



## MEDICO RESEARCH CHRONICLES

ISSN NO. 2394-3971

DOI No. 10.26838/MEDRECH.2020.7.6.465

Contents available at [www.medrech.com](http://www.medrech.com)

### CONVERSION DISORDER PRESENTING AS INTRACTABLE HICCUPS IN MIDDLE-AGED MALE

**Dr. Manpreet Singh<sup>1</sup>, Dr. Gagandeep Singh Shergill<sup>2</sup>, Dr. Nirankar Singh Neki<sup>3</sup>**

1. Associate Professor, Department of Psychiatry, Gian Sagar Medical College and Hospital, Ram Nagar, Rajpura, Patiala.

2. Medical Officer Specialist (Medicine), District Hospital, Fatehgarh Sahib, Punjab.

3. Professor, Department of Medicine, Govt. Medical College, Amritsar, Punjab, India

#### ARTICLE INFO

#### ABSTRACT

#### CASE REPORT

##### Article History

**Received: November 2020**

**Accepted: December 2020**

**Keywords:** intractable hiccups; conversion disorder; middle-aged male

**Corresponding author\***

**Dr. G. S. Shergill**

Hiccups are common and often don't require treatment. Intractable hiccups, on the other hand, are often bothersome for the patient and require therapy. Formerly known as "psychogenic", "functional" or "hysteria"- "conversion disorder" usually present with either or both sensory and motor function deficiencies. Common in females and having a varied presentation, conversion disorders are difficult to diagnose. When an uncommon presentation of them like intractable hiccups present in sex with a lesser predisposition, the diagnosis may be missed and not appropriately managed.

©2020, [www.medrech.com](http://www.medrech.com)

#### INTRODUCTION:

Hiccups are often self-limiting and resolve spontaneously. However, intractable hiccups may be a symptom indicating a serious disease or conversion disorder- which warrants thorough history taking and investigations. In conversion disorders, symptoms though strongly suggestive of neurological condition would rather be present due to psychological stress. They may include weakness, pain, tremors, paresthesia, abnormal movements or gait disturbances, difficulty to speak, complete loss of speech, inability to swallow, unresponsive episodes, and seizures of non-epileptic kind. The onset is sudden and its association is with stressful or traumatic events. It usually disrupts normal and routine social and occupational functioning. The occurrence

is common in females, adolescents, and early adulthood, along with less educated people, rural and low socioeconomic populations. In adults, the prevalence ranges from 2:1 to 10:1 in females to males.<sup>1,2,3</sup>

#### CASE PRESENTATION:

A 50-year-old male, a driver, referred from the Medicine OPD was brought to Psychiatry OPD with complaints of intractable hiccups which would repeat after every 5-10 seconds since the last 5-6 years. These usually started in the afternoon and were associated with occasional spells of shortness of breath, sweating, disturbed sleep, and restlessness. Symptoms had started about 5-6 years back when the patient had quit alcohol on the behest of his family members. He had a habit of drinking alcohol ranging from 30-120 ml

almost every other day. He had started drinking at a very young age. Eventually, he began drinking regularly for the past few years. But he never exceeded the fixed amount he would take. During festivities and work, he would skip consuming alcohol and had no withdrawal. As he's a driver, his family members made him quit alcohol altogether. For a few days (approximately 20-30) the patient was fine. The patient felt like drinking when he would meet old acquaintances. Then one day suddenly he started with hiccups which kept on recurring at regular intervals of about 5-10 seconds. This was associated with episodes of shortness of breath and sweating and restlessness. The patient was taken to a local doctor who prescribed him some antacids and anti-emetics. The investigations such as complete blood tests (CBC), renal function tests (RFTs), liver function tests (LFTs), sugars (FBS and RBS) done at that time turned out to be normal. The patient was relieved for a day or two but again started having the same symptoms.

Worried about the non-cessation of hiccups, the family took him to a higher center. Here patient again underwent some investigations along with chest X-Ray, ultrasonography (USG) abdomen, electrocardiogram (ECG), magnetic resonance imaging of the brain (MRI Brain), electroencephalography (EEG), Barium Meal, and upper gastrointestinal Endoscopy. Barring small gastric ulceration, the investigations were normal. The patient was treated pharmacologically with antacids, pro-kinetics, anti-H Pylori kit, anti-emetics, and baclofen. This improvement lasted for a couple of days. Then on some friend's suggestion and also his insistence, he was given a small amount of alcohol. And this improved his condition. On the subsequent days, the patient would start having hiccups in the afternoon and he was given a small amount of alcohol and he would be fine. In the coming years, the patient was taken to multiple hospitals, faith-healers, Ayurvedic and Homeopathic doctors with the

same complaints. The symptoms remained the same. They would start in the afternoon – gradually increase in intensity and get relieved from consuming alcohol. He was re-investigated by 8 different physicians across different hospitals and all the reports came out to be normal. A patient has prescribed more or less similar anti-H. Pylori, antacid- antiemetic-baclofen treatments. Each time the symptoms would subside for a few days on the start of treatment only to reoccur after 4-5 days.

