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HYPOKALEMIA-INDUCED PSYCHOSIS

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Introduction: Hypokalemia can induced Psychotic symptoms even before the physiological manifestations appears. An association is established between hypokalemia and acute psychosis in this case.

Aim: To Identify the clinical, physiological and metabolic risk factors for all the patients presenting with psychiatric disturbances.

Objective: To do medical and base line laboratory investigations to all the patients presenting with acute psychiatric disturbances.

Method: A 74 years old gentleman assessed in emergency department following emergency referral by a general practioner, for an acute psychotic decompensation and suicidal ideation. Patient had a histroy of psychotic episode 30 years ago with one week hospitalization and six month prscription of psychotropic medication. Patient had a relatively stable functioning without any further contact with the psychiatric services till the current episode. After psychiatric assessment patient was discharge home with a prscription of olanzapine 2.5mg and citalopram 10mg, for further assessment and investigations by psychiatry of old age.

Results: One week later patient presented to Emergency Department with shortness of breath and chest dyscomfort. Detailed medical and laboratory investigations revealed Hypokalemia with potassium level at 2.0mmol/L. The patient showed a prompt improvement in psychosis following intravenous potassium replacement.

Conclusion: This case highlights the importance of thorough medical and laboratory evaluation when assessing a psychotic patient. A narrow focuss on psychosis and ignoring organic and metabolic factors can be potentially dangerous to a patient.