

DETAILED CASE STUDY ON SCHIZOPFRENIA

Kusum Jain*

Abstract

People with the disorder may hear voices other people don't hear. They may believe other people are reading their minds, controlling their thoughts, or plotting to harm them. This can terrify people with the illness and make them withdrawn or extremely agitated. People with schizophrenia may not make sense when they talk. They may sit for hours without moving or talking. Sometimes people with schizophrenia seem perfectly fine until they talk about what they are really thinking. Families and society are affected by schizophrenia too. Many people with schizophrenia have difficulty holding a job or caring for themselves, so they rely on others for help. Treatment helps relieve many symptoms of schizophrenia, but most people who have the disorder cope with symptoms throughout their lives. However, many people with schizophrenia can lead rewarding and meaningful lives in their communities. Researchers are developing more effective medications and using new research tools to understand the causes of schizophrenia. In the years to come, this work may help prevent and better treat the illness.

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Date	21 June 2013
Patient's Name	AB
Age	42
Gender	Male
Father's Name	CD
Mother's Name	EF
Birthday	13 February 1971
Marital Status	Single
Education	Bachelor's in Commerce and PG Diploma
Residential Address	New Friends Colony, Delhi
Socioeconomic status	Lower/ Middle/ Lower upper/Upper
Religion	Hindu
Informants	Mother of the patient
Source of Referral	None
Family Type	Nuclear
Number of family Members	2

Adequacy of information: The informant provided adequate information about the patient. However, probably due to old age, she could not remember specific details.

Reliability of information: Overall, the information given by the informant was reliable. However, at times, she provided information that do not match with records. According to her, the patient has never been aggressive until March 2013. However, previous hospitalization records show that one of the chief complaints was aggressive behavior. Upon checking, she confirmed that indeed the pt's aggressive behavior more or less began in 2006.

Familiarity of informants and length of stay with the patients: Informant and patient have always lived together. Although the former cannot provide specific details about the patient's personal lives (e.g. romantic relationships formed).

II. Presenting complaints

Main symptoms of the illness in chronological order (longest >shortest)

Symptoms	Duration
Hearing voices in the AC or Bulb	17 years
Seeing girls on cctv camera	Can't be established
People want to harm or kill me	Can't be established
Aggressive/violent behavior	Since 2006 (7 years)

I invented the cure to AIDS	DK
People want to marry me off to daughters of rich industrialists like Rashi Birla and dalmiyas etc.	DK
Disturbed sleep	DK

III: Total duration of illness:

Precipitating Factors : Could not be identified

Onset : Acute

Course of illness : Continuous

Progression : Fluctuating

IV. History of present illness (HOPI):

According to the patient's mother, the patient was doing well until approximately 17 years ago, on December 1996. She temporarily left home to attend a wedding for 4 days. The pt started believing that somebody is spying on him and wants to harm him. Moreover, he thinks there are some people inside the AC and he can hear them inside it. Whenever the patient was out on the road, he would tell his mother that all the faces that he sees are similar and all had dangerous faces. He also said that he found the faces of people in the street very dirty. The mother shared that realistically there was no such danger and all this was his imagination. His belief in this was very strong and as a result he avoided going outside for some time and reduced social contact.

For the last 17 years, the patient has been under medication and was admitted 4 times prior to his current admission in a psychiatric centre..The informant does not have much recollection of how the patient was specifically from 1997 to 2005. She said that he was never completely well, had similar symptoms but was unable to give further details. The informant remembers that the patient was under precitin and seronos. Moreover, from 2000 to 2005, informant recalls that the patient was irregular with his medicine intake.

According to the informant, the patient is generally less aggressive except when he becomes irregular with his medicine intake. However, he keeps withdrawn and is unable to work.

According to the medical records kept by the mother of psychiatric hospitalization and psychiatric consultation which was only available from year 2005 to present. Patient's first

psychiatric hospitalization was in January 24, 2005 and was discharged in Feb 12, 2005. He was diagnosed with paranoid schizophrenia. Chief complaints were violent and aggressive behavior, hearing voices, suspicious behavior, and self- talking, decreased sleep, decreased appetite, and decreased self-care since 1997. According to the mental status examination, there was delusion of reference and mood was irritable and uncooperative. Insight was grade II. For medication, he was given Fluanxol, Parkin, Alcorib, Rispid, Larpose.