When the patient visited our facility, the physician suspected that there might be some psychiatric component to the disease. During his mental status examination, apart from stressors regarding cessation of his drinking, family pressure to not drink and work more, nothing significant was found.

Similar episodes in the past were reported. A history of intermittent alcohol consumption was present. The last drink was 3 weeks back. No history of any other substance abuse was present. Family history had nothing relevant.

The diagnosis of “conversion hiccups” was made and the patient was put on the tab. Lorazepam (1 mg) twice daily, tab. Chlorpromazine (50 mg) at night and tab. Escitalopram (10mg) twice daily. The patient responded well. On follow-ups, the doses of lorazepam and chlorpromazine were reduced and then stopped. Behavior therapy sessions were undertaken in the follow-ups and the patient immensely improved.

#### **DISCUSSION:**

Hiccups are involuntary contractions of the diaphragm and intercostal muscles followed by a rapid closure of the glottis.<sup>4</sup> Hiccups could have multiple triggering factors including central nervous system (CNS) abnormalities, abdomen, head and neck, and thorax pathologies, metabolic, surgical, psychogenic disorders, and some medications and foods. Most are harmless and cease by themselves, thus, not requiring treatment.<sup>5</sup> Their classification is based on duration: Acute-up to

48 hours; Persistent-between 48 hours and <2 months; and Intractable-> 2 months. Besides fatigue and insomnia, intractable hiccups may cause weight loss. Thus, the search for the underlying cause is obligatory. Treatment is often required for them which include chlorpromazine, baclofen, metoclopramide, and withdrawal of the offending drug or food. Surgeries like phrenic nerve blockade are reserved for severe cases.<sup>6</sup>

Intractable hiccups are a rare presentation of conversion disorder. Its presentation in an adult male might be even rarer. Diagnostic dilemma at the time of interviewing owing to unreliable history and evasiveness by patient and attendants can lead to unnecessary investigations, delay in the diagnosis and treatment.<sup>7</sup>

The reasons for the formation of conflict and stress may vary among different genders. In females, the reason could range from a difficult marriage, problems with in-laws, difficulty adjusting to a new environment, and relationship issues. Whereas, in males, it could be due to financial issues, familial issues, educational issues, and unemployment. The treatment of choice is antidepressants (SSRIs), anxiolytics (Benzodiazepines) coupled with psychological intervention like cognitive behavior therapy and psychodynamic therapy.<sup>8,9</sup>

#### CONCLUSION-

Conversion disorder is associated with a lot of gender bias. Intractable hiccups are an unusual presentation of conversion disorder. This presentation when coupled with the PR Role-play/videos by students Role-play/videos by students Role-play/videos by students' essence in a male makes the diagnosis even more challenging.

The non -responding cases on usual pharmacotherapy should be suspected of conversion disorder and psychiatric consultation may be sought.

#### REFERENCES:

1. Diagnostic and Statistical Manual of Mental Disorders Fifth Edition DSM - 5. Washington DC; American Psychiatry Association, 2013; 318-21.
2. Chadda RK. Somatoform Disorders. In, Ahuja N, Vyas JN (Eds). Textbook of Postgraduate Psychiatry. New Delhi: Jaypee Brothers Medical Publishers Ltd. 1999; 280-94.
3. Sadock BJ, Sadock VA. Kaplan & Sadock's Synopsis of Psychiatry. 10th Edition, New Delhi: Wolters Kluwer (India) Pvt. Ltd. 2007; 634-42.
4. Chang FY, Lu CL. Hiccup: Mystery, nature, and treatment. J Neurogastroenterol Motil. 2012; 18: 123-130.
5. Howard RS. Persistent hiccups. BMJ. 1992; 305: 1237-1238.
6. Becker DE. Nausea, vomiting, and hiccups: a review of mechanisms and treatment. Anesth Prog. 2010; 57: 150-156.
7. Erarslan E. Successful Treatment of Intractable Hiccups due to Psychosomatic Disorder. J Gastroenterol Forecast. 2018; 1(2): 1008.
8. Guggenheim FG. Somatoform disorders. In: Kaplan HI, Sadock VA, editors. Comprehensive Textbook of Psychiatry, 7th edition. Baltimore, Lippincott Williams and Wilkins 2000; 1504-32.
9. Campo JV, Negrini BJ. Case study: negative reinforcement and behavioral management of conversion disorder. J Am Acad Child Adolesc Psychiatry 2000; 39: 787-90.