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A case of Alice in Wonderland Syndrome presenting as generalized anxiety disorder with panic attacks

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Alice in Wonderland Syndrome is mostly a neurological condition. It is known for a set of several symptoms, the most famous being alteration of body image, where the sizes of parts of the body are perceived incorrectly. There is also an alteration of visual perception where the sizes of external objects are also perceived incorrectly. Majority of people suffering from this condition are children that grew out of the symptoms around their teens. Nevertheless although not frequently reported, there are many adults still suffering from the condition. The most common time to experience AIWS symptoms is at night. Our client was a 29-year-old single, Hispanic female with a past psychiatric history of anxiety and panic disorder, presented to the psychiatric consult service with symptoms of anxiety, depression and frequent panic attacks. Patient complained also of frequent headaches and abdominal migraines and reported to have perceptual disturbances that appeared shortly before the pain in the form of headache or abdominal migraines. The perceptual disturbances were described as vague kinesthetic sensations under her skin as if skin was growing or changing shapes as well as the impression that the room where she was became smaller and her own body was going through a process of expansion. Patient also reported that the majority of the symptoms occurred at night. Patient consulted many different doctors of different specialties before coming to see us. Patient was seen by neurologist, ENT doctors and GI doctors and was given different diagnosis like irritable bowel syndrome, atypical migraines, underwent many different medical studies, from MRI to testing for food allergies and sensitivities and treated with different medications from different modalities. At some point patient was tested for gluten and other food sensitivities, including endoscopy of the GI tract. By the time we saw the patient, she was already very disappointed and frustrated with the medical profession and still looking for answers. We treated her for the symptoms of anxiety and panic attacks, revised her MRI, sleep studies that were all unremarkable and continued medication like Topamax for the headaches. She was already on Amitriptyline give to her by her GI doctor for the abdominal migraines and she was also on Alprazolam PRN for the panics that we changed to Diazepam. Patient has tried other psychotropic medications in the past like ability. We believe that at some point she could have been diagnosed with major depressive disorder with psychotic features, although her psychotic features were part of the perceptual disturbances of AIWS. After 2 months, patient started to have less panic attacks and less migraines, still reported perceptual disturbances before her abdominal migraines. She also was recommended to start psychotherapy that she started shortly afterwards. We appreciated the importance of recognizing this syndrome and not confusing it with perceptual disturbances related to delusional ideations or hallucinations. We believe that if the symptoms were recognized earlier, our client would have been spared of suffering some costly and invasive testing. We recognize the importance for psychiatrists to work in collaboration with our neurologist colleagues and not to forget our neurology training when we face these not so frequent situations. We understood the importance of having more research in this type neurological condition with psychiatric features and continue to investigate the treatments options.

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