Approximately 10 months after, on December 16, 2005 he was once again admitted for a month and was diagnosed with schizophrenia. Chief complaints were suspiciousness over relatives for 4 – 5 months, hearing voices, increased irritability, and decreased sleep, self talking, and absconding behavior. MSE shows that the mood was anxious and patient had auditory hallucination. There was delusion of persecution and insight was grade 1. He was given zoplon, sizopine, clozapine.

Approximately 3 months after, on February 10, 2006 the patient was once again admitted to a psychiatric hospital for the same psychiatric illness. Chief complaints were unconsciousness for a short time, frothing through the mouth and was given antiepileptic and symptomatic medicines (meds not mentioned in the report)

Month later, on March 11, 2006 the patient was once again admitted for one month with chief complaints as aggression, agitation, non-compliance to treatment, decreased sleep and self care for the last 15 days. He was given sizopin for medication.

For his medication, he was given sodium valproate (mood stabilizer) sizopin, encoratechono, lorazepam.

3 months after, on June 29, 2006 the patient was once again admitted but for just for a day. The diagnosis was schizophrenia and chief complaints were restlessness and seizures. It was noted that the patient had a history of clozapine-induced seizures in the past. Insight was grade I. This was the patient's last psychiatric hospitalization prior to the current one. According to the mother's records, the patient has subsequently been going for psychiatric consultation from 2007

to 2011. From Dec 1, 2007 to April 12 2008, patient was under medication of eltroxin 50 mg, sizopin 100mg, and Depakote 1 gm.

Since January 10, 2009, there has been variation in patient's medication.

In November 2012, the pt's mother started noticing that the patient has become irregular with his medicine intake once again because she would count the pills and find out the pt had not taken the medicine. The patient usually complained of unpleasant side effects such as stomach burning, feeling sleepy and drowsy all time. However, the mother cannot confirm the last complaint because the patient washes his own undergarments. Because of the constant complaints, the mother also became lax with the medicine intake. In March 2013, the patient started showing aggressive/violent behavior once more. The patient on several occasions beat the mother up. On early May, the patient broke the front door of the house by kicking it. During this time, the patient likewise had a habit of ringing the bell continuously. On May 25th 2013, the patient broke the CCTV camera of their relatives living next to them because the pt said he saw women inside the camera. As a consequence, his cousins beat him up. After this event, the pt's mother noticed that the patient started throwing things at home such as clothes, utensils, and other objects at home. He likewise started collecting everything in the house such as utensils and clothes and put everything in his room. The patient's mother also started noting self-talking behavior and pt started saying again and again that somebody has slit his throat. On June 2nd, the patient told his mother that he will screw his mother's stomach which made the mother scared for no apparent reason.

According to both the mother and the attendant, the patient has shown some improvement in the past 2 weeks. The patient has been going to yoga session in the morning for the last 5 to 6 days. When the patient was admitted in early June, patient ate very little. However, in the last 4 -5 days the patient's food intake has increased. According to the attendant, self-talking behavior has likewise decreased. Disturbed sleep is still present. The patient does not sleep before 11:30 pm and would usually wake up at 2 hours after sleeping and will walk around the ward, the patient then goes back to sleep and usually wakes up at 6:30 am.

Negative History:

- No history of head injury
- No history of substance abuse
- No history of feeling of pervasive sadness
- No history of feeling of helplessness
- No history of pervasive loss of interest in usual activities
- No history of reduced self-esteem and self-confidence
- No history of diminished appetite
- No history of overspending

V. Past Psychiatric and Medical History:

According to the patient's mother, the patient has no history of serious medical and neurological illness. Likewise, pt has not been diagnosed with any other psychiatric illness in the past. Pt likewise has never met any accident of a kind whatsoever. Pt has no history of diabetes mellitus, hypertension, coronary artery disease, and tuberculosis.

