

Atypical Hallucinations

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Question

To what extent can the type, form, content of hallucination inform about the diagnosis or response to treatment?

What is a hallucination?

“The intimate conviction of actually perceiving a sensation for which there is no external object.” (Esquirol, 1845)

“The perception of an object or event (in any of the 5 senses) in the absence of an external stimulus” (Teepie, 2009)

Esquirol E. *Mental Maladies; A Treatise on Insanity*. Philadelphia, PA: Lea and Blanchard; 1845

Teepie, R. C., Caplan, J. P. & Stern, T. A. Visual Hallucinations: Differential Diagnosis and Treatment. *Prim Care Companion J Clin Psychiatry* 11, 26–32 (2009).

What Causes Hallucinations

Activation of cortical association areas (e.g. temporal association area for auditory hallucinations; occipital association area visual; etc)

Diminished input → development of hyper-arousability

Enhanced input → development of hyper-arousability

Diminished connectivity → generation of spontaneous firings, or misinterpretation of ongoing activity

What is a typical hallucination?

Table 2. Number (%) of patients in each diagnostic group with auditory, visual, tactile, and olfactory or gustatory hallucinations

	Auditory	Visual	Tactile	Olfactory or gustatory
Schizophrenia				
Paranoid (<i>n</i> = 21)	17 (81)	2 (10)	5 (24)	2 (10)
Nonparanoid (<i>n</i> = 68)	46 (68)	10 (15)	8 (12)	8 (12)
Undifferentiated (<i>n</i> = 55)	39 (71)	8 (15)	6 (11)	6 (11)
Disorganized (<i>n</i> = 12)	7 (58)	2 (17)	2 (17)	2 (17)
Catatonic (<i>n</i> = 1)	0 (0)	0 (0)	0 (0)	0 (0)
Total (<i>n</i> = 89)	63 (71)	12 (14)	13 (15)	10 (11)
Schizoaffective disorder				
Depressed (<i>n</i> = 9)	7 (78)	4 (44)	3 (33)	1 (11)
Bipolar (<i>n</i> = 19)	14 (74)	3 (16)	4 (21)	2 (11)
Total (<i>n</i> = 28)	21 (75)	7 (25)	7 (25)	3 (11)
Overall (<i>n</i> = 117)	84 (72)	19 (16)	20 (17)	13 (11)

Auditory hallucinations are most common.

But hallucinations of any modality can occur in schizophrenia.

Can type of hallucination point to diagnosis?

Probably not:

Schizophrenia Bulletin vol. 43 no. 1 pp. 32–43, 2017
doi:10.1093/schbul/sbw132
Advance Access publication November 21, 2016

LEAD ARTICLE

Hallucinations: A Systematic Review of Points of Similarity and Difference Across Diagnostic Classes

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64% of people with schizophrenia experience hallucinations in more than one modality

Small, I. F., Small, J. G. & Andersen, J. M. Clinical characteristics of hallucinations of schizophrenia. *Dis Nerv Syst* 27, 349–353 (1966).

included schizophrenia). A total of 43 articles were reviewed, which included hallucinations in 4 major groups (nonclinical groups, drug- and alcohol-related conditions, medical and neurological conditions, and psychiatric disorders). The results showed that no single hallucination feature or characteristic uniquely indicated a diagnosis of schizophrenia, with the sole exception of an age of onset in late adolescence. **Among the 21 features of hallucinations in schizophrenia considered here, 95% were shared with other psychiatric disorders, 85% with medical/neurological conditions, 66% with drugs and alcohol conditions, and 52% with the non-clinical groups. Additional differences rendered the non-clinical groups somewhat distinctive from clinical disorders. Overall, when considering hallucinations, it is inadvisable to give weight to the presence of any featural properties alone in making a schizophrenia diagnosis. It is more important to focus instead on the co-occurrence of other symptoms and the value of hallucinations as an indicator of vulnerability.**

Things to think about: Visual hallucinations

- Delirium
- Drug or medication effects (incl intoxication and withdrawal)
- Lewy body disease
- Parkinson's disease
- Diminished visual input (e.g., cataracts)
- Seizures

Things to think about: Visual hallucinations

- Midbrain lesion/stroke (peduncular hallucinosis)
- Tumors (when they elicit VH, it's usually by stimulating seizure activity)
- Migraine
- Creutzfeldt-Jacob disease
- Inborn errors of metabolism

Things to think about: Visual hallucinations

- Charles Bonnet syndrome: visual hallucinations that occur as a result of vision loss
- Anton syndrome: anosagnosia of blindness — individuals who are blind insist that they can see
- Lilliputian hallucinations (seeing small people, 1 inch to 4 ft)
 - very rare in schizophrenia
 - more likely in: alcoholic, organic, or toxic psychosis, especially anticholinergic drug toxicity

Things to think about: Musical hallucinations

- Hallucinations of music are rare
- When present, songs are the most common form, religious and patriotic songs are “quite popular”
- Consider ear pathology, deafness, seizures

Things to think about: Olfactory hallucinations

- May be pleasant, but are more commonly revolting/disgusting (e.g. rotting flesh)
- Can be “purely psychiatric”
- Can also arise from: intranasal or intracranial lesions, Parkinson’s disease, seizures, migraine

Things to think about: Tactile hallucinations

- May arise from thalamic overactivity being transmitted to sensory cortex
- Formication: perception of insects crawling on skin
- Can occur in AD, PD, LBD
- Common occurrence with intoxication/withdrawal, especially with cocaine or amphetamine (use, intoxication) and alcohol (withdrawal)

Things to think about: Malingered psychosis

- Visual hallucinations are offered far more often in malingering (46%) than in schizophrenia (4%)
- Dramatic, atypical visual hallucinations should definitely arouse suspicions of malingering
- Reports of continuous, rather than intermittent hallucinations are more common in malingering
- Hallucinations without delusions are more common in malingering

Summary

- People with schizophrenia can experience hallucinations in any sensory system
- The nature of the hallucination is not very helpful in pointing to diagnosis or treatment
- Hallucinations should be considered along with history, physical exam, mental status exam, imaging/lab studies to arrive at diagnosis/treatment decisions
- Less common types of hallucinations may argue for more vigorous work up