

The Clinical Spectrum of General Paralysis of the Insane: a Historical Cohort Study.

C.E. Lens¹, I.M. Daey Ouwens², A.T.L. Fiolet³, A. Ott⁴, P.J. Koehler⁵, W.M.A. Verhoeven²

¹Humanities, Utrecht University, Utrecht, Netherlands ; ²Centre of Excellence for Neuropsychiatry, Vincent van Gogh Institute for Psychiatry, Venray, Netherlands ; ³Medicine, Utrecht University, Utrecht, Netherlands ; ⁴Laboratory for Infectious Diseases, Certe, Groningen, Netherlands ; ⁵Neurology, Atrium Medical Centre, Heerlen, Netherlands

Objectives: General Paralysis of the Insane (GPI), or Dementia Paralytica, was once a fatal complication of syphilitic infection and a major reason for psychiatric hospitalisation. Syphilis re-emerged worldwide at the turn of the 20th to 21st century, and, considering the incubation period of 10-30 years, a revival of GPI may be expected within the next one or two decades. Early diagnosis and treatment improve prognosis and, therefore, a renewed clinical awareness of signs and symptoms of GPI is needed.

Aims: This historical cohort study aims to investigate the clinical presentation of GPI in patients deceased at the Vincent van Gogh psychiatric hospital in Venray, the Netherlands, in the period 1924-1954.

Methods: Annual hospital reports and individual patient's records were used for identification of patients with an established diagnosis of GPI, usually based on a combination of clinical data and positive syphilis serology.

Results: Individual clinical records of 105 patients (91 men; 14 women) with GPI were available for evaluation. Median age for men (50.4 years; range 31.5 to 82.1 years) was higher than for women (43.1 years; range 34.4 to 58.4 years): $p = 0.01$. Most patients completed elementary school only and belonged to the lower working class. Lack of judgement and insight, hyperactivity, and confusion were the most frequently documented psychiatric symptoms, whereas speech disorders, pupillary abnormalities, micturition disorders, dementia, and cranial nerve involvement were the most frequently reported neurological symptoms.

Conclusions: The clinical presentation of GPI displays a wide range of cognitive, affective, psychotic and focal neurological symptoms.