VI. Family History:

The family's background is Rajasthani Hindu. However, the patient spent a significant amount of his childhood in Kolkata till Class III. The pt has only one sibling (female) who is one year younger than the patient and is now married. According to the pt, he is not that close to his sister. As a kid, they used to play with each other but during their teen years they have drifted apart. These days the patient only talks to his sister once or twice. He also mentions that his sister does not believe him whenever he says he sees a ghost. Throughout his current stay in VIMHANS, The patient has not been visited by his sister.

According to the pt's mother, no one in their family or extended family has any psychiatric illness. However, the patient's father died of Parkinson's disease two years ago. There is no family history of drug or alcohol dependence. There is no family history of hypertension, coronary artery disease, tuberculosis, or any other medical condition. However, the patient's mother has diabetes.

VII. Personal history:

The patient's mother did not have any physical or psychiatric illness during her pregnancy of the patient. She described herself as "very fit" during her pregnancy which was planned. She had a full-term, normal delivery at a hospital. The patient did not have any pre-natal complications such as convulsions and jaundice, nor were there any birth defects. However, the patient's birth cry was delayed. According to the mother's estimate, it took half an hour to one hour after the patient was born before he cried.

VIII. Childhood History:

As an infant, the patient did not contract any major illness. He was breastfed for 3 months. His mother with one helper brought up the patient. With regard to the developmental milestones, pt's mother can no longer remember at what month or year did the pt achieved specific developmental milestones.

IX. Occurrence of neurotic traits should be noted:

No history of occurrence of neurotic traits such as stuttering, stammering, night terrors, thumb sucking, nail biting, morbid fears, phobias, enuresis, somnambulism, temper tantrums, food fads.

X. Education/School History:

The informant could not provide the specific age or date when the patient began and finished his formal education. The patient completed B. com at Delhi University by correspondence. After which, he completed a diploma in Marketing and Sales. The patient subsequently pursued MBA and was diagnosed with schizophrenia during his studies. However, he dropped out six months before the program is completed. The informant could not remember the specific percentage the patient obtained. According to the patient, he is good in English, but weak in Math. Moreover, he is good in archery. With regard to relationship with teachers, according to the informant, overall the patient had an okay relationship with them. However, occasionally he gets irritable with his teachers because they find him naughty. He considers 4 people in his peer group who knows him really well during his school days. However, at another time, the patient provided different information and mentioned that he has 50 to 60 friends when he was in school. Regardless if the former or latter is more appropriate, the pt mentions that he is no longer in

contact with them anymore. In addition, the patient studied in a co-ed school but had no female friends.

XI. Play History:

According to the informant, as a child, the patient did not have many playmates. As a teenager, he would be excluded by his cousins from playing with them.

XII. Occupational History:

With regard to occupational history, Both patient and informant provided inconsistent information. The mother initially mentioned that pt was only once employed. However, she later added that patient worked twice. At one point, the pt mentioned that he had taken 4 jobs. However, in a more recent conversation, he mentioned that he had only 2 jobs. The pt cannot recall the year. When he first worked, the nature of his job was related to marketing and finance. He left the job after working for 6 months because he could not understand finance. He also mentions that he was not able to form friendship with any of his coworkers. His second job was once again related to finance. He worked for 4 months. According to the pt, he left coz he could not cope with the job and couldn't get a thing.

XIII. Sexual and Marital History:

The patient is single and has never been married. According to the patient, he had a girlfriend previously. He calls her a 'mad girl' and who cut his throat and ears. They were together for 6 – 7 months but he broke up with her because she is a Scorpio.

Patient obtained most information on sex through magazines such as Debonair and Playboy. He started reading such stuffs during the first year of the college.

Pre Morbid Personality:

Pre morbidly, the informant described the patient as a selfish person who prioritized his needs at the expense of the needs of others. Moreover, he was described as very adamant. Whenever he asks or demands something, it must be given to him. Otherwise, he would get annoyed, stopped talking, etc. Patient was likewise very self-conscious as confirmed by both the patient and the informant. He is conscious of what he wears and has a very strong sense of pride. Pt's mother

mentioned that pt is at times a too overconfident constantly saying that he can do anything. In fact, she thinks pt has too much high hopes.

