

LETTER

Korsakoff Psychosis following involuntary treatment for alcohol use disorder

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Substance Use Disorders (SUDs) are a major cause of global mortality and morbidity. In India, Alcohol Use Disorder is among the most prevalent of these [1]. Inadequate knowledge about the illness and its treatment, lack of resources, and regressive government policies (criminalisation of drug use itself and lack of prioritisation for SUD treatment) are among the reasons for the large gap between the need for facilities and their availability [2]. Under Section 71 of the Narcotic Drugs and Psychotropic Substances Act, central and state governments are required to establish centres for identification and treatment of SUDs, but many states lack such rules [3]. This has led to the establishment of a large number of unauthorised “de-addiction” centres, most of which have not registered under the Mental Healthcare Act (MHCA), 2017, and do not possess government accreditation for good clinical practice [4]. These centres exploit the need for treatment, and the desperation of family members seeking care for their loved ones. They commit medical malpractice and ethical and human rights violations [5]. Instead of providing medical care, they mete out “punishments” to patients, inflicting suffering and in some cases causing irreparable harm to vulnerable people.

A young man was admitted to a tertiary care hospital in central India with hallucinatory and disorganised behaviour. The case was managed by the team of authors with TM being the lead physician. Previously, his relatives had forcibly admitted him to a private “de-addiction centre” or “nasha mukti kendra” after multiple failed attempts on their end to make him abstinent. According to the reported history, he was kept isolated at the centre and detoxified without any pharmacotherapy. He reported being tied to the bed and experiencing seizures, which were determined to be alcohol withdrawal seizures. After discharge, he started displaying disorganised behaviour such as disrobing in public, significant forgetfulness, perplexity with repeated mistakes in household chores, and impaired concentration. Family members then sought treatment with us and he was admitted for further evaluation. A detailed psychological evaluation revealed anterograde amnesia (inability to form new memories) and retrograde amnesia (inability to recall old memories), decreased inhibition, and difficulties with planning and problem solving. The patient was diagnosed with alcohol-

induced persisting amnesic disorder (Korsakoff Psychosis) caused by the sudden stoppage of alcohol after a period of heavy drinking. This was the result of lack of appropriate medical treatment (evidenced by him experiencing seizures) aggravated by the involuntary nature of his treatment, which prevented him from seeking due care elsewhere. Korsakoff psychosis is a known consequence of inappropriate treatment of alcohol withdrawal [6]. The patient was treated with Risperidone and high dose thiamine supplementation and discharged when there was mild symptomatic improvement.

The coercive treatment he underwent raises many questions. Involuntary treatment for SUDs has always been considered unethical if not illegal. Yet, sufferers from SUDs are often coerced into treatment. Although the MHCA allows involuntary treatment for mental illness, most experts agree that treatment for SUDs should be voluntary. The MHCA as well as the guidelines from the Ministry of Health and Family Welfare and the Ministry of Social Justice and Empowerment assert that voluntary treatment and pharmacotherapy are key aspects of SUD treatment [7]. Yet as our case highlights, there exist many facilities in our country that offer involuntary treatment with scant regard for the rules. Some states like the National Capital Territory of Delhi have adopted minimum standards of care for preventing such violations [8]. However, clearly this has not been enough and more states need to come up with such measures to prevent these violations.

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