporting long-term abstinence, emphasizing the importance of continued medication adherence, psychoeducation, and follow-up care in maintaining recovery and preventing relapse.

DISCUSSION

Chronic alcohol consumption alters neurotransmitter systems, particularly GABA and glutamate, leading to withdrawal symptoms and psychotic manifestations [3]. The patient's auditory hallucinations and delusions were consistent with alcohol-induced psychotic disorder. Benzodiazepines such as lorazepam remain the cornerstone of alcohol withdrawal management [4]. Thiamine supplementation is crucial to prevent Wernicke–Korsakoff syndrome [5]. Antipsychotics like haloperidol are effective in controlling hallucinations and agitation but should be used cautiously [6]. Acamprosate at discharge supports long-term abstinence by reducing alcohol craving [7].

CONCLUSION

This case highlights the complexity of Alcohol Dependence Syndrome presenting with psychotic symptoms. Early diagnosis, appropriate detoxification, vitamin supplementation, and antipsychotic therapy led to significant clinical improvement. Long-term follow-up, psychoeducation, and relapse-prevention strategies are essential to ensure sustained recovery.

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