



## **A case report: Paranoid schizophrenia at young age with a history of divorce**

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### **ABSTRACT :**

Schizophrenia is a chronic psychotic syndrome characterized by thought and perception disorders, blunted affect, anhedonia, deterioration, and poor cognitive tests. Paranoid schizophrenia is the most common (frequently encountered) where delusions and auditory hallucinations are clearly visible. Paranoid schizophrenia can occur at a young age with typical stressors such as divorce and socio-economic life. This case report shows a young man with aggressive behavior, a history of suicide, paranoid delusions and hallucinations. Symptoms that appear got worse over time. The patient was treated with anti-psychotics and had a poor response to therapy due to the irreversible precipitating factor, namely divorce.

Keywords: paranoid schizophrenia, young age, divorce

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### **BACKGROUND :**

Schizophrenia is a chronic psychotic syndrome characterized by thought and perception disorders, blunted affect, anhedonia, deterioration, and poor cognitive tests. Paranoid schizophrenia is the most common (frequently encountered) where delusions and auditory hallucinations are clearly visible. Paranoid schizophrenia can occur at a young age with typical stressors such as divorce and socio-economic life. This case report shows a young man with aggressive behavior, a history of suicide, paranoid delusions and hallucinations. Symptoms that appear got worse over time. The patient was treated with anti-psychotics and had a poor response to therapy due to the irreversible precipitating factor, namely divorce.

Schizophrenia is a group of psychotic disorders with typical distortions of thought processes, sometimes having the feeling that one is being controlled by forces from outside oneself, sometimes strange delusions, perceptual disturbances, abnormal affects that are integrated with real or actual situations.<sup>1</sup> Schizophrenia is a psychotic disorder that the most frequently. In Indonesia, almost 70% of patients treated in psychiatric departments are schizophrenic sufferers. About 1-2% of the entire population has experienced schizophrenia in their lives.<sup>2</sup>

Schizophrenia is divided into nine types, where the most common case is paranoid schizophrenia with an incidence of 40.8% of all schizophrenia cases. This is followed by residual schizophrenia at 39.4%, hebephrenic schizophrenia at 12%, catatonic schizophrenia at 3.5%, unspecified schizophrenia at 2.1%, other schizophrenia at 1.4%, and the least is simple schizophrenia at 0.7%.<sup>3</sup>

In 2013 in Indonesia the highest cases of schizophrenia occurred in DI Yogyakarta and Aceh at 2.7%. The incidence of schizophrenia in men is greater than in women with the incidence in men being 1.4% greater than in women. This disorder occurs in women with an age of onset of 25 - 35 years and in men with an age of onset of 15 - 25 years. Every year the incidence is 15.2% per 100,000 population. There are many factors that play a role in the incidence of schizophrenia, including genetic, biological, biochemical, psychosocial factors, socio-economic status, stress, and drug abuse.<sup>4</sup> Low economic status has 6 times the risk of experiencing schizophrenia mental disorders compared to high economic status, while people Those who do not work have a 6.2 times greater risk of suffering from schizophrenia than those who work.<sup>4</sup>

Schizophrenic sufferers can experience various functional disorders, such as impaired perception (hallucinations), false beliefs (delusions), impaired motor activity (catatonic or hyperactive behavior), impaired expression of emotions (blunted affect) and the inability to feel pleasure and deficits can occur. cognitive. Although the patient's consciousness and intellectual abilities can still be maintained.<sup>4</sup>

The various functional disorders in schizophrenia patients cause the healing process to take quite a long time and there is the possibility of relapse. Apart from that, there is also the possibility of endangering yourself and others. It is recorded that around 90% of patients with a first psychotic episode will be healthy within one year. Approximately 80% of patients will experience a subsequent episode within five years, and 10% of patients die by

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suicide.<sup>5,6</sup>

This case report aims to increase knowledge and understanding about paranoid schizophrenia.

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## CASE PRESENTATION :

This case was about 33 year old man who came to mental health polyclinic with his family. The patient was anxious 3 days before entering the hospital, angry, burning rubbish, throwing tantrums and threatening the family. The patient often heard whispers and felt that people were doing evil to him. The patient was known to be experiencing mental disorders in 2014 when the patient was 29 years old. The diagnosis in this patient was made based on anamnesis, where clinical symptoms were found that suggest paranoid schizophrenic disorder. Based on the anamnesis and psychiatric examination, symptoms of schizophrenia were found in the form of auditory hallucinations talking about the patient and forbidding the patient from burning rubbish, tactile hallucinations in the form of a sensation of being punched and swelling on the face, and visual hallucinations namely the image of a man ordering him to commit suicide. Bizzard delusions were also found, namely the patient felt that someone was sad when he had a cold and headache, persecutory delusions, namely the patient felt that someone was stalking the patient. The patient also ate a stone which indicated an illusion.

