

Conclusion

As well as being common in partially sighted people, Charles Bonnet syndrome occurs in 1.85-3.5% of psychogeriatric patients who have been referred to psychiatrists by adult physicians, general practitioners, and ophthalmologists for visual hallucinations.^{1 10 11}

Doctors are unfamiliar with the syndrome as a possible diagnosis.^{1 12} “Near misses” have been reported, in which patients were almost confined to mental health institutions.¹³ Given the prevalence of partial visual impairment, the number of people in the community, especially elderly people, who do not report the symptoms for fear of being labelled as mentally unwell or demented must be substantial. Clinicians must therefore be aware and ask elderly people with visual impairment whether they have hallucinations. Firm reassurance that the syndrome is not related to mental illness is in itself a major relief to an elderly person burdened already with failing vision, social isolation, and other medical problems.

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Interactive case report

A 64 year old woman with knee pain

This case was described on 5 and 12 June (*BMJ* 2004;328:1362-3, 1425). Debate on her management continues on [bmj.com](http://bmj.bmjournals.com/cgi/content/full/328/7452/1362) (<http://bmj.bmjournals.com/cgi/content/full/328/7452/1362>).

On 3 July we will publish the outcome of the case together with commentaries on the issues raised by the management and online discussion.

The recurrent attender with a difference

Often homeless, alcoholic, and with personality disorders, “recurrent attenders” at an emergency department present a considerable diagnostic challenge for doctors. Many seem to attend merely to get out of the cold, but they are well practised at giving histories, often causing inappropriate referrals to other specialties.

Unsurprisingly, they may be regarded with cynicism by hospital staff and occasionally may be triaged to “outside the department” if the absence of serious pathology is strongly suspected. There they can wait, often in bitter conditions, for a cursory consultation by a doctor hellbent on discharging them so that staff can get on with seeing genuinely ill people.

I happened to see one such patient on three consecutive evenings during my first job as a senior house officer. Each time, he complained of a trivial head injury without any external evidence and received only verbal and written advice. On the third night, I confronted him and asked why he continued to attend when he knew that he had none of the sinister signs or symptoms stated on the advice sheet. Was he really concerned that he may have a fractured skull or an intracranial haemorrhage? To my surprise, he frankly admitted that he attended to escape the cold and have a chat.

Although feeling rather humbled, I explained that the emergency department was not an appropriate place to seek such comforts and suggested various other places he could go. He

claimed to have tried them all and found them unavailable when he needed them most. After some discussion, it became apparent that I was not going to dissuade him from reattending. I therefore changed tack and asked that in future he would be honest with the doctors as to his reasons for attending and not distract us from more urgent tasks.

The next night I saw him again, but this time he did not complain of head injury or invent any other symptoms. He asked how I was, discussed the weather, asked for a drink of water, gave me a hearty handshake, and left within a few minutes. The same thing happened on two of the following three nights, but on the one night we were busy I did not see him.

It may be a prime example of the blatant misuse of services in the emergency department that is rife among this particular patient group, but for once I didn't mind. Here was a man who had apparently been failed by “the system” and who attended the emergency department out of sheer desperation. Yet he had the honesty and courage to admit this and the integrity to look elsewhere when we were busy, making for swift, pleasant consultations with no dilemma as to whether to investigate. If only all our patients were as honest, much time and money spent on unnecessary investigation could be saved.

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