

*Case Report***Psychogenic Hiccups – a case report**Reena Jambulkar<sup>1</sup>, Sagar Karia<sup>2</sup>, Avinash De Sousa<sup>3</sup><sup>1</sup>Senior Resident Doctor,<sup>2</sup>Assistant Professor,<sup>3</sup>Research Associate,

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**ABSTRACT**

Hiccups are a common occurrence which may be many a time organic in nature. We present herewith the case of a 20 year old girl that presented with hiccups of a psychogenic in nature. The patient's case is discussed as the patient responded to a combination of medical and psychological interventions.

**Key words:** hiccup, psychogenic, organic.

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**INTRODUCTION**

A hiccup is a repeated involuntary spasmodic contraction of the diaphragm followed by a sudden closure of the glottis which checks the inflow of air and produces the characteristic sounds. Hiccups result when afferent or efferent nerves to the muscles of respiration, or the medullary centre controlling these muscles are irritated. The underlying pathophysiology of intractable hiccups remains to be elucidated, but is believed to involve organic, drug-induced, and/or psychological causes [1].

Hiccups are classified according to their duration viz. [2]

1. Acute hiccups are defined as hiccups that last up to 48 hours.
2. Persistent hiccups are hiccups that last for over 48 hours.
3. Intractable hiccups are defined as hiccups that last more than one or two months. Intractable hiccups may result in severe discomfort, decreased physical strength, mental depression, and possibly death, if left untreated.[3]

There have been isolated case reports where hiccups have been elucidated to be psychological in nature and have responded to medical and psychological interventions [4-5]. We present one such case of a 20 year old unmarried female with psychogenic hiccups that responded well to treatment.

**CASE REPORT**

A 20 years unmarried girl studying in 1st year B.A. was brought to our outpatient department with complaint of a 3<sup>rd</sup> episode of hiccups. She was apparently alright 6 months before she visited us when all of sudden she had bouts of hiccups which were continuous throughout the day only absent in sleep. She had this continuously for 4 days so she was taken to a BMC hospital where she was given some medications which relieved her symptoms. She continued those medications for 7 days and as was better stopped them.

She remained alright for next 5 months when again she had episodes of hiccups for a day and was shown to previous hospital and treated with some medicines which helped her.

She was alright for next 15 days and again had the episode of hiccups which lasted for 10 days. The hiccups were continuously present whole day only absent in sleep. These would not stop even by drinking water or other maneuvers. As this was third episode and relatives thought the previous hospital had not been able to cure her completely they brought her to us.

There was no other psychiatric complaint. No family history of psychiatric illness was elicited. There were no apparent stressors in her life apart from her mother suffering from gait disturbance since more than 25 years. On mental status examination no significant findings were present and the patient denied anxiety and depression. Organic causes were ruled out by a neurology consult and otorhinolaryngology opinion.

She was diagnosed as having Persistent Hiccups (Psychogenic) and started on tablet Haloperidol 0.25mg thrice a day and tablet Clonazepam 0.25mg thrice a day. She followed after 15 days and was much better. Her hiccups had stopped completely. The response to medications suggested a probable psychogenic origin and an anxiety component.

Along with medications she was also taught Relaxation Therapy. A complete psychoeducation of the patient and relatives were done to continue the medications for at least few weeks and to regularly follow up. The patient continued medication for 8 weeks and then they were tapered off gradually over the next 4 weeks. The patient has been fine since then and no reports of further episodes have been reported.

## DISCUSSION

The psychogenic hiccups are classified under somatic autonomic dysfunction according to ICD 10 [6] and undifferentiated somatoform disorder according to the DSM IV TR [7]. Whether the symptoms were intentionally produced cannot be commented with complete accuracy, as the boundaries between unconscious and conscious productions of symptoms blur.

Intractable hiccups are similar, but not synonymous with psychogenic hiccups. In-fact psychogenic hiccups are considered a subtype of intractable hiccups; the other causes of intractable hiccups being organic or idiopathic [8]. In a series of 220 adult patients, about 22% of the cases seemed to have a psychogenic cause for intractable hiccups [9]. The reported cases of psychogenic hiccups from India are few. Many different medications have been used in the management of hiccups that are psychogenic based on the underlying theme while very low dose typical antipsychotics and benzodiazepines have been used the most commonly with success as in our case [10]. Though rare psychogenic hiccups are a clinical presentation, that one may encounter in clinical practice.

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