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Case study: Schizophrenia

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Abstract

Ms. S.K. was an unmarried 21 years old, female, single, from middle socio-economic status, came with grandmother along with the complaints of abusive and assaultive behaviour, suspiciousness, bouts of cry, talking to self, laughing without reason from 3 years. On Mental Status Examination, she was well kempt and tidy in touch with surroundings, rapport established easily and attitude towards the therapist was cooperative, attentive but sometime guarded. Her affect was anxious. Her thought stream was retarded with decreased tempo. Ideas of references and delusion of persecution were present. Judgement was impaired in all three (social, personal and test) aspects with Grade-1 level of insight. She is diagnosed as Paranoid Schizophrenia.

KEYWORDS: Paranoid Schizophrenia, Mental Status Examination, rapport, judgement, insight.

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Schizophrenia is a psychotic disorder marked with severe impaired thinking, emotions and behaviour. The prevalence rate is estimated to be about 1% of the total population of the world.

Schizophrenia includes three different subtypes. The main subtypes includesparanoid, disorganized and catatonic, and each of these subtypes displays unique characteristics or symptoms (Hansell&Damour, 2008). Symptoms of paranoid schizophreniaincludes hallucinations and delusion,disorganized schizophrenia shows symptoms such as inappropriate effect and disorganized speech pattern. Patients suffering from catatonic schizophrenia exhibit symptoms of strange or bizarre sensory motor function (Hansell&Damour, 2008).
Further, there are two categories of symptoms in schizophrenia: positive and negative symptoms. Patients displaying positive symptoms exhibit pathological excesses including hallucinations, irrational thinking and irrational behaviour, whereas patients displaying negative symptoms will exhibit pathological deficits including withdrawing and isolating from social interactions, and poverty in speech(Hansell&Damour, 2008).

Schizophrenia is a complex illness which affects men and women both, on an equal level. The illness usually starts around the age of ten, or in young adulthood. However, cases of childhood-onset schizophrenia indicate that the illness can start as young as five years of age. While researchers have yet to discover the cause of schizophrenia, many suspect genetics to be major contributor (PubMedHealth, 2012).

Patient's history of present illness

Patient was symptomatic before 3 years. She was an unwanted girl by her parents and was given to her grandmother. One day she came back from the college, she started abusing her family members unexpectedly. Before this incidence, earlier she was very calm and use to respect her family. After that incidence, she started refusing any eatable from any family and use to prepare her food by self. As the time passed, she became more aggressive and assaultive towards the family members and started talking to self which was not coherent and not heard by family members.

Negative history: No negative history suggestive of organicity, substance abuse, obsessions and compulsions, eating disorder and suicidal ideations were found.

Treatment history: Patient was taking treatment from different places and was hospitalized twice for 10 and 15 days. She was given ECT once but no improvement was found.

Past illness: No history suggestive of similar illness in the past.

Family history: She was born of non-consanguineous parents. Birth order of the patient was ½. The family type is nuclear. Interpersonal relationships were cordial. There was no history suggestive of any psychiatric and medical illness in the family.

Personal history: She was a home delivered full term baby with no antenatal and postnatal events. She cried spontaneously at birth. All milestones were age appropriate. She was the second child in the family and no childhood disorders were present. Her relation with sibling was cordial. Her academics were satisfactory, and relation with peer was good. She actively took part in extracurricular activities.

Sex education was never actively a topic of discussion in the family, they being very orthodox about it. But her elder sister always clarified doubts and explained her normal physiology in a very

subtle and healthy way. Her relation with family members was good. She was a responsible and diligent girl and had good interpersonal relations within and outside the family. The family environment is cordial and supportive to her.
She is a vegetarian by diet and slept around 8 hours earlier. There is no addiction.
Menstrual history: She attained menarche at age of 13 years, the flow being regular and normal in amount, not associated with clots or dysmenorrheal.

Premorbid personality: Before the onset of illness, she was having cheerful mood though she was a bit shy, she had good social and interpersonal relations. She was much dedicated towards her work and was a responsible and a religious person. Overall, she was well adjusted and her personality was well balanced.

Psycho Diagnostic Report

Test administered

1. Eysenck's series of digit span test – To know the level of attention and concentration
2. Rorschach ink-blot test of personality – For the global assessment of the personality

Behavioural Observations

She could comprehend all instructions properly. When the Rorschach plates were given to her, she considered them to be religious photographs and treated them religiously. On first three cards, before giving response, she closed her eyes and rotated her fingers on cards, and then gave responses. She kept away the card after giving single response but after giving motivation and encouragement, she was giving responses bitterly. However, during all the testing session, she remained preoccupied with religion and God. Her motor behaviour was appropriate during test sessions.

Test findings

Level of attention and concentration: To know the level of attention and concentration, Digit span test was conducted. On digit backward, the score was (DB=01) and digit forward (DF=03), indicating poor level of attention and concentration.