Patients' activities and interests prior to the onset of illness were mainly music and movies. Patient loves listening to the radios, watching shows and movies till the late hours, and reading magazines such as India today and other magazines that are orientated towards business.

When asked about his religious beliefs, he describes himself as a religious man who firmly believes in lord Shiva. Pt even went to give a prayer about Lord Shiva and Hanuman, a prayer he does every day. He approximates that he goes to a temple 5 -6 times in a month. Mother describes him as a religious person but not rigid or extreme in his beliefs.

According to the patient, the only person he respects in the family is his mother. He particularly does not respect his aunt and uncles. Patient never had a good relationship with his relatives even before he got sick. Prior to his illness, the informant described the patient as a very jolly and chirpy person who was very playful. He had many acquaintances (the mother could not provide details. However, at present, He does not have any regular friends or relatives coming over to see him mainly because the relatives get scared when he tells them 'there is an evil spirit inside me'. Some of the leisure activities and interests of the patient is listening to music particularly the music of bruce springsteen. He mentions he likes to think about things especially cures to everything.

With Regard to fantasy life, pt said that he did not like to day dream or to imagine things.

Mental Status Examination:

The patient was moderately kempt. Patient's physique is average and lanky and his dressing is normal except for the peculiarities of constantly wearing a leather jacket at all times. In the past 2 – 3 days, this behavior has become absent.

The attitude towards the examiner was initially uncooperative and appeared disinterested. After one week of seeing the patient, the pt's attitude slightly improved and become more cooperative. albeit rapport was not fully established.

With regard to hallucinatory behavior, the patient does self-taking behavior as mentioned by both attendant and informant. According to the mother, patient also laughs on his own.

Gait and posture is normal. And pt's social manner and non-verbal behavior is normal. Eye contact is normal and pt does not stare vacantly.

Psychomotor activity – patient looked ill at ease.

Subjective affect was “I'm feeling okay”. Objective affect was irritable. Range of affect was restricted. Affect is at most times inappropriate such as having blunted affect when talking about his father's death.

Patient's tempo of speech was fast, tone normal, and volume low which make the patient incomprehensible at times. low volume may be due to patient's belief that his throat was slit. Pt had a distinct slurring of speech. Patient did not stutter.

With regard to content of thought, patient exhibited various types of delusions - Patient believes that the attendant is his ancestor and that the attendant is 500 years old.

The patient took a soap in the bathroom and mentioned the soap is camcorder which contains a particular ingredient called cowurail and this gives message to lord hanuman to keep him alive. His belief in lord hanuman is strong because he can turn him back to life even after an AK 47 hits him. At another point, patient mentions that the bulb in the ward is video camcorder which is there to monitor him and watch his every move so he took it from the ward.

The patient at times had shown ordinary objects such as a pen and mentioned that goddess kali have him that pen 2 years ago. When asked how did goddess kali gave the pen, patient says he doesn't know.

Patient also has **somatic delusions**. He mentioned that somebody has slit his throat 5 years ago. He does not remember who did it but believes it might be his cousin. Pt even points to a particular place in his throat where he was slit. This is the reason why he feels he has difficulty speaking.

Delusions of Memory:

He claims that Lt. Kunal HKL Kapoor, the ex-CM of Delhi, knows his family really well and if anyone wanted to know more about his family, he or she can call Lt. Kapoor and ask him about everything regarding the family. According to the patient's mother, his father had actually met HKL Kapoor once to give him a plaque of appreciation because he was the engineer who constructed a hospital in Seemapuri. However, the pt's mother denies any close relationship between Lt. Kapoor and her family.

Grandiosity:

Patient mentioned that that he invented the cure to AIDS 5 years ago. When asked how he came up with such invention, he said that he did so by simply thinking about the cure. Moreover, pt mentioned that he was the one who gave the idea of creating Haldiram's but this idea was stolen from him.

Ideas of persecutions - patient believes that a political group in UP is after him and wants to kill him. He mentioned they are harming him by sucking his blood.

