Author's response to reviews

Title: Clinical features of delirious mania: a series of five cases and a brief literature review

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Author's response to reviews: see over
Ms. Catherine Olino
Journal Editorial Office
Biomed Central

Re: “Clinical features of delirious mania: a series of five cases and a brief literature review”

Dear Ms. Olino:

Thank you for your letter and the comments of the sixth reviewer. We have enclosed the revised manuscript and appreciate the reviewer’s very helpful comments, which clarify and improve the manuscript. We have responded to each comment with revisions in the manuscript, and will outline each of these as follows:

1. Abstract

   a. The reviewer was unsure of the phrase, “Two patients had one more episodes of delirious mania” since all 5 cases were of patients diagnosed with delirious mania.

   Response: We revised the sentence to read, “Two patients had two episodes of delirious mania.”

   b. In the Results section, the reviewer felt that the sentence “Electroconvulsive therapy is the most effective treatment for delirious mania” seemed more like a conclusion than a result. He asked if we meant that in the reviewed cases and clinical experiences ECT was (or has been) the most effective treatment for delirious mania.

   Response: We revised the sentence to read:

   “Delirious mania remitted within seven sessions of the electroconvulsive therapy (ECT). And, in the Discussion portion we added, “Electroconvulsive therapy is the most effective treatment for delirious mania.”

   c. In the Discussion, the reviewer agreed that delirious mania and catatonia are closely related but did not understand what was being communicated in the rest of the discussion. He asked: (1) if we were stating that underlying causes of delirium should be investigated and addressed before a diagnosis of delirious mania is made, and (2) if some specific features of delirious mania (such as delirium, mania, catatonia) may respond more slowly to treatment than others.
Response: We revised this portion of the manuscript to emphasize that delirious mania is a phenomenon, the phenomenon observed from our cases, the possible complication without effective treatment. The best choice of treatment is ECT, and catatonia is close to delirious mania.

2. INTRODUCTION

The reviewer pointed to the fourth paragraph, where we describe the confusing set of terms that have been used to describe delirious mania. He asked if it were true that “mania” has been referred to in the past using such terms as “delirium” or “altered consciousness with/without catatonia symptoms” or if this were a typographical error. He suggested that since this is unclear as written, perhaps we could simply state that delirious mania is not recognized as a stand-alone diagnosis in the current nosology. He also suggested that we include a brief discussion about this point.

Response: We revised the paragraph to more clearly emphasize that there are many confusing terms used to describe this group of patients. Please note the changes in the first sentence:

“Delirious mania is not recognized as a stand-alone diagnosis in the current nosology because many terms have been used over the years to describe patients presenting with mania, including excitement, delirium, and altered consciousness with/without catatonic symptoms. Other terms included lethal catatonia, malignant catatonia, delirious mania, and Bell’s mania.[1, 8] Some authors have pointed to the high incidence of catatonic symptoms occurring in patients with delirious mania and also to the fact that both catatonia and delirious mania respond to electroconvulsive therapy (ECT). [9-11] Taylor and Fink [11] provided a classification of catatonia, and suggested that it be reclassified as an individual abnormal behavior akin to delirium and dementia, while delirious mania was posited in the same subtype as delirious catatonia (delirious mania, excited catatonia). [11-13] Karmacharya et al. [1] did not find a
large number of catatonic signs and symptoms in their study, while Detweiler et al. [12] supported Fink’s proposal.”

3. METHODS

The reviewer noted that while criteria for the selection of cases are presented, this is still a bit unclear. He asked if we meant that we selected cases in which patients: (a) presented acutely with concurrent manic signs and symptoms and delirium, with or without catatonic signs and (b) medical workup prior to psychiatric admission failed to uncover an organic cause for either mania or delirium (thus, it was assumed that a psychiatric disorder was the primary cause of the delirium)?

Response: We revised the text of the METHODS section as below, according to the suggestions of the reviewer. Please note the second sentence.

“METHODS

We present the cases of five patients from our clinical practice at our ward. The criteria we used to select these cases include: (a) concurrent manic and delirious symptoms during hospitalization and (b) medical workup failed to uncover an organic cause for either mania or delirium. We summarized some specific features observed in these five cases in Table 1.”

