Case Report

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Auditory hallucination in postlingual deaf person: A case report

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ABSTRACT

Evaluation of auditory hallucination in deaf person is a challenging task, and there is a paucity of standard procedure to evaluate. It was aimed at reporting a postlingual deaf patient with unique experience of auditory hallucination after a long period of not hearing any sound which made us difficult to evaluate. A 42-year-old profoundly deaf male presented with hearing voices and persistent communication with that voices; sudden unprovoked aggression; undue suspiciousness; sleep disturbances; poor self-care for last 1 month. As deafness is a strong communication barrier, the clinical diagnostic interview was performed carefully by written languages with the help of pen and paper to evaluate his hallucination as well as other psychotic symptoms. The detailed evaluation revealed that the patient had the third person auditory hallucination in the form of running commentary which fulfills all criteria of perception. He was a diagnosed case of schizophrenia and treated with antipsychotics. He responded with medications and discharged for further follow-up. A different standardized method to explore such phenomenon in the deaf persons may provide comfort to the clinicians as well as may reduce the suffering of the affected persons.

KEY WORDS: Acquired deafness, auditory hallucination, deaf person, postlingual deafness, schizophrenia

INTRODUCTION

There are 360 million deaf people in the world [1] and deafness can occur at any age due to diverse conditions that may be pre- or post-lingual. Deafness is troublesome for the patients as well as the clinicians to communicate properly, whether it develops pre- or post-lingual stage. Where prelingual deafness is distressing in terms of hampering the development of language, postlingual deafness also has its toll on the functional life of a person. A significant psychosocial impact of acquired deafness has been stated in different studies [2-4]. Moreover, patients with deafness have a prevalence of psychosis more than the usual population ranging from 20% to 54% [5]. Among the psychotic features, auditory hallucination has significant importance in a person with hearing difficulties. It remains a perplexing situation for them to hear voices or sounds. Often it is perceived as getting back normal hearing or fulfillment of wish to hear [6]. Auditory hallucination in prelingual deaf patients has different form than that in normal hearing people [7]. However, the patients who have auditory memories, experience auditory hallucination like that in partially deaf patient [8]. During consulting the deaf patients, interviewers face difficulty to explore symptoms such as auditory hallucination since there is failure to make effective communication. This also happens in postlingual deaf patients, as there is chance of deterioration in expressive language [9,10]. Early researchers suggest a wide range of heterogeneity in experiencing of auditory hallucination in deaf patients [5] which makes a perplexed situation for the clinicians to explore adequately. This report describes a person with experience of auditory hallucination after 16 years of deafness. Authors experienced paucity of well documented evaluating tools and intend to raise a call for standard interviewing tools for the evaluation of deaf persons.

CASE REPORT

A 42-year-old male, married, graduate, currently unemployed, Muslim, hailing from a rural background with lower-middle socio-economic class was admitted into a Private Psychiatric Hospital with complaints of hearing sounds and self-talking in response of that; recurrent sudden unprovoked aggressiveness toward surrounding people; undue suspiciousness; sleeplessness and poor self-care for last 1 month. His symptoms started 5 years back and responded to medications but due to noncompliance he experienced recurrence of symptoms for several times including this admission event. He became profoundly deaf 16 years back as a complication of typhoid fever. He was delivered by normal vaginal delivery and his all domains of milestone were age appropriate. He studied up to graduation with average performance. He remained irregularly employed in multiple jobs since then and he needed support to maintain the employment for last 5 years. Recently, he was unable to

continue the job for being suspicious and aggressive without any provocation. He had no documented history of substance abuse, forensic or legal involvement. He had few friends with good understanding before illness. His abnormal behavior started 5 years back with complaints of undue suspiciousness; sleep disturbances and hearing voices. He was diagnosed as a case of schizophrenia at that time on basis of positive symptoms of schizophrenia-like auditory hallucination, paranoid delusions. The treatment was done by oral antipsychotic medications mentioned as risperidone and he responded accordingly with antipsychotics. However, he discontinued the medications frequently during this 5-year period and experience several recurrence including this one. On physical examination, his vitals were within the normal limit and detailed systemic examination revealed nothing contributory to this diagnosis. On mental state examination, he was unkempt, uncombed, unshaved, presented with poor dressing, and with an irritable look. Rapport was established through written language, i.e. questioning done using pen and paper. He had irritable mood with blunted affect. Speech was loud in volume. He described his paranoid/persecutory delusion in written language. He also clearly described his experiences of the third person auditory hallucination in the form of running commentary as hearing voices clearly in external space and in a quality of his hearing before become deaf. He firmly believed to hear the voices and was disturbed by those voices. He had no cognitive disturbance except problem in maintaining concentration. His insight was poor as he thought that he has no illness.

Treatment and Follow-up

Following admission, he was treated with oral antipsychotic, tablet risperidone as he was responded previously with that and treated by consultant psychiatrist. Regular follow-up was done with written based communication as mentioned earlier. He responded to the medication, gained insight fully and became symptom-free after 1½ month of admission. He was discharged from hospital for further follow-up with long-acting antipsychotic to ensure compliance, full psychoeducation, and active daily life program as well as supported employment reactivation. He was followed-up for 3 months on basis of monthly schedule and found to be functioning expectedly. Ethical issues are maintained accordingly and written informed consent is taken to publication of the report.

DISCUSSION

Auditory hallucination is a unique phenomenon to a person experiencing it. Jasper (1912), the father of phenomenology stated that "the only real observers in the study of hallucinations are the patients." In normally hearing person, it can be clearly described most of the time. This can be experienced in the deaf patients also, who can be deaf prelingually as well as postlingually [2-4]. Prelingual deaf patients may also have speech problem in contrast of the postlingual deaf persons; those may not have speech difficulties. Auditory hallucination elicitation in deaf patient during mental state examination to evaluate the psychotic symptoms properly is troublesome. There are uses of sign languages in different countries to use and to elicit properly for the deaf psychotics, most of them are using in cases of prelingual deaf patients [2-4]. However, the phenomenon of auditory hallucinations among postlingual deaf patients is poorly elucidated to date. In such cases, communication gets compromised as it is very hard to get the idea of perception of auditory hallucination in a deaf person [11-14]. The current assessment method bears difficulty in exploring auditory hallucination in deaf patients even using the established sign languages [4,13]. Researchers recommended to evaluate the patients very carefully as there are chances of poor evaluation and misdiagnosis [4]. Specific specialized standardized questions and scales may improve the exploration of such phenomenon in this subpopulation. During dealing with the reported patient, we faced similar challenges mentioned in previous literatures, though as a postlingual deaf, he pertained the verbal communications. We faced challenges on the sensory input and that was tried to minimize by interviewing based on paper pen written communications instead of full verbal communications which demand extended care and time to evaluate properly. Questions were asked to the patient by writing on paper with pen and patient responded the questions, but every time, there were difficulties to communicate the appropriate meaning for the both parties that made us curious regarding further steps. With the proper exploration of neurobiological steps [4] and extensive controlled researches can improve the aspect of evaluation of deaf psychotics to reduce the probability of under evaluation and misdiagnosis, as the deaf populations are more prone to develop psychotic symptoms [4].

CONCLUSION

Auditory hallucination can occur in postlingual deaf patients, which can cause a bitter experience to the clinicians to explore and to communicate adequately. The diagnostic interview becomes difficult as well as challenging to deal the deaf patients. Clinicians need further expertness and carefulness to cope up the situations and to manage the patients accordingly. A different standardized method to explore such phenomenon in the deaf persons may provide comfort to the clinicians as well as may reduce the suffering of the affected persons.

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