Question 38

A 35 year old man with human immunodeficiency virus (HIV) has been hospitalised for treatment of pneumocystitis carinii pneumonia (PCP). He is alert and lucid until two days later when he becomes increasingly agitated, restless and irritable. He has become increasingly uncooperative with staff. He appears to be having auditory hallucinations and refers to his belief that his HIV infection has suddenly been cured. He is not sleeping, and has been disinhibited at night. He is forgetful and disoriented.

The most likely diagnosis is:

A) Delirium
B) HIV dementia
C) Mania
D) Acute schizophrenia
E) Major depression

Answer: A

Consistent with DELIRIUM

DSM IV criteria

1) Disturbance of consciousness with reduced ability to focus, sustain, or shift attention
2) A change in cognition or the development of a perceptual disturbance that is not better accounted for by a preexisting, established, or evolving dementia.
3) The disturbance develops over hours to days, fluctuates, can last for weeks to months
4) There is evidence that the disturbance is caused by a medical condition, substance intoxication, or medication

Other features

5) Psychomotor disturbances eg hyper/hypoactivity with impaired sleep
6) Emotional disturbances and lability

Ddx in HIV patient

1) Primary psychiatric disorder
   - Depression: more dysphoria, less fluctuation
   - Mania: usually previous episodes of mania/depression
   - Acute schizophrenia: longer history of symptoms, not otherwise confused

2) MCMD (Minor Cognitive Motor Disorder) ? early HIV dementia
   - HIV patients with mild motor/ cognitive/ mood disorders not impacting on daily living
   - Clear conscious state

3) HIV dementia/ HIV encephalopathy/ AIDS dementia complex
   - Clear conscious state
   - Memory and psychomotor speed impairment, movement disorder and depressive symptoms affecting daily living
   - No cortical dysfunction eg aphasia, agnosia and apraxia ddx between this and Alzheimer’s dementia
   - ? Secondary to infected brain macrophages and microglial
   - Demyelination, microglial nodules, multinucleated giant cells, perivascular infiltrate
   - In post HAART era, unclear correlation between plasma viral load and risk of HIV dementia
   - HAART may delay onset and alter type of cognitive deficit
   - With HAART, more HIV patients are living longer and may start developing other age-related dementias
4) **Focal neurological syndromes**
- Non convulsive status epilepticus, check for twitching, involuntary eye movement, usually no post-ictal features
- Temporal parietal lesions, frontal lobe lesions