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Schizophrenia: A Case Report

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ABSTRACT :

Schizophrenia is a mental illness marked by abnormalities in thought (such as delusions), perception (such as hallucinations), and behavior (such as disorganized speech or catatonic behavior), as well as a marked decline in one's capacity to function in day-to-day life and a loss of emotional responsiveness and extreme apathy.[1]Schizophrenia is categorized under the "Primary Psychotic Disorders" part of the ICD-11 classification of mental diseases, specifically utilizing code 6A20.[2] **Ms.XYZ,a 56-year-old woman admitted toanABC Mental Hospital with chief complaints of paranoia, hallucinations, violent behaviour, and self-care deficit.**

Keywords: Schizophrenia, thought, delusion, perception, hallucination, catatonic behaviour, apathy, paranoia.

INTRODUCTION

Disturbances in perceptions, intellectual processes, and emotional response are hallmarks of schizophrenia, a chronic and complicated mental illness. A variety of symptoms are frequently present, including delusions, hallucinations, disordered thinking, and negative symptoms like loss of motivation and social disengagement. It is a difficult illness for both individuals and their families because of these symptoms, which can seriously hinder everyday functioning and interpersonal connections.

Schizophrenia leads to psychosis and is linked with significant disability and can impact all aspects of life, ranging from personal, family, social, educational, and occupational functioning.Human rights abuses, stigma, and discrimination against people with schizophrenia are common. More than two out of three people with psychosis globally do not receive specialized mental health care.[3]

Epidemiology

Worldwide, schizophrenia affects about **24 million people, 1 in 300 persons (0.32%)**. This rate among adults is **1 in 222, which is 0.45%.** It is not as prevalent as a lot of other mental illnesses. Men frequently have onset earlier than women, with late adolescence and the twenties being the most typical dates for onset.[4]

CASE PRESENTATION

Ms. XYZ,a 56-year-old woman admitted toABC Mental Hospital with chief complaints of paranoia, hallucinations, violent behaviour, and self-care deficit.

Present Medical History:

The patient hasa history of hypothyroidism for many years.

Present Surgical History:

There is no significant present surgical history of the patient.

History of substance abuse:

The patient has a history of occasionally using alcohol and cigarettes at parties under peers' influence.The patient reported using approx. 250 ml of alcohol and 2-3 cigarettes at a time.

PAST HEALTH HISTORY:

The patient was well 40 years ago, but when she was studying in class 9th, she was not able to memorize all the concepts and couldn't understand the lessons, after which her mother started some extra classes for her to make her keep up with the classroom pace, but she was not able to comprehend, understand, or memorize things as a normal child would do, and till her class 12th final exams, she was suffering with the same problem and finally failed

the board examinations. Afterwards, there was a stressful environment around her at home, and gradually she started to hear the voice of her boyfriend, named Mr. M, asking her to get married to him and steal her mother's money for shopping. At that time, her mother tried to engage her in some work of not much intellectual activity, so her mother made her get admission to a hotel management diploma course, but there also she was not able to perform well, and she started to become suspicious of her course mates, as she mentioned that one of her friends in that course was jealous of her because she did not have a boyfriend like she did, and as a result, her friend was planning to throw her out of the workplace. All this time, the patient was having her boyfriend's voice calling her for a date or a marriage proposal and asking her to steal her mother's money. Thereafter, the patient also started to become suspicious of the maid working in her house, and she always mentions that the maid gossips about her to her mother and always denies doing her work. All this was getting worse over time, and then the patient would often fight and physically abuse her mother because of her hallucinations. Over time, she also got suspicious of her sister-in-law, mentioning that she had stolen her recipe books and her ideas for making new dishes and never returned them to her. Then her mother decided to take her to a mental health care setting. At first, her brother took her to a rehabilitation centre in Bangalore in 1999, but there it did not work out, and her symptoms got worse day by day. At last, the patient's mother's friend suggested they bring the patient to ABC Mental Hospital in 2004. During all these years, the patient was suffering from hallucinations, delusions of persecution and jealousy, and was not able to cope with this, and finally **she got diagnosed with schizophrenia.** Whereby she took treatment and went back home in 2006; again, she came back to the hospital in 2010 because of her non-compliance with the treatment and the decreasing strength of her mother to take care of her at home, and again, she went back home for certain legal work for sending her permanently to the hospital.

- **Sleeping Pattern:** The patient had insomnia and she reported that she was not able to sleep because of the voices of her boyfriend calling her to run away for marriage and the suspicion she had on her neighbours that they might harm her if she falls asleep.
- **Economic Status:** Patient belongs to a middle-class family. Her sources of family income are her mother and brother. Annual income is approximately Rs.2,50,000.
- **Dietary Pattern:** Patient is a vegetarian but skips meals sometimes due to urge to eat fried food from outside as she was habitual of eating food from restaurants and avoiding homemade food.

PREMORBID PERSONALITY:

According to the patient's premorbid personality, she was a happy child who frequently engaged in intellectual pursuits like cooking new meals for herself and playing chess with her friends. She also had good relationships with her family members, but was not particularly interested in interacting with her neighbours. However, the patient disliked working and accepting accountability for anything. Her relationships with her family were good, but she never wanted to keep them that way with her neighbours or other members of the community. Although she wasn't religious, she did occasionally pray when urged to. Although she had a lot of energy, she was never willing to take the lead on any project. She used to see herself as the world's most beautiful woman and live a fantasy life.