Personality Assessment: For the global assessment of personality, Rorschach test was administered and total number of response was 20.R & Lambda were in average range, so protocol was interpretable. Lambda range [1.22] showing that patient is defensive, constricted and anxious. She was conservative, insecure and fearful of environment. Her D score [-3] showed that she has limited available resources as contrast to demand made on her. Lower AdjD score [-3] indicated that she had fewer than average resource to adequately cope with stressful situations. She can function best in routine and predictable situations. Adapting to new situations create difficulty to her, as she had in past. Total absence of Y indicated an extremely indifferent attitude towards the ambiguous situation's [2] is greater thaWSumC [1] showed that is more prone to use her inner life for basic satisfaction. She is introversive, the way she uses resources. She may be outgoing in her social relationships but internally she is prone to use her inner life for the gratification of her important needs.

She is more oriented towards using her inner fantasy life and less physically active. Left side values in the eb [6:0] is greater than the right side and es [6] is higher than 4, which shows that she is experiencing some distress. Her Dscore [-3] has a minus value, indicating an overload state exists

in which she is experiencing more internal demands than she can respond to easily and effectively. Thus, the capacity for control is lessened, decisions or behaviours may not be well thought through or implemented, and a proclivity for impulsiveness is seen.

Afr[.54] is in average range, indicating that she seems as willing as most others with her particular coping style, which is avoidant. It indicated a naïve lack of awareness concerning her problems. She had difficulties with control often find it more beneficial to avoid emotional stimuli thereby reducing demands made on them. Value for Lambda [1.22] is higher than 1.0 and zf value [4] is lower than expected which may indicate that the influence of the avoidant style is very substantial and the limited processing effort might create a potential for adjustment problems. The zd value [-2] falls in the average range, which showed that the scanning efficiency is like that of most people. PSV value is 1 and involves a within card PSV. It suggested that at times she has some difficulty in shifting attention. This can lead to less efficient processing activities.

XA%[0.55] is less than .70 and the WDA%[.57] is below .65, which reflects a significant meditational impairment. The dysfunction is severe and reality testing will be markedly impaired. It is also an indicator of a psychotic-like process. Her X-%[0.45] is greater than .30, which signalled the likelihood of a serious meditational impairment. She is a victim of some disabling problem because the basic ingredient for adequate reality testing is seriously impaired. P[5] is in the expected range, which signified that expected or acceptable responses are likely to occur when the cues for those responses are obvious. Absence of FQ+ responses can signal a more lackadaisical, defensive or even impaired meditational approach. X+%[0.35] is less than .55 and X-%[0.45] is greater than .20, indicated that there is a substantial likelihood of more atypical or even inappropriate behaviours' than might be expected.

Her EB[2:1] and Lambda scores indicates that she is prone to delay decisions while considering various options. Usually, she prefer to keep feelings at a more peripheral level during problem-solving and/or decision making, but she is more vulnerable to emotional intrusions in her thinking when confronted with complexity or ambiguity. She generally favors systems of logic that are uncomplicated and she usually avoid engaging in trial-and-error explorations whenever possible. Values for Mp[2] is two points greater than the values for Ma[0], which showed the presence of a stylistic orientation in which flights into fantasy have become a routine tragic for dealing with unpleasant situations. She uses fantasy with an abusive excess to deny reality, and often the results are counterproductive to many of her own needs. This mode of coping creates a self-imposed helplessness because it requires a dependency on others. She is quite vulnerable to the manipulations of others. Number of human representational responses is 3 and the value for PHR[2] is greater than the value for GHR[1], which reflected that she generally engages in forms of interpersonal behaviours that are likely to be less adaptive for the situations than might be desirable. Value for COP is 1 and the value for AG is 0, it is reasonable to assume that she usually anticipates positive interactions among people and is interested in interacting with them.

Diagnostic Summary

Areas of strength: she can function best in routine and predictable situations. She is prone to use her inner life for the gratification of her important needs. The scanning efficiency is similar to that of most people. She generally favor systems of logic that are uncomplicated and she usually avoid engaging in trial-and-error explorations whenever possible. She usually anticipates positive interactions among people and is interested in interacting with them.

Areas of weakness: she is defensive, constricted and anxious. She is conservative, insecure and fearful of environment. She had fewer than average resources to adequately cope with stressful situations. Adapting to new situations create difficulty for her. She is experiencing some distress. She had difficulty with control, often find it more beneficial to avoid emotional stimuli, thereby

reducing demands made on them. She has some difficulty in shifting attention. She had a significant severe meditational impairment and problem in reality testing. She is a victim of some disabling problem because the basic ingredient for adequate reality testing is seriously impaired. Psychotic-like processes exist. She is prone to delay decisions while considering various options. She fights into fantasy for dealing with unpleasant situations. She uses fantasy with an abusive excess to deny reality, and often the results are counterproductive to many of her own needs. This mode of coping creates a self-imposed helplessness because it requires a dependency on others. She is quite vulnerable to the manipulations of others.

Management and suggestion

1. Pharmacotherapy
2. Psychoeducation
3. Individual and family psychotherapy
4. Social skills training

Conclusion

There are various factors that lead to psychotic disorders like Schizophrenia. Every person who is effected by the disorder will showreact to environment differently. The various classifications of schizophrenia, ability to receive treatments, and the consideration of various influences and base-line factors help researchers determine what classification a patient falls into. In this case, the patient displays symptoms of paranoid schizophrenia.

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