PSYCHOGENIC POLYDIPSIA AS A MANIFESTATION OF COMPLICATED GRIEF IN A PATIENT WITH INTELLECTUAL DISABILITY

M. Roque Pereira, A. Fornelos, A.R. Figueiredo
CHTMAD-EPE- Hospital de São Pedro,
Departamento de Psiquiatria e Saúde Mental,
Vila Real, Portugal.

19TH WPA WORLD
CONGRESS OF PSYCHIATRY
LISBON, 21-24 AUGUST, 2019

WORLD PSYCHIATRIC ASSOCIATION
Advance Psychiatry and Mental Health Across the World

Primary Polydipsia (PP) is an excessive intake of non-alcoholic fluids. Different theories include a dysfunction in the thirst mechanism, involvement of the hippocampus, stress-reducing behaviour and lesion occurrences in specific areas of the brain. Most studies have been performed in the psychiatric setting, indicating that **PP** coincides with schizophrenia, anxiety disorder and depression. The inability of many individuals with intellectual disabilities to discriminate between harmful and non-harmful fluids further heightens the risks associated with excessive drinking behaviours. ^(1,2,3)

Individuals with **Intellectual Disabilities (ID)** can be prone to complicated grief due to the social concept of sparing the pain of the loss, miscommunication and cognitive limitations. ⁽²⁾

Clinical vignette

A young woman with an ID presented at the ER with seizures and hyponatraemia. She kept asking for water, and her parents confirmed that she had acquired the habit of heavily drinking water. PP is part of the polyuria-polydipsia syndrome, so the differential diagnosis diabetes insipidus (central or nephrogenic) was excluded at the ER.

She was found to have subacute primary polydipsia.

After a few episodes, the psychiatrist was called. It was found that the young lady had been to visit her dying grandfather at the hospital on the same day that she was diagnosed with a UTI. A doctor told her to drink plenty of fluids otherwise she would be sick. So based on this anecdotal evidence, she began drinking in order not to die.

Lack of understanding and miscommunication resulted in near-death episodes.

It is easy to understand why individuals with **ID** are prone to complicated grief. They constitute a vulnerable population due to the increased risk of secondary losses, and difficulties understanding and finding meaning in loss. ⁽²⁾

Though there are many similarities between how all people cope with loss and how people with ID cope with loss, differences exist.

Bereaved adults with **ID** face potentially heightened effects of the broken attachment bonds, increased risk of coping obstacles, and unrecognized losses. They have difficulties to deal with their losses in isolation and confusion. ⁽⁴⁾

Subtle variations in the experience of loss and grief appear to be driven by culture and beliefs about disability and protection for those with **ID**. ⁽⁴⁾

Circumstances that can predict complicated grief include a strong dependence on the close friend or family member before the death, the suddenness of the death, a lack of social support, and others. Concomitant factors like the loss of health, financial security, forced relocation, can complicate grief.

The loss of a close friend or relative may set in motion a cascade of negative events that culminate in serious physical illness or even homelessness. As a whole, situational factors outweigh psychological factors in predicting prolonged, intensified grief in individuals with **ID**. ⁽⁴⁾

Conclusion

Regardless of the presence of a psychiatric disorder or ID, the way one individual grieves is personal and unique, as it is modulated by beliefs and practices, the relationship with the deceased, previous losses, and the support system.

References:

1. Sailer C, Winzeler B, Christ-Crain M. Primary polydipsia in the medical and psychiatric patient: characteristics, complications and therapy. *Swiss Med Wkly* 2017 Nov 1;147:w14514.
2. Macias C, Jones D, et al. Bereavement in the Context of Serious Mental Illness. *Psychiatr Serv*. 2004 April ; 55(4): 421–426.
3. Rowland GH. Polydipsia in Adults with Learning Disabilities: Prevalence, Presentation and Aetiology. *The British Journal of Development Disabilities*, 1999 45:88, 52-62
4. Clute MA. Living Disconnected: Building a Grounded Theory View of Bereavement for Adults with Intellectual Disabilities. *OMEGA - Journal of Death and Dying*. 2017 Nov;76(1):15-34..