PHYSICAL EXAMINATION

The findings of the physical examination show that the patient is in a stable condition, but she has a moderately thin body build and is not well groomed. The patient was having a kyphotic posture. She was having a bad odour. Posture was slightly bent with the presence of dandruff in her hair. Skin turgor was poor, and lips were dry. Teeth were yellow in color with the presence of cavities. She had dark circles under her eyes and wrinkled skin. Earwax was present.

NEUROLOGICAL EXAMINATION

The patient was having odd gestures, a stooped posture, and a shuffling gait. Cleanliness was not maintained, and the patient did not take a bath. Eye-to-eye contact was not maintained. The patient showed only one odd gesture: pressing and cleaning her nails and rubbing them against each other. Her GCS was 15, and all cranial nerves were functioning well upon examination. The sensory system assessment was also normal. Motor system assessment reveals a muscle tone score of 5. The patient's Romberg test results are negative because she was unable to maintain balance and coordination when asked to move straight while her arms were abducted and her eyes were closed.

MENTAL STATUS EXAMINATION

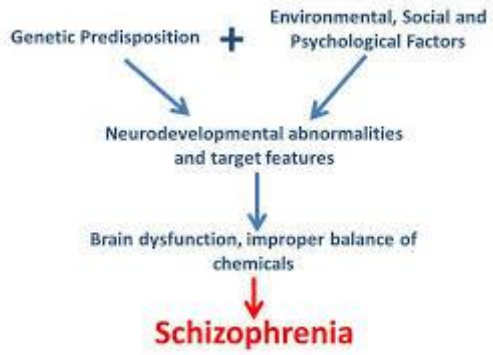
- General appearance and behaviour: The patient is a female appearing her stated age, wearing a suit and jacket along with shoes. She didn't have a neat and clean appearance and walked with a shuffling gait and stooped posture, but she sat and stoodnormally.She has blunted facial expressions but givesresponses and is cooperative. She didn't maintain eye-to-eye contact.
- Psychomotor Activity: The client has a shuffling gait. Hand shape was firm, and there was the presence of abnormal movement. Index finger and thumb friction each other. Posture was stooped, and coordination of movements was normal.
- Attitude towards examiner: The client was cooperative and friendly.
- Mood and affect: The affect of the patient is not congruent with the mood and smiles when insisted on.

- Speech: The patient responds to the questions; offers information, and the answers are relevant, and offers additional information about herself sometimes. The tone of the patient's response is moderate. The flow of the speech is normal, but sometimes interrupted. The speech is unclear but relevant.
- Thought: The client's thoughts are not logical, but whenever asked something about her past or present, she responds with relevant answers. Flight of ideas is present, but to a lesser extent. Delusion of persecution and jealousy is evident as the patient states that one of her fellow batchmates was jealous of her and wanted to steal her boyfriend and throw her out of the course. Moreover, the patient was also suspicious of her neighbours and said that they always wanted to harm her.
- Perception: The patient was having auditory commanding hallucinations as evidenced by her verbal report in which she states that her boyfriend'svoiceis audible to her almost all the time, asking her to come to him, get married, or steal her mother's money to go out for shopping and parties.
- Cognitive functions: The patient was alert and oriented to time, place, and person. The patient's immediate memory was somewhat declined.
- Intelligence: The patient's general knowledge was not adequate, and she was not able to say all the months and weekdays in a sequence, and hence showed some decline
- Judgment: Personal and social judgment is not intact.
- Insight: The patient said that she has schizophrenia, and she is here for treatment, and once she gets well, her mother will take her back home. Insight (Grade 2) is present in the patient.

DISCUSSION

A persistent mental disorder, **schizophrenia** is characterized by abnormalities in perceptions, social interactions, emotional activity, and intellectual processes. Positive (psychotic) symptoms like delusions and hallucinations, negative symptoms like decreased drive and emotional expression, and cognitive deficits are its hallmarks [5]. Here's a detailed overview for discussion:

Psychopathology [6]



Clinical Presentation

The following symptoms were present in the client:

Positive symptoms	Negative symptoms	Cognitive symptoms
Auditory commanding hallucinations	Affective flattening	Lack of decision-making
Persecutory Delusion	Anhedonia	Impaired planning
-	Avolition	Impaired memory
-	-	Impaired attention

Diagnosis

Schizophrenia cannot be diagnosed using any testing. However, before diagnosing schizophrenia, medical professionals may do tests to rule out other diseases.

MEDICATIONS CHART

S. No.	Drug Name & Salt Name	Dose	Route	Frequency	Action
1.	Tab. Haloperidol	5 mg	Oral	TDS	Typical Antipsychotic

2.	Tab. Clozapine	100 mg	Oral	BD	Atypical Antipsychotic
3.	Tab. Thyroxine	125 mg	Oral	OD	Synthetic Hormone Therapy

Therapies

The patient was receiving cognitive behavioral therapy and Art therapy as part of her treatment plan.

Prognosis

From the date of admission to till date, the patient seems fine and has maintained herself well and is doing her activities of daily living and she is also compliant to the treatment plan and has got improvement in her symptoms and is cooperative with the hospital management and staff.

CONCLUSION

Ms. XYZ, a 56-year-old female admitted to ABC Mental Hospitalwith chief complaints of paranoia, hallucinations, self-care deficit, and violent behaviour, and is on antipsychotic medications and psychotherapies for the same.

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