

Case Report

## A Case Report on Somatoform Disorder: Colorful Visual Hallucinations

Susan Afghah<sup>1</sup>, MD.; Morteza Noorikhajavi, MD.; Jafar Babapour, Pharm.D  
*University of Social Welfare and Rehabilitation Sciences, Tehran, Iran.*

**Objective:** To report a case of somatoform disorder (not otherwise specified-NOS).

**Methods:** The patient was an eight-year-old boy who complained of anxiety and seeing visual hallucinations of colorful shapes. He was administered ant migraine and antiepileptic drugs. However, no changes were observed. Psychotherapy was started, as well as fluoxetine (20 mg per day). Initial assessments included a behavioral interview, charting of daily activities, and recording visual hallucinations with a description of the patient's emotional and situational condition during the hallucinations.

**Results:** The patient's visual hallucinations disappeared completely after two months of treatment.

**Conclusion:** Somatoform disorders may respond well to a combination of behavioral therapy and antidepressant medication.

**Keywords:** Elementary visual hallucinations, Migraine aura, Occipital seizures, Somatoform disorders

Submitted: 11 Nov. 2012

Accepted: 20 Feb. 2013

### Introduction

The term somatoform is derived from the Greek term '*soma*' for body. Somatoform disorders encompass mind-body interactions in which the brain, in ways still well not understood, sends various signals that impinge on the patient's awareness, indicating a serious problem in the body (1). The somatoform disorders are a group of conditions involving physical complaints that suggest a medical condition, but are not fully explained by a medical condition, a pharmacologic effect, or other psychiatric condition. The symptoms are usually recurrent, involving multiple, clinically significant complaints. In assessing somatoform complaints, the evidence for medical disorders should be sought while evaluating the evidence for psychological disorders (2). Patients with somatoform disorders often undergo multiple medical procedures and tests without significant findings. It is common for patients to come under the care of many providers, often at the same time.

When a diagnosis is made, limiting morbidity from medical procedures is a major goal (2).

### Case Presentation

The patient was an eight-year-old boy who was admitted to a private psychiatric clinic for resistant visual hallucinations for the past nine months. The problem began with the sudden onset of visual hallucinations, consisting of the appearance of high frequency colors and lights with geometric shapes, such as red, blue and yellow rectangles and circles. These visual hallucinations generally lasted for 15 seconds, after which he had no other symptoms, such as headache or loss of consciousness. These hallucinations occurred few times a day following the initial event. Although he was not affected academically, these symptoms led him to become moderately depressed. He was anxious while seeing the colors and his immediate family members were greatly stressed during the diagnosis and treatment of the problem.

### *Assessment*

The initial assessment, carried out by ophthalmologists, revealed no ophthalmologic problems. An examination by a neurologist was also recommended. EEG and brain MRI results were normal, as were CBC, FBS, Ca, Mg, TFTs and LFTs. Due to a positive family history of migraine and negative personal history of head trauma and substance abuse, his problem was initially diagnosed as acephalgic migraine, although rare among children(3). For treatment, cyproheptadine and propranolol were prescribed. The two medications were titrated to a maximum tolerable dose of 12 mg/d and 30 mg/d respectively over 3 weeks. The patient showed no improvement in visual symptoms over the three month period.

The next diagnosis was idiopathic occipital epilepsy with visual hallucinations (IOEVH) (4, 5, 6). The patient received carbamazepine (600 mg/d) for two months, but no improvement was observed. In the next step, sodium valproate (800 mg/d) was added to carbamazepine for three months. Once again clinical response was negative. Nine months after the neurologic diagnosis, the patient was referred to a psychiatric clinic. The patient was diagnosed with somatoform disorder NOS. Therefore, psychotherapy was started and fluoxetine was titrated to a target dose of 20 mg/d over four weeks. The clinical response was significantly positive with a surprising decrease in the duration and frequency of visual hallucinations. He recovered completely within two months.

### *Psycho-educational Therapy*

During the analysis of the complex lifestyle of the patient's family, it was discovered that his mother was quite obsessive about the patient and tried aggressively to plan many activities, such as swimming and English classes for him during the weekends and summer time, with high expectations of him in every activity. The father was passive, blaming the young boy most of the time. These kinds of behaviors made the boy anxious and left him with low self-esteem. Thus, his reaction to stress presented as an increased severity in visual hallucinations.

We held psycho-education sessions for the parents to modify their parenting styles and the resultant behaviors of their child. The contents of these sessions consisted of:

- Explaining somatoform disorders, as well as the etiology, symptoms and treatment plans.
- Educating the parents about positive reinforcement techniques, such as giving rewards when the patient showed no symptoms.
- Emphasizing that the parents should never tell their child that he is lying or has no disease. Rather, they should explain to him that he is suffering from a somatoform disorder.
- Encouraging parents to focus on returning to everyday life and starting ordinary activities, not on symptoms.
- Asking the boy to talk about his thoughts and emotions when he has visual hallucinations in order to identify the predisposing events that cause the symptoms.
- Identifying any stressful life event and using skills for stress management.

### **Discussion**

Visual hallucinations in children often include geometric shapes with bright colors. This disorder is seen more often in people with positive family histories of migraine. In this patient, based on his positive family history, migraine was the first diagnosis, followed by IOEVH. The combination of subsequent negative clinical responses to drugs, anxiety and parenting styles led us to the diagnosis of somatoform disorder NOS. The clinical response to psychotherapy and fluoxetine was positive and the patient had significant emotional and behavioral improvement, such that the frequency of the patient's visual hallucinations decreased to only twice a day, each lasting only few seconds. After two months, he recovered completely and was very satisfied with the therapy. His social relationships and academic function improved remarkably, as well as his anxiety and depression.

**References:**

1. Hollifield MA. Somatoform disorders. In: Sadock BJ, Sadock V.A. Kaplan & Sadock's Comprehensive Textbook of Psychiatry. 8th ed. Philadelphia: Lippincott Williams and Wilkins; 2005: 1800-1828.
2. Scheffer R. Psychiatric disorders. In: Kliegman RM, Marcandante KG, Jenson HB, Behrman RE. Nelson Essentials of Pediatrics. 5th ed. Philadelphia: Elsevier Saunders; 2006:81-87.
3. Shevell MI. Acephalgic migraines of childhood. Pediatric Neurology. 1996; 14: 211-215.
4. Covanis A. Panayiotopoulos syndrome: a benign childhood autonomic epilepsy frequently imitating encephalitis, syncope, migraine, sleeps disorder, or gastroenteritis. Pediatrics. 2006;118:e1237-e-1243.
5. Lada C, Skiadas K, Theodorou V et al. A study of 43 patients with panayiotopoulos syndrome: a common and benign childhood seizure susceptibility. Epilepsia. 2003; 44: 81-88.
6. Victoria PS, Grant LT .Visual hallucinations. Current Treatment Options in Neurology. 2004; 6:75-83.