4. DISCUSSION

The reviewer noted that in the first part of the Discussion, we discussed the place of delirious mania within the current diagnostic nosology by presenting summaries of each case. He felt this did not address the main question presented in the section header; that is, is delirious mania a severe form of mania, or is it something else? He suggested shortening this discussion and then sharply focusing the new material on the question of whether or not delirious mania most likely is a severe form of mania, or a separate syndrome, as the heading indicates.

Response: We revised that section and added to one section: Delirious mania in bipolar disorder. We also moved the text in this section that was focused on the discussion of the diagnosis of delirious mania from the section: Delirious mania: A severe form of mania or another syndrome?
“DISCUSSION

Delirious mania in bipolar disorder

Because delirious mania could be induced by other medical illness, the cases selected in this paper were patients in whom the bipolar disorder (BD) was the primary cause of delirious mania.

Patient 1 was already ill and had not received medication when he was admitted to the hospital. Neuroleptic malignant syndrome could be ruled out from his two episodes because he had neither autonomic dysfunction nor lead-pipe rigidity of his limbs. [10] Thus, delirious mania was the most likely diagnosis for his delirious state. Within 4 years he had recurrent delirious mania. These two episodes produced very similar symptoms. Patient 2 also presented with mania with delirium, although there was a 30-year interval between the two episodes. Other cases of recurrent delirious mania have been reported. [9, 14] These cases supported the theory that BD patients have a high risk of delirium because delirium could recur within the same patients.

Patients 3 and 4 had medical illnesses other than BD at admission. In such cases, it is difficult to make a differential diagnosis of the cause of delirium. The mild inguinal hernia in patient 3 and the resolution of pneumonia in patient 4 may have made them vulnerable to delirium [21]. However, these illnesses had been treated appropriately and presented no worsening signs that would have required more aggressive management. These patients’ obvious manic symptoms made delirious mania the most likely diagnosis. In patient 4, prominent catatonia was seen, and this was recognized as an important sign of delirious mania by Fink. [13] Although patient 5 had a history of two episodes of stroke and a craniostomy, the absence of a new brain lesion on CT scans ruled out the possibility of post-stroke delirium. Patient 5 had poor drug compliance and
he took a below-normal dose of medication. Thus, in his case delirious mania was unlikely to be caused by medication.”

In the usual clinical practice, BD patients with other medical co-morbidities are not rare, like our patient 3, 4, and 5. Delirious mania can be easily misdiagnosed in some BD patients if they have chronic medical illness and present with acute-onset excited delirium, which could be difficult to differentiate from delirious mania. The poor drug adherence of bipolar patients would make even psychiatrists consider delirious mania as the very, very last possibility. It explained that there is a high incidence of delirium among BD patients (35.5%), but there was little in the literature relating to delirious mania.”

6. LIMITATIONS

The reviewer pointed out that in the Limitations section non-uniform workups and treatment selection might reflect the lack of universally accepted diagnostic criteria for delirious mania and lack of widely adopted guidelines for its treatment. He noted that delirious mania is not addressed in practice guidelines for treating delirium. Furthermore, he mentioned that there is only anecdotal-level evidence upon which to base recommendations for diagnosis and treatment. He added that on this basis detailed case reports and case series continue to be valuable for improving case detection in clinical practice and for providing preliminary guidance in managing delirious mania. However, more rigorous and systematic investigation is needed.

Response: We revised the Limitations section as follows, according to the suggestions of the reviewer:

“LIMITATIONS

The five cases illustrate the challenges to be encountered in real-world clinical care of patients with delirious mania; however, the diagnostic workup procedures and criteria used for selecting and sequencing treatments were not uniform for each case. This may reflect the lack of
universally accepted diagnostic criteria for delirious mania, and lack of widely adopted
guidelines for its treatment. There is only anecdotal-level evidence upon which to base
diagnostic and treatment recommendations. On this basis, detailed case reports and case series
continue to have value for improving case detection in clinical practice and for providing
preliminary guidance in managing delirious mania. However, more rigorous and systemic
investigation is needed.”

Thank you for your help with the article and if you should have any further questions, please let
us know.

Sincerely,

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