

#3104 Title: Is Dipsogenic Diabetes Insipidus the same condition as Psychogenic Polydipsia?

Authors: Ewelina De Leon, Research Assistant, St Matthew's Healthcare, Northampton
Prof Graeme Yorston, Consultant Forensic Neuropsychiatrist, University of Chester

Objectives/Aims

Traumatic brain injury is a common cause of permanent or long-term disability (1), and up to 80% of people with moderate to severe brain injury have some degree of pituitary insufficiency. Endocrine disruption has been documented in medical literature since the 1940s (2, 3, 4), where central diabetes insipidus has been described as a common transient complication which causes polydipsia (insatiable thirst). However, polydipsia can be caused by other conditions. It is classified into dipsogenic, in a syndrome of disordered thirst-regulating mechanism in patients without psychiatric disease called dipsogenic diabetes insipidus, psychogenic, as a compulsive water drinking in patients with psychiatric conditions referred to as psychogenic polydipsia or psychogenic diabetes insipidus and iatrogenic where large quantities of water are consumed for health benefits. All of which are referred to as primary polydipsia if these conditions cannot be distinguished. Dipsogenic diabetes insipidus and psychogenic polydipsia can be easily mixed up, misdiagnosed or even unrecognised, mainly because their pathophysiology is still unclear. Are these conditions different, or is there anything that can relate them to each other? With this literature review, we are aiming to find the link between subsets of polydipsia after brain trauma, to compare proposed differential diagnosis and their functionality in clinical settings.

Method: A literature review was conducted following a search of MEDLINE, CINAHL Plus, APA PsycArticles, APA PsycBooks, APA PsycInfo databases from 1858 onwards.

Results: We will present our findings from the literature review.

Conclusion

Polydipsia is a common clinical problem and requires careful evaluation and management to prevent long term neurological sequelae, and there are no evidence-based treatment guidelines.

References

1. National Institute of Health and Care Excellence (NICE) (2019) Head Injury. CG176. Retrieved from: <https://www.nice.org.uk/guidance/cg176>
2. Escamilla RF, Lissner H. Simmonds' disease: A clinical study with review of the literature; Differentiation from anorexia nervosa by statistical analysis of 595 cases, 101 of which were provided pathologically. *The Journal of Clinical Endocrinology & Metabolism*. 1942;2(2):65-96.
3. Porter RJ, Miller RA. Diabetes insipidus following closed head injury. *Journal of Neurology, Neurosurgery, and Psychiatry*. 1946;11:528-562.
4. Webb NE, Little B, Loupee-Wilson S, Power EM. "Traumatic brain injury and neuro-endocrine disruption: medical and psychosocial rehabilitation". *NeuroRehabilitation (Reading, Mass.)*. 2014;34(4):625-636.

