



Uniqueness of Auditory Hallucinations in Bipolar Disorder and Depressive Disorder: A Comparative Study

Rajesh S. Dhadke¹, Tahoor Ali², Santosh Kumar,¹ Suprakash Chaudhury³

ABSTRACT

Background: Although auditory hallucinations are regarded pathognomonic of psychotic disorders, that does not rule out its presence in conditions such as mood disorders. Auditory hallucinations have been reported in 15% of bipolar disorder and 25% depressive disorder patients. **Aim:** To compare the uniqueness of auditory hallucinations in bipolar affective disorder and depressive disorder patients. **Methods:** By purposive sampling eighty nine patients were included for both bipolar affective disorder and depressive disorder, and were assessed using Characteristics of Auditory Hallucination Scale. **Results:** Characteristics of auditory hallucinations in depressive disorder patients of were significantly difference from bipolar affective disorder patients in the domains of frequency, self-control, clarity, tone, distractibility, and distress. **Conclusion:** Auditory hallucinations of bipolar affective disorder and depressive disorder vary in nearly all domains.

Keywords: mood disorder, affective disorder, major depressive disorder, hallucinations, psychotic disorder

¹Senior Resident, Ranchi Institute of Neuropsychiatry & Allied Sciences, Kanke, Ranchi; ²Junior Resident, ³Professor & HOD, Department of Psychiatry, Dr. D. Y. Patil Medical College, Hospital & Research Centre, Dr. D. Y. Patil Vidyapeeth, Pimpri, Pune, Maharashtra, India

Corresponding Author: Dr. Suprakash Chaudhury, Dept of Psychiatry, Dr. D. Y. Patil Medical College, Dr. D. Y. Patil Vidyapeeth, Pimpri, Pune, Maharashtra, India

e-mail: suprakashch@gmail.com

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Introduction

Hallucinations are the most significant type of false perceptions, which can be simply described as a perception without an object, which can occur in any of the sensory modalities, as well as in somatic sensations. The most significant hallucination, however, is auditory hallucination: it holds supreme diagnostic significance. They can take various forms. One such is unstructured sounds, where the patient may hear vague and indistinct sounds which may be difficult to describe, for example, sounds of machinery, instruments. Another type is hearing clear and distinct voices, usually having a derogatory or commanding nature, but may also be pleasing and mood-congruent in hypothyroid states; constituting a few words or a more complex form [1].

These voices may be of self, in which case the patient hears his own thoughts being spoken to him aloud; or of one or more males or females whom the patient may or may not recognise, in which case they may either be speaking to him

or passing a running commentary on his actions, or may comprise two or more voices arguing or discussing about him in third person. There are various aspects using which auditory hallucinations can be elaborated, viz., structured or unstructured form, single words or complex sentences, identity of voices, number of voices, content, location, external or internal, bilateral or unilateral, effect on emotion and congruent or incongruent to affective state [1].

While the most accepted reason for auditory hallucinations remains striatal dopaminergic overactivity, recent studies have emerged with a few more reasons, especially to account for auditory hallucinations in non-psychotic illnesses. Glutamatergic overactivity in the temporal and frontal lobes, elevated serotonin levels, stark reduction in usual levels of sensory stimuli which produces a compensatory hypersensitive state, states of hypervigilance and psychologically traumatic events may also be responsible for producing auditory hallucinations in individuals [2].

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