Perception

Auditory -5 days ago (6/10/13) Patient says goddess Kali told him that his father is a Kashmiri pandit although by background, his family is of Rajasthani Hindu background. Goddess kali's voice was described as clear as the interviewer and it is coming from inside his head. At another instance, he mentioned that Lord Shiva is telling him that 2 other patients are actually his son although he does not know who the mother of his sons is. Again, the voice was described as clear and coming his ears.

Somatic passivity phenomenon –according to the patient, there is a girl inside him who talks to him especially when he is taking a shower. Patient describes it like a ‘species within him’. This female voice tells him that they will masturbate and she will swallow him. Pt also says he feels the girl in his entire body moving within him except in the knees because lord Shiva sits on the knees.

Higher mental functions :

Orientation:

Orientation is mostly intact except for orientation of time.

Orientation to time is partly intact. The patient has a good approximate of the time of the day. But patient overestimated how long it is since he had his last meal. Pt is orientated to place. When asked what place is this pt mentioned that it is a place which helps ppl to say calm. Orientation to person is intact. Patient was able to identify himself and his mother.

Attention and concentration is intact:

Patient’s digit span is 6 for forward and 3 for backward.

Serial subtraction – 20 -1, Can’t and refused to do 40 -3.

Patient can dictate days and months forward correctly but had errors doing it backward.

Memory is intact:

Immediate memory is intact as tested shown in digit span test.

Recent memory is partly intact. Patient was given an address but could not remember it. However, patient was able to recall events in the last 24 hours and response was cross-checked by talking to the attendant.

Remote memory is mostly intact. Patient is able to recall correctly information of life events except time since his father’s death. According to the informant, pt’s father died 2 years ago. At times, patients it has been 4 years.

Intelligence: Patient’s intelligence is impaired except for arithmetic. However, general info and comprehension is impaired.

General info:

Patient can't name the current prime minister of India. Pt can only name Ganges when asked to give 5 rivers. Partly gave correct answers to capital of countries. When asked about the 11/26 Mumbai attacks, pt mentioned that it happened in 1992/1993.

Comprehension:

What will you do when you feel cold? **“I will eat Rasgollah.”**

What will you do when it rains when u start for work. “I will have my umbrella”

What will you do when you miss the bus when you are on a journey. “take another bus”

What will you do when you find on your way it will be late by the time you reach your work place. “I will say battery is dead”

Why do we need to stay away from bad company? “Actually when you're a teenager you're bad.

When you group up then you become good”

Arithmetic:

Patient was able to get 4/5 questions correctly.

Abstraction is impaired:

The following are the pt's response when asked about the differences and similarities of two things.

- The difference between a stone and a potato is potatoes can be eaten stone can't be eaten.
- Flies sit on shit and butterflies don't
- Cinema is for eyes and radio is for ears.
- Iron goes for buildings and silver is for decorations.
- Banana and orange both go to the stomach.
- Dog and lion. One will die.
- Eye and ear. Don't know.
- North and west. It's cold weather.
- Table and chair. DK

According to the patient, he knows what a proverb is and gave the proverb as an example. “Mind makes money. Money does not make mind.”

Empty vessels make much noise. Patient's response is "the more empty you are the more noise you make."

Slow and steady wins the race. The patient mentioned the story of the rabbit and the tortoise.

Judgment is impaired:

Personal:

Social: Patient intends to start advertising agency soon which is not realistic given his current situation.

Test judgment: If the house in which you are catches fire, what is the first thing you will do?

"Kill the fire"

Letter problem:

"I will open it and read what it is about."

Diagnostic Formulation:

According to the patient's mother, the patient was doing well until approximately 17 years ago, on December 1996. The pt started believing that that somebody is spying on him and wants to harm him. Moreover, he thinks there are some people inside the AC and he can hear them inside it. the patient is generally less aggressive except when he becomes irregular with his medicine intake. However, he keeps withdrawn and is unable to work. . Chief complaints were suspiciousness over relatives for 4 – 5 months, hearing voices, increased irritability, decreased sleep, self talking, and absconding behavior. MSE shows that the mood was anxious and patient had auditory hallucination.

Diagnosis:

Schizophrenia

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