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## DISCUSSION :

The symptoms experienced by the patient meet the requirements for a diagnosis of schizophrenia according to PPDGJ-III with at least one clear symptom in the patient, namely auditory hallucinations, apart from that, the patient also had visual hallucinations, tactile hallucinations, Bizzard delusions, persecutory delusions and suspicion, and illusion. Meanwhile, the diagnosis of paranoid schizophrenia was made because the hallucinations and delusions felt by the patient were prominent with hallucinatory voices that prohibited the patient or gave orders, bizarre delusions, and persecuted beliefs but affective disorders were not prominent. These symptoms have lasted more than one month.<sup>5</sup>

Patient was differentially diagnosed with schizotypal disorder because they meet 3 typical symptoms that occur continuously or episodically for at least 2 years in accordance with PPDGJ-III, namely strange beliefs or magical thoughts that influence behavior which were not in harmony with local cultural norms, Unusual sensory perceptions include bodily or other illusions, strange speech, and transient psychotic symptoms with illusions, auditory hallucinations, and delusional ideas.<sup>5</sup>

The patient was hospitalized because of chaotic behavior. Based on literature, hospitalization of schizophrenic patients is indicated primarily for diagnostic purposes, for stabilization of treatment, for patient safety due to suicidal or homicidal ideation, as well as for chaotic or inappropriate behavior, including the inability to take care of basic needs such as food, clothing and shelter.<sup>2</sup>

The use of antipsychotic drugs in schizophrenia should follow 5 main principles, namely the clinician should carefully determine the target symptoms to be treated, antipsychotics that have worked well in the past should be used again, the minimum duration of antipsychotic trials is 4-6 weeks at adequate doses, use more than one antipsychotic at a time is rare, and patient should be given the lowest possible dose of effective medication as the maintenance.<sup>2</sup> This patient received Risperidone 2x2 mg and Lorazepam 1x2 mg at night. Risperidone was chosen because it is an atypical antipsychotic drug that has affinity for Dopamine D2 Receptors, as well as Serotonin 5 HT2 Receptors (Serotonin-dopamine antagonists). The initial dose of Risperidone in schizophrenia is 2 mg, with a titration dose of 1-2 mg/day, target dose 4 -6 mg/day, and the maximum dose is 16 mg, however doses above 10 mg/day do not show better effectiveness than lower doses and can cause extrapyramidal symptoms.<sup>6</sup> Administration of Lorazepam functions as an anti-anxiety which has a sedation effect (drowsiness, reduced alertness, decreased psychomotor performance, weakened cognitive abilities) and muscle relaxation. When combined with antipsychotics it can cause increased sedation effects.<sup>7</sup>

Non-pharmacological therapies that can be provided include psychosocial therapy which includes various methods to improve social abilities, self-sufficiency, practical skills and interpersonal communication. The goal of psychosocial therapy is to enable patients to build social and occupational skills for independent living. Apart from that, family-oriented therapy is also needed by helping families and patients to understand and learn about schizophrenia and discussing psychotic episodes which may often be frightening for the family. People with schizophrenia tend to be lonely, but defend themselves against closeness and trust, they tend to become suspicious, anxious, or hostile, or experience regression when someone tries to approach them. Individual psychotherapy is carried out with the aim of conveying the idea that the therapist is worthy of trust, wants to understand the patient and tries to do so, and has confidence in the patient's potential as a human being, regardless of how disturbed, hostile, or strange the patient currently is.<sup>8</sup>

Things that worsen the prognosis in this patient were the patient's divorced status, the presence of negative symptoms, repeated relapses, and a history of committing acts of aggression. Meanwhile, the things that make the prognosis good for this patient were the slow onset. At patient's current age of 34 years, there were clear precipitating factors, namely divorce and low economic conditions, as well as a good social and work history. A number of studies show that during the 5-10 year period following the first psychiatric hospitalization for schizophrenia, only about 10-20% of patients can be described as having a good outcome. More than 50% of patients were described as having poor outcomes with repeated hospitalizations, symptom exacerbation, episodes of major mood disorders, and suicide attempts. It is reported that 20-30% of all schizophrenia patients are able to live normal lives.<sup>9</sup>

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## CONCLUSION :

Paranoid schizophrenia at a young age often occurs due to socio-economic problems and tends to have more aggressive symptoms. The role of non-

pharmacological therapy in treating paranoid schizophrenia at a young age is important, accompanied with regular and continuous use of anti-psychotic medication.

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**Conflict of Interest :**

No potential conflict of interest relevant to this article was reported

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