

**Psychogenic Dyspnea – A Case Report****Doppalapudi Sandeep\*<sup>1</sup>, Dronamraju Phani Bhushan<sup>2</sup>, Suryadevara Vidyadhara<sup>1</sup>, Sakhamuri Vikas<sup>1</sup>,  
Dantu Vivek<sup>1</sup>, Kodi Shiva Ram Kumar<sup>1</sup>**<sup>1</sup>Department of Pharmacology, Chebrolu Hanumaiah Institute of Pharmaceutical Sciences, Chandramoulipuram, Chowdavaram, Guntur, Andhra Pradesh, India – 522019<sup>2</sup>Department of Psychiatry, NRI Medical College and General Hospital, Chinakakani, Mangalagiri, Guntur, Andhra Pradesh, India – 522503**\*Corresponding author**

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**Abstract:** Psychotic cases are now-a-days increasing in several parts of India mostly associated with marital life. Psychosis leads to several conditions which alters the physiology of patient. A person experiencing psychosis may not know which of their feelings and thoughts are real. The exact cause of psychosis is not always clear. One of the common conditions associated with psychosis is dyspnea. Dyspnea is a feeling which is associated with impaired breathing. In general dyspnea is evoked by emotional conditions of the patient. It may sometimes aggravate unusual feelings in some patients like severe cough and emesis. Psychosis can happen to anyone and it can be treated. A report on 32 year old female patient with shortness of breath from past one month which is aggravated from last four days with cough, suicidal thoughts and hallucinations who was admitted in psychiatry department in a south Indian tertiary care teaching hospital is here with discussed in detail.**Keywords:** Psychosis, Dyspnea, Hallucinations, Fluoxetine.

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**INTRODUCTION:**

Psychosis is a mental disorder which is characterised by impaired thoughts and emotions. Psychosis can involve hallucinations in hearing, seeing, tasting, smelling or feeling things that are not there. It can also involve delusions which are fixed false beliefs that are not based on reality. These beliefs are often felt as unfounded fear or suspicion [1]. It also involves negative thoughts like loss of motivation and social withdrawal. In some people, it may also raise symptoms like suicidal tendency, insecure feeling, acidity, wheezing, cough etc. People who are having hallucinations often feel alone and worry that they cannot get better. Mental illness somehow is experienced by almost all the people at one stage or another. So, the quest for its understanding and treatment is always on. However, proper treatment couldn't be achieved for psychosis, as the proper method of treatment is continuously changing based upon several theories [2]. Psychosis doesn't make people dangerous [3]. Psychosis is merely a symptom of an illness. Psychosis may be due to usage of abuse drugs, neurological disorders, lack of sleep etc. Most of the people experience a prodromal phase of psychosis which is tough to detect. When it increases, it leads to acute phase. The acute phase patients may experience several symptoms like depressed mood, strange new emotions, non-sensual speech, respiratory stress etc. However, psychogenic stress can potentially trigger some of the diseases which lead to dyspnea. In general,

the psychogenic breathing disorders mostly contribute to cost and frustration for both patient and physician. Dyspnea is a very common psychosomatic symptom. Dyspnea is a condition where one has an abnormal and uncomfortable condition to breathe. The perception of dyspnea varies based upon psychological and behavioural responses. A questionnaire may be helpful in diagnosis. A clear rise in threshold for breathing can be observed in such patients. Subjectively, it can be termed as air hunger [4]. Generally, this feeling of dyspnea changes from person to person and it also depends upon the psychotic condition of the patient. Sometimes, people doesn't even experience that they have some psychotic disorder [5].

**CASE REPORT:**

A 32 year old female patient was admitted in NRI Medical College and General Hospital, Guntur which is a tertiary care teaching hospital with major complaints of shortness of breath since 4 days, cough without expectoration. One episode of non-bilious vomiting with food was also observed. The patient was non-cooperative. Her vitals were: pulse rate – 78 bpm, blood pressure – 130/90 mm of Hg and systemic examinations were CVS-S1S2<sup>+</sup>, CNS – No abnormalities present, RS – Wheezing present, while the abdomen is soft. The laboratory investigations of the patient were found to be Hb-12.5 g%, random blood sugar-132 mg/dl, SGOT-45 U/L, SGPT-55 U/L and total protein-6.3g/dL. All other general examinations

like pallor, jaundice, cyanosis, oedema and clubbing were normal. Patient reports showed a slight increase in SGOT levels and mild respiratory dysfunction. Apart from these symptoms, the patient is mentally disturbed which was indicated with suicidal thoughts and hallucinations. She also had an intense feeling of other people talking to her.

The patient was supplied with oxygen inhalation to restore the breath. Clinical evaluation of the patient was performed and patient was treated systematically with anti-depressant (Fluoxetine capsule 20 mg OD), anxiolytic (Alprazolam 5 mg OD), anti-ulcer drug (Rabeprazole 20 mg OD) and a multivitamin (B-complex capsule OD). Blood pressure, pulse rate and respiratory rate were monitored regularly. Patient was discharged from hospital on 5<sup>th</sup> day with the discharge medications.

#### **DISCUSSION:**

Psychosis and disorders pertaining to psychosis are now-a-days marking a major bench all over the world. The metro-cultured people are affecting from such disorders due to their life style. Mostly women are affected to these conditions. Unsatisfied marriages, uncovered life style, modernized mindset are the major rocks which build up psychic matters. Even children of rich families are affected by psychogenic disorders pertaining to their life style which also evoke dyspnea in them [6]. Generally the clinical presentation is not initiated by the patients, but is often made by others like friends or family [7]. In general, the perception of dyspnea is aggravated by several psychogenic factors. Most of the times, the cases of dyspnea were presented to physicians or pulmonologists, rather than psychiatrists. A peep of psychiatrist into such cases will help in better treatment. The current patient is a city girl who is highly unsatisfied with her marriage and thus she developed psychic delusions in mind. This had lead to over stress and depression which caused shortness of breath in her. However usage of antidepressants like fluoxetine made her condition better. Alprazolam reduced the psychic delusions which the patient was experiencing. Along with these drugs, proper psychological counselling for 4 days made her condition stable. During the treatment period, the patient's mood was noted regularly and no side effects were observed with treatment chart. As the psychic conditions subsided, dyspnea is reduced. The patient was well explained about the future consequences and importance of marital life which grabbed out her from the perverted thoughts. After assurance from patient for normal happy life with her family, she was discharged on 5<sup>th</sup> day and asked to attend regular counselling sessions. Self management and relaxation techniques act as major adjuncts in treatment of dyspnea [8]. Such techniques were educated to the patient. Thus the psychic patient was treated, counselled and discharged.

#### **CONCLUSION:**

Although several psychological conditions were noticed, they were left untreated due to several factors which make the patient condition worse. Proper diagnosis with prompt treatment accompanied by strong moral and family support plays an essential role in treatment of psychogenic disorders. This case report supports the medical treatment for psychotic conditions.

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