

DEMENTIA AND SUBCLINICAL HYPOTHYROIDISM: A CASE REPORT

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Introduction: Subclinical hypothyroidism (SCH) occurs in 4-20% of adult population, elderly subjects have the higher prevalence. Although the impacts of overt hypothyroidism on metabolic and neuropsychiatric functions are relatively well documented the effects of SCH remain controversial. Several studies have reported that SCH was associated with increase of metabolic diseases and neuropsychiatric disorders.

Objective: The purpose of this work is to report a clinical case of coexisting dementia and subclinical hypothyroidism.

Methods: Descriptive analysis of a clinical case supported on the review of literature.

Results: The authors describe a case of an 82 year old man with an established dementia, in the three weeks before hospitalization developed a clinical presentation with increasing agitation, aggression, behavioural disorders, impaired memory and insomnia. He had several co-morbid medical conditions, including atrial fibrillation, hypertension and dyslipidemia, with treatment.

Discussion and conclusion: For an accurate diagnosis is important to exclude organic pathology. The elderly patients have generally been reported to have associated multiple co-morbidities and polimedications with serious implications in psychotropic medications. This overlap with other diseases is an important confounding factor in the older population. Management of these patients presents a continuous challenge in the context of a General Hospital.