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A RARE CLINICAL PRESENTATION OF ACUTE HYPERGLYCEMIA WITH SECONDARY MANIA

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ABSTRACT

The World Health Organization has described hyperglycemia. Fasting blood glucose levels are defined by the World Health Organization (WHO) greater than 7.0 mmol/L (126 mg/dL) and/or after a meal. Glucose levels in the blood (two hours after meals) are higher than 11.0 mg/dL (200 mg/dL).Diabetes is characterized by hyperglycemia. Mellitus is a type of diabetes (Types 1 and 2). A 60-year-old man from the city presented to the psychiatry OPD with symptoms of disinhibited conduct, sleep disturbances, and anxiety. Since 4 days, there has been an increase in activity and chat. 'The onset of symptoms was sudden, and they progressed. There was no evidence of excessive religiosity or over-religion in the past. Overspending, overgrooming, and familiarity patient is a has no history of mental illness or drug abuse. Symptoms of depression or anxiety are both possible. Psychiatric symptoms associated with hypoglycemia are well-known, and they can range from delirium and depression to insanity. Diabetes and depression have been shown to occur together in clinical and general population research. This co-occurrence is linked to increased functional disability as well as mortality. This case study aims to highlight the importance of a thorough evaluation of a patient who presents with sudden development of behavioural symptoms, as well as the likelihood of organic psychiatric conditions in such patients. It also entails justifiable liaison psychology consultations in other areas such as medicine and neurology. The authors also stress the need for further research into the cause, occurrence, and treatment of mania in hyperglycemia, given the scarcity of available literature.

Keywords: Acute Hyperglycemia, Secondary Mania, Case Study.

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INTRODUCTION

The World Health Organization has described hyperglycemia. Fasting blood glucose levels are defined by the World Health Organization (WHO) greater than 7.0 mmol/L (126 mg/dL) and/or after a meal [1]. Glucose levels in the blood (two hours after meals) are higher than 11.0 mg/dL (200 mg/dL). Diabetes is characterized by hyperglycemia. Mellitus is a type of diabetes (Types 1 and 2) [2]. Acute hyperglycemia is a form of hyperglycemia that occurs suddenly and is established to trigger mood swings and cognitive impairment patients with diabetes mellitus. Patients with diabetes mellitus [3, 4]. Ketoacidosis is a condition that occurs when a person has diabetes mellitus. Hypoglycemia has been linked to a variety of symptoms of delirium [5, 6]. The literature on the occurrence and treatment of the disease [7, 8]. There is a small amount of mania associated with hyperglycemia [9, 10]. The author presents an intriguing case study in this case report. A case of acute hyperglycemia with secondary hypoglycemia craziness [11, 12].

Case presentation:

A 60-year-old man from the city presented to the psychiatry OPD with symptoms of disinhibited conduct, sleep disturbances, and anxiety. Since 4 days, there has

been an increase in activity and chat. 'The onset of symptoms was sudden, and they progressed. There was no evidence of excessive religiosity or over-religion in the past. Overspending, overgrooming, and familiarity. The patient is a has no history of mental illness or drug abuse. Symptoms of depression or anxiety are both possible. There was also no history of bowel or bladder problems. The incontinence, memory loss, gait disturbances, and headaches. Thyroid dysfunction may be caused by an accident, fever, epilepsy, or thyroid dysfunction. Nonetheless, he had Type 1 Diabetes Mellitus since he was a child who is ten years old. There was no prior history or family history of this person. A psychiatric disorder has been identified. Following the occurrence of the aforementioned symptoms, it was discovered that insulin therapy adherence is low. The onset of bipolar depression has bad adherence to insulin therapy and an increase in fasting blood sugar had a temporal association with symptoms. Glucose levels increased from average to 280 mg/dL. At this time, his fasting blood glucose levels were in the normal range during the episode. 280 to 400 mg/dL, as well as post-prandial blood. The blood glucose level was about 360 mg/dL. an increase in fasting blood sugar and adherence to insulin therapy. Glucose levels increased from average to 280 mg/dL. At this time. His fasting blood glucose levels were in the normal range during the episode. 280 to 400 mg/dL, as well as post-prandial blood. Cognitive abilities with the exception of one, were found to be within normal limits of a faulty judgement. All other laboratories investigations into ketoacidosis, for example, were carried out within acceptable limits. Magnetic resonance imaging (MRI) is a form of imaging that an MRI of his brain revealed no abnormalities. Insulin was used to get the blood sugar levels back to normal and blood glucose levels (adequate dosing on a 7-point scale) Tab. Clonazepam 0.5 mg (sliding insulin scale)mg per day The patient's blood sugar returned to normal, and the within a week, the signs of depression were also gone. a tab Clonazepam was gradually tapered and discontinued after two weeks and the patient was given psychoeducation about the condition insulin therapy must be strictly adhered.

Discussion:

Psychiatric symptoms associated with hypoglycemia are well-known, and they can range from delirium and depression to insanity. Diabetes and depression have been shown to occur together in clinical and general population research. This co-occurrence is linked to increased functional disability as well as mortality. Diabetes prevalence in BPAD patients has been shown to be higher (in hospital-based studies) or approximately comparable (in epidemiological surveys) than in the general population. Owing to a lack of sufficient study and literature, this case report seeks to illustrate the appearance of a psychotic episode in a state of hyperglycemia, which is a lesser recognized phenomenon. The precise cause of a manic episode occurring during hyperglycemia is unknown.

Conclusion:

This case study aims to highlight the importance of a thorough evaluation of a patient who presents with sudden development of behavioural symptoms, as well as the likelihood of organic psychiatric conditions in such patients. It also entails justifiable liaison psychology consultations in other areas such as medicine and neurology. The authors also stress the need for further research into the cause, occurrence, and treatment of mania in hyperglycemia, given the scarcity of available literature.

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