CHARLES BONNET SYNDROME - A SYSTEMATIC REVIEW

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INTRODUCTION

Charles Bonnet syndrome (CBS) is a condition in which patients, frequently elderly, experience complex visual hallucinations after visual impairment without other detectable cause (1). No official diagnostic criteria exist, but essential features include: visual loss; complex visual hallucinations; insight for the unrealistic nature of the hallucinations; and absence of delusions and other types of hallucinations (2).

OBJECTIVES

To assess state-of-art medical literature and contribute to better diagnosis of CBS.

METHODS

Systematic review of literature using PubMed. A search was conducted using the key-words “Charles Bonnet syndrome” AND the field “Title/Abstract” and the filters: “case reports”, “full text” and “10 years”. We included case reports of CBS with patients with 65+ years having visual impairment in absence of delusions or hallucinations in other sensory systems.

RESULTS

From 69 initial papers, we obtain 34 for further analysis (Figure 1).

Figure 1: Papers included and excluded.

1- Population characteristics:

- 38 patients were included;
- 73,7 % were female;
- Mean age was 77.7 years;
- Age range 65-99 years.

2- Visual impairment:

Graphic 1: Most frequent ocular pathologies.

3- Visual hallucinations:

- All patients described **complex visual** hallucinations.
- 16/33 patients sought medical help for the hallucinations within **1 month** and 7/33 only did it after **1 year**.

4- Cognition:

- 33/34 patients had no cognition impairment.

5- Insight:

- 36/38 had **partial or full insight**.

6- Treatment:

Graphic 2: Tratment options.

7- Follow-up:

- 26 patients were followed-up and **50%** described maintenance of the hallucinations, with improve in the most cases.

CONCLUSION

- There is still no consensus about the classification of CBS, which can lead to misdiagnosis. Further, other causes of visual hallucinations need to be excluded, as CBS is a diagnosis of exclusion (3).
- There is no well-established pharmacological treatment for CBS. Management of this syndrome should focuses on supportive care, and education of patients and family about the benign nature of the visual hallucinations (3).
- Prompt recognition of CBS can avoid unnecessary interventions as well as patients’ anxiety and concern.

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