SVEIKATOS MOKSLAI /
HEALTH SCIENCES IN EASTERN EUROPE
ISSN 1392-6373 print / 2335-867X online
2023, 33 tomas, Nr.3, p. 58-59
DOI: https://doi.org/10.35988/sm-hs.2023.085

PARANOID SCHIZOPHRENIA: CASE REPORT

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Keywords: paranoid schizophrenia, paranoia, psychosis.

Summary
Schizophrenia is a complex chronic mental disorder, that manifests with positive and negative symptoms, as well as disorganized behavior and cognitive changes, and affects around 1% of the population. Paranoia remains the most common delusion among patients diagnosed with schizophrenia. Although the etiology of schizophrenia remains unknown and it is thought that genetic and environmental factors contribute to its development, studies suggest that childhood bullying victimization is likely to be a significant risk factor for having paranoid ideas. The clinical case of the young man diagnosed with paranoid schizophrenia is discussed in this article.

Introduction

Schizophrenia is a chronic mental disorder, characterized by a wide range of positive and negative symptoms, including hallucinations, delusions, disorganized behavior or speech, suicidal thoughts, and cognitive impairments [1,2]. The disease affects approximately 1% of the population, causes early disability and a reduction in life expectancy – it is 10-25 years lower than in the general population due to the higher suicide rate and health issues [1,3].

Paranoid schizophrenia is the most frequent subtype of schizophrenia [4]. Although the subtypes of schizophrenia were eliminated from Diagnostic and Statistical Manual of Mental Disorder (DSM), paranoia remains the most common delusion among patients diagnosed with schizophrenia [5,6]. Childhood bullying has been discovered to be a significant risk factor for having paranoid ideas and might be linked to the development of psychotic illnesses in adulthood [7]. In this report we present a case of a young patient with paranoid schizophrenia and peculiar manifestation of paranoid symptoms, which started from the primary school because of bullying by classmates.

The aim of this study was to present a clinical case report and a short literature review of paranoid schizophrenia.

Case report

A 20-year-old man was admitted to Psychiatric Clinic due to further evaluation of persistent hearing of imperative voices from multiple personalities and bothering thinking about commitment of suicide. From heteroanamnesis we found out that the appearance of multiple personalities and first signs of psychiatric illness had manifested since primary school due to classmates bullying. Since then, patient claimed to have four multiple personalities: nameless, "geek", child, and himself. These personalities had separate rooms in his head where they could meet and discuss with each other. Although only one personality could be active at one time. Patient also stated that lately voices blamed him and were giving orders however he could not do anything about it while other personality was active. Because of that young man felt paranoid and was afraid to do something for himself. During daily visitations the changing patient's behavior was noticed. To exclude other organic diseases, physical examination and laboratory testing were done and no pathological findings were noticed. The patient's instability of personality did not give base for earlier diagnosis of paranoid schizophrenia. He was treated with antipsychotics, psychotherapy and sociotherapy. Upon completion of psychiatric treatment, the patient was discharged to home.

Discussion

At least two of the following active-phase symptoms: delusions, hallucinations, disorganized speech, grossly disorganized or catatonic behavior, and negative symptoms, each lasting for a month or more is needed to diagnose schizophrenia. Delusions, hallucinations, or disorganized speech must be present [2]. Auditory hallucinations affect 60 to 90% of schizophrenia patients [8].

The disease often limits patient independence and impairs

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a variety of areas of daily life – professional activity and interpersonal relationships [9]. Even though the fundamental etiology of schizophrenia remains unknown, research propose that genetic and environmental factors contribute to the development of schizophrenia by disrupting neurodevelopmental processes [10]. Nevertheless, many studies suggest that there is a relationship between bullying victimization as a child and paranoid ideas in young age [7]. One of the hypotheses explains that trauma experienced in childhood leads to self-destructive ideas and negative schemes about the others, which may contribute to adolescent susceptibility to distressing paranoid ideas, yet, according to other research, chronic exposure to traumatic experience, including bullying and abuse, may have an impact on the stress regulation system – the hypothalamic–pituitary–adrenal axis [11].

Furthermore, this case report demonstrates how people with paranoid schizophrenia could have several personalities. It could make early detection of this condition more difficult. As a result, it is essential to do regular follow-up care examinations and tests to rule out organic disorders.

Targeting symptoms, avoiding relapse, and enhancing adaptive functioning are the main aims in treating schizophrenia so that the patient can return to society. The main element of schizophrenia treatment are antipsychotic agents, but since symptoms may persist, nonpharmacological treatment (psychotherapy), is crucial [2].

Conclusions

There are multiple factors that play an important role in the etiology of schizophrenia, including genetic, environmental, and social factors. This case report highlights the difficulties in a diagnostic process of paranoid schizophrenia due to challenging communication with unpredictable changing of patient's personalities.

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PARANOIDINĖ ŠIZOFRENIJA: KLINIKINIS ATVEJIS

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Raktažodžiai: paranoidinė šizofrenija, paranoja, psichozė.

Santrauka

Šizofrenija yra sudėtingas lėtinis psichikos sutrikimas, pasireiškiantis teigiamais ir neigiamais simptomais, neadekvačiu elgesiu ir pažinimo pokyčiais. Šia liga serga apie 1 proc. gyventojų. Paranoja yra dažniausiai pasireiškiantis kliedesys pacientams, kuriems diagnozuojama šizofrenija. Nors šizofrenijos etiologija vis dar nežinoma, tačiau manoma, kad genetiniai ir aplinkos veiksniai prisideda prie jos vystymosi. Tyrimai rodo, kad vaikystėje patirtos patyčios gali būti paranojinių minčių rizikos veiksnys. Šiame straipsnyje aptariamas klinikinis jauno vyro, kuriam diagnozuota paranoidinė šizofrenija, atvejis.

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Gauta 2022-05-25