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Hypothesis of Alcohol Misuse Induced Psychosis or Schizoaffective Disorders

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INTRODUCTION

Alcohol-related psychoses can occur with acute intoxication, alcohol withdrawal, and chronic alcoholism. Alcohol-related psychoses are also known as alcoholic hallucinosis. Not only do healthcare professionals need to be able to identify and treat patients with this condition, but they also need to educate patients about how to prevent alcohol-related psychosis. This exercise examines the assessment and treatment of alcohol-related psychosis and emphasizes the role of the multidisciplinary team in the diagnosis and treatment of this condition. Alcohol-related psychoses can occur in acute alcohol intoxication and withdrawal, as well as in patients with chronic alcohol use disorders. The specific diagnosis of alcohol-related psychosis is also referred to as alcoholic hallucinosis [1]. It is a relatively rare consequence of alcohol consumption. However, depending on the inclusion criteria used for diagnosis, it may be more widespread than commonly thought. In alcohol-related psychosis, the symptoms of the psychosis appear during or shortly after heavy drinking. Clinically, alcohol-related psychosis is similar to schizophrenia but is a unique and independent condition. It is characterized by hallucinations, paranoia, and anxiety. There are many hypotheses describing the etiology of alcohol psychosis, but none of them can fully explain the development of acute or chronic hallucinations in some patients with alcohol-related disorders. Therefore, the exact etiology of alcoholic psychosis is unknown. This is likely related to dopamine, serotonin, and other neurotransmitters [2].

DESCRIPTION

The pathophysiology of alcoholic psychosis is unclear. There are several hypotheses. Some studies suggest that increased central dopamine activity and changes in dopamine receptors may be associated with hallucinations in patients with alcohol use disorders [3]. However, serotonin may also be involved. Other research suggests that amino acid abnormalities can cause a decrease in brain serotonin and an increase in dopamine activity, leading to hallucinations. High levels of beta-carboline and a weakened hearing system are also associated with alcohol-related psychosis. Neuroimaging studies suggest that circulatory disorders in various brain regions may be associated with hallucinations in alcohol addiction [4]. The priority is to stabilize the patient's condition, paying special attention to airway patency, breathing, and vital signs. When a patient requires sedation for alcoholic psychosis, neuroleptics such as haloperidol are considered first-line drugs. Benzodiazepines such as lorazepam are used when alcohol withdrawal and seizures are suspected. Some atypical antipsychotics, such as ziprasidone and olanzapine, have also been used to calm patients with acute psychosis. Some patients may require physical restraints to protect the patient and staff. Patients with alcohol-related psychosis should also be evaluated for suicidal tendencies, as this is associated with a higher rate of suicidal behavior [5]. The prognosis for alcohol-related psychoses is less favourable than previously assumed. However, if the patient can abstain from alcohol, the prognosis is good. When patients are unable to abstain from alcohol, the risk of relapse is high.

CONCLUSION

In general, most cases of alcohol-related psychosis begin when patients are admitted to the hospital and then develop withdrawal symptoms, with or without delirium tremens. The presence of alcohol-related psychosis usually indicates something very serious and, if not treated quickly, can lead to negative consequences. Healthcare professionals should be familiar with this condition and make appropriate referrals to specialists if they have such a patient. In addition to psychosis, these patients had significantly higher rates of anxiety, depression, and suicide. In addition, patients can be unpredictable and resort to violence. These patients should be managed by a multidisciplinary team of related healthcare professionals to reduce morbidity and mortality. The prognosis for most patients with

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alcohol psychosis is poor, and severe neuropsychiatric deficits persist even after recovery.

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CONFLICT OF INTEREST

No conflicts of interest to disclose.

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