Case Report

Psychogenic Belching: A Case Report

Reena Jambulkar[1], Krishnapriya Murlimanohar[2], Sagar Karia[3], Nilesh Shah[4], Avinash De Sousa[5]

[1]Resident Doctor, [2]Resident Doctor, [3]Assistant Professor, [4]Professor and Head, [5]Research Associate,
[1,2,3,4,5]Department of Psychiatry, Lokmanya Tilak Municipal Medical College, Mumbai
Corresponding author: Avinash De Sousa
Email – avinashdes888@gmail.com

ABSTRACT

Persistent psychogenic belching is a condition where supragastric belching occurs repeatedly in relation to a psychological stressor. Treatment involves trials of multiple medications with identification and/or elimination of the stressor. We present herewith the case of a female patient with persistent psychogenic belching that responded well to a combination of medications.

Key words: psychogenic belching, belching, supragastric belching, gastric.

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INTRODUCTION

Belching is defined as the act of expelling air from the stomach through the mouth and it is a physiological act that occurs occasionally in everyone and usually not related to a disease or gastrointestinal pathology [1]. Persistent and uncontrollable belching is benign in origin, but can be distressing in its psychosocial consequences. There have been two types of belches identified viz. the gastric belch and the supragastric belch [2]. Gastric belching is the escape of swallowed intragastric air that enters the esophagus and may happen 25 to 30 times per day and is completely physiological [3]. In supragastric belches, the air does not originate from the stomach but is ingested immediately before it is expelled again. This behaviour is not reflexive and is the result of human behaviour and is voluntary [4]. There have been case reports where the patient may belch up to 20 times a minute. A high prevalence of anxiety disorders and major depression has been described in relation to persistent belching and these symptoms increase due to an ongoing stressor [5]. Excessive belching also has been described in patients with obsessive compulsive disorder [6] and bulimia nervosa [7]. Many patients stop belching during speaking and it has been shown that distraction also reduces the frequency of belching whereas putting attention to their belching behaviour usually results in an increase in belching frequency. Supragastric belching is never observed during sleep [8]. Many patients with persistent belching have been diagnosed as conversion disorder and have been treated with a combination of antidepressants, benzodiazepines along with behaviour therapy and hypnosis [8]. We report herewith a case of persistent psychogenic belching in a female patient that responded to a combination of multiple medications.

CASE REPORT

A 26 years old Hindu divorced female having studied till the 10th standard presented to the psychiatry outpatient department with chief complaints of continuous belching since 15 days prior to presentation. She was apparently alright till 15 days back, when she started belching initially 3-4 times a day and gradually increasing to multiple times a day. She was very distressed, as the belching affected her day to day activities.

She had belching even while sleeping and had difficulty initiating sleep due to the belching. The belching would however disappear during sleep. She visited a gastroenterologist, who performed an endoscopy that revealed no abnormality. She would have repeated arguments with her mother and had a divorce 3 years ago due to interpersonal stressors with her husband. She had no current psychiatric history suggestive of depression, anxiety, repetitive thoughts and psychotic features. There was also no family history suggestive of psychiatric disorders. Her premorbid personality revealed that she was extrovert, would love to spend time with family, she was responsible at work and was a happy go lucky person. There were no significant psychiatric findings on mental status examination. We diagnosed her as having persistent psychogenic belching with a differential diagnosis of conversion disorder. She was started on Amitryptiline 25mg at night, Baclofen 30mg once a day, Haloperidol 0.25mg thrice a day, Rabeprazole 20mg once a day and Levosulpride 75mg once a day.

She came back in 7 days with marked improvement in her belching symptoms. Within 3 days of her follow up, she started belching again. She was advised admission for the same but refused as we wanted to keep her under observation and also have a consultation liaison with gastroenterology and ENT. The dose of Amitryptiline was increased to 50mg per day and Baclofen to 60mg per day. She was also started on Clonazepam 0.25mg thrice a day as she complained of anxiety symptoms. Due to minimal improvement in a week of making these changes, Baclofen was withdrawn and she was started on Escitalopram 5mg twice a day. A gastroenterology reference was made and they suggested withdrawing Haloperidol and adding Chlorpromazine 100mg in four divided doses which was implemented. The patient was administered an interview under low dose Lorazepam and she revealed feeling depressed as memories of her marriage with her mother in law torturing her for dowry and physical abuse by her husband haunted her. She also had the desire to get remarried and have children and a family of her own. The patient was started on counselling sessions using cognitive therapy for certain thoughts that kept halting her progress. She improved 80% in her symptoms with the combination of medications and counselling and is currently following up with us.

DISCUSSION

The case we have discussed brings out various issues in the management of persisting psychogenic belching. The patient was started on a combination of medications considering the distress and various previous case reports that had suggested many of the medications to be effective. The patient showed minimal improvement and finally responded to combination of medical and psychotherapeutic interventions. She was responded to a combination of Escitalopram (that probably managed her depressive features), Clonazepam (that managed her anxiety), Amitryptiline (in view of somatoform symptoms) and Chlorpramazine (in view of belching). Thus, psychogenic may need a polypharmacy approach to gain improvement and also need interventions for the identification and management of stressors that are causing the belching. There is a need for appropriate psychotherapeutic interventions like supportive psychotherapy and cognitive therapy to help these patients manage stress and distressing thoughts [9]. A consultation liaison approach to eliminate organic causes in these cases is prudent before considering a pure psychological and psychosocial etiology [10]. Clinicians must be aware that persistent psychogenic belching though rare needs a team based approach in its management and elimination of patient distress is the key to success.

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