Neuro-Psycho-Behçet or Neuropsychiatric Behçet Disease: A Modified Name for an Old Disease

Dursun KIRBAŞ

Institute of Forensic Science İstanbul University, İstanbul, Turkey

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The name of a disease is of utmost importance. The name selected to identify a disease might influence how patients are received by family members and treated by medical staff. While a right name might increase the chances of the recognition of the disease, a wrong name might contribute to diagnostic skepticism or stigmatization.

I had previously published an article "Neuro-psycho Behçet's Disease" in association with Dr. Hulki Forta in the journal of Marmara University in 1988 (Marmara Medical Journal) (1). The term "Neuro-psycho Behçet's Disease" was first defined by us in 1988 in the aforementioned article. I wish to specify that I have been expressing this definition verbally since 1983.

Neurological findings of Behçet disease have been classified in great detail. However, many patients present not only with neurological but also psychiatric findings. Some of the psychiatric Behçet patients have relatively acute onset symptoms and can be evaluated within the scope of organic confusional disorder. Additionally, many Behçet patients present with chronic psychiatric problems in the absence or presence of accompanying neurological symptoms. Anxiety and depression are frequently encountered in these patients and might occasionally precede the onset of the disease. A prompt literature research clearly identifies that Neuro-Behçet cases with psychiatric features present with similar characteristics. Depressive confusional cases have been classified as sub-forms of the psychiatric picture of the Neuro-Behçet disease. Euphoria, bipolar disorder, paranoia, loss of insight/disinhibition, and impulse control disorder are other psychiatric disorders that are frequently observed in this disease (2).

Data on the exact mechanisms by which psychiatric symptoms initiate in Behçet disease patients are scarce. Particularly, the occurrence of typical Neuro-Behçet lesions in the subcortical regions of the brain (eg, brainstem and diencephalon) away from the frontal lobe and cortical limbic structures that are more closely related with behavioral symptoms suggests that the subcortical limbic network structures might be involved in the origin of psychiatric symptoms. Alternatively, psychiatric symptoms might be a maladaptive coping strategy in response to poor quality of life or enhanced stress level caused by the relapsing course of the disease and neurological disability. Notably, psychiatric symptoms are often resistant to the conventional psychiatric therapy (2) and thus increased recognition of this entity is required.

In this context, we stated back in 1988 that the definition "Neuro-Behçet" would not be sufficient enough to describe the clinical course of the disease and therefore the concept of "Neuro-Psycho-Behçet" would be more suitable to describe the clinical picture of the disease. Many articles recently published with the title of Neuro-Psycho-Behçet support that the term is more descriptive (2).

REFERENCES

1. Kirbaş D, Forta H. Neuropsychiatric features in Behçet's Syndrome: Neuro-Psycho-Behçet. Marmara Medical Journal 1988; 1:36-39.
2. Talarico R, Palagini L, d'Ascanio A, Elefante E, Ferrari C, Stagnaro C, Tani C, Gemignani A, Mauri M, Bombardieri S, Mosca M. Epidemiology and management of neuropsychiatric disorders in Behçet's syndrome. CNS Drugs 2015; 29:189-96. [CrossRef]

Correspondence Address: Dursun Kirbaş, Institute of Forensic Science İstanbul University, İstanbul, Turkey
E-mail: dursun.kirbas@istanbul.edu.tr

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