

Case report

Oneroid syndrome: a rare form of psychosis

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Received: 29 July 2019

Accepted: 05 September 2019

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ABSTRACT

Oneroid syndrome (OS) or dream-like fantastic delusional derangement of consciousness, is characterized by a kaleidoscopic quality of psychopathological experiences, wherein reality, illusions and hallucinations are merged into one. This syndrome is an uncommon psychiatric condition, which hardly finds any mention in psychiatric literature. Also, does not find a place in the current diagnostic systems. Here, we describe a rare case of oneroid syndrome in a young adult who presented to our department and who responded well to anti psychotics.

Keywords: Dream-like state, Oneirophrenia, Oneroid psychosis, Oneroid syndrome, Psychosis, Schizophrenia

INTRODUCTION

The German physician Wilhelm Mayer-Gross first described oneroid states in 1924. It was included in the 9th edition of Manual of the International Statistical Classification of Diseases, Injuries, and Causes of Death, adapted for the USSR (ICD-9, 1983), in section 295.2. It is currently considered as a part of catatonic form of schizophrenia and is not considered as a separate diagnostic entity and hence does not find a place in ICD-10 or DSM-V. Other terms used to describe this condition are oneroid psychosis or oneirophrenia.¹ Catatonic states and motor manifestation are typically seen in oneroid syndrome. Among mental disorders, it is the most common complication of catatonic schizophrenia.² There are very few case reports of oneroid psychosis reported from India. Here we report an unusual presentation of oneroid psychosis in a young male adult.

CASE REPORT

A forty year old married man, belonging to a middle socioeconomic status, studied up to 10th standard, a driver by occupation and married since 11 years without

any children, presented to psychiatry OPD with his wife with following history

- Peculiar symptom of feeling that he was living in the times of the past during the period of ancient kings - 20 days back
- Suspiciousness - 1 week back
- Running out of house without dress - 1 day back.

Among 20 days before he presented to us, the patient had peculiar symptom of feeling that he was living in the times of the past during the period of ancient kings many centuries back and sometimes living several decades back. He said that he suddenly felt that he was in a place several centuries back during the times of a king called Raja Raja Cholan. He felt that he is the king, could see everything around him including buildings of ancient times, but was not able to respond to that situation.

After a few minutes again he saw the present. The symptoms had temporal relation to one particular tamil movie 'Indru netru naalai' he had seen, in which characters live in a dream like states and also involved concepts like time travel. He had also told his wife that

he suddenly felt that he was present in the funeral of Kamarajar, but within a few minutes, he was shocked to see the present situation.

Among 1 week back, when he was driving in his car, he had picked up a pregnant woman who spoke to him and asked him to go carefully. He dropped her and came home that day after other rides. But he felt that the woman was trying to stalk him on facebook and also trying to follow him. He felt suspicious that she was planning to harm him. After that he developed sleep disturbance for a week. The day before admission he suddenly got irritable and removed all his dress and ran out of house once in early morning.

The patient had a history of alcohol use once in the past month and he was smoking for 6 months at 4 to 5 cigarettes per day. There was no significant past or family history. He had failed in 10th standard. He was working as a driver for the last 4 to 5 years.

On examination, he was friendly, well adjusted, calm and relaxed. He was alert, kempt and cooperative. Rapport could be established. Eye contact was made, and psychomotor activity was normal. His speech was relevant and coherent. On asking about his mood, he said "Im afraid but I don't know why". His affect was slightly anxious. Form and stream of thought was normal. Content of thought included patient belief that suddenly he was able to relive past events which occurred several centuries back which could be considered as depersonalisation and derealisation. He also had delusion of reference and persecution. He denied hallucination. He had partial insight. Higher mental functions were normal. Lobar function test was done and found to be normal.

Neurological examination was normal. CT brain and EEG were also normal. A diagnosis of psychosis NOS was made based on ICD 10 and he was started on antipsychotic medications (risperidone 2 mg three times a day, lorazepam 4 mg in the night). He responded dramatically to this treatment. Other differential diagnosis kept for his condition include 1. Delirium, 2. Seizure, 3. Catatonia, 4. Depersonalization-derealisation syndrome (which has clear sensorium), 5. Schizotypal personality disorder (but duration is less than 2 years), 6. Acute transient psychotic disorder.

DISCUSSION

In oneiroid state the patient experiences narrowing of consciousness together with multiple scenic hallucination. Oneiroid states are also observed in patients under intensive care who have to be totally passive and dependent on others. The atmosphere is perceived as strange and dream like. Accordingly, patients may be aloof and behave like dreamers. Unlike twilight state, the contents of oneiroid state are often remembered. They may last for weeks or months. They

bear some resemblance to epileptic twilight states and their fantastic content resembles that of the acute paranoid schizophrenia, but includes elements of a semi realistic melodramatic kind, such as catastrophes, dangerous adventures, glimpses of heaven and hell. Psychosis of the oneiroid type have been found in more than one member of the same family and there are also indications that they may be determined by a confluence of schizophrenic and affective general factors.

Table 1 shows how the symptoms observed in our patient correlates with many of the classical features of oneiroid syndrome.

Table 1: Phenomenology of oneiroid syndrome observed in patient.

Symptom	Phenomenology
Patient was living in the past during period of ancient kings. Temporal onset relation to one particular movie "Indru netru naalai" In which characters live in dream like states. Patient felt himself to be Raja Raja Cholan living in the kingdom Patient also says that he was present in kamarajar funeral.	Vivid scenic hallucination Double orientation
That pregnant women followed him in Facebook and trying to call him as she knew that he doesn't have child	Delusional mood
He disrobed his clothes and ran out of house in early morning	Catatonic excitement.

Though we can include our patient in the diagnosis of psychosis not otherwise specified, his specific symptoms could be better explained by considering the diagnosis of oneiroid syndrome. Under the present diagnostic system, features of oneiroid syndrome could be observed in following diagnosis-catatonia, depersonalization - derealisation syndrome, schizotypal personality disorder, acute transient psychotic disorder.

So, this patient clearly exhibits the features of oneiroid psychosis. Oneiroid catatonia is one of the most favourable schizophrenic psychoses, it poses minimal complications in the aftermath of an episode, and a patient can undergo treatment and recover without significant personality changes.³ In most of the cases of the oneiroid syndrome, there were crude pathological changes in the electroencephalography.⁴ Exogenous

oneiroid psychosis due to organic conditions like encephalitis, drug abuse or even polyradiculoneuritis is also described.⁵

CONCLUSION

Although some diagnosis like oneiroid have become obsolete with current diagnostic criteria in certain incidences they help to explain the symptoms of patient better than current diagnostic classification system. This case highlights the importance of understanding the phenomenology of oneiroid syndrome so that appropriate antipsychotic medications can be initiated.

Funding: No funding sources

Conflict of interest: None declared

Ethical approval: Not required

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Cite this article as: Chamelee A, Selvamani I, Nambi S. Oneroid syndrome: Oneroid syndrome: a rare form of psychosis. *Int J Res Med Sci* 2019;7:3938-40.