PARANOID SCHIZOPHRENI A SECONDARY TO PHYSICAL AND EMOTIONAL ABUSE BY SPOUSE: A CASE REPORT

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Abstract

Schizophrenia, which is distinguished by psychotic symptoms and frequently leads to social and vocational decline, persists to be a challenge in terms of its aetiology and treatment. Physical and emotional abuse from the partner can lead to paranoid schizophrenia. Paranoid schizophrenia patient shows disturbed thought process due to several causative agents such as chemical and structural dysfunction and environmental influences. Further patient have poor insight, experience disorder of thought and have negative symptoms. A 32 year old female patient was brought to psychiatric department by her mother with the presenting complaints of acute symptoms which include delusion of percussion, delusion of reference, delusion of infidelity, auditory hallucination, suspicious behavior and restlessness. Prior to the current situation patient have taken I week of treatment and visit the psychiatrist for follow up. Clinical features and mental status examination met the criteria for paranoid schizophrenia and administration of antipsychotics to the patient. The client was under the observation for 1 week. The drug therapy was helpful to the client. The course of the disorder in the client was ‘episodic with stable deficit’. The symptoms of the client were reduced and she was stable.

Keywords: Suspicious behavior, paranoid schizophrenia, anhedonia, avolition, Psychological abuse.

INTRODUCTION

Schizophrenia is the psychotic disorder which is characterized by the disturbance in thought, behavior, emotions and volitions. The common symptoms of schizophrenia are hallucination, delusion, negative symptoms like avolition and anhedonia. The suspicious behavior is more common among the patients diagnosed with paranoid schizophrenia. The suspicious behavior can be towards the stranger or the relative of the family [1].

Schizophrenia is the most common type of the psychotic disorder around the world. About 15 % of the patient in psychiatric department are diagnosed with schizophrenia. 50 % of bed are occupied with patient with schizophrenia in the psychiatric hospitals. About 1% of population in world are likely to have this disorder. The peak age of onset for male is 15 to 25 years and for female it is 25 to 35 years [2]. The word paranoid means delusional the paranoid schizophrenia is most common among the all form of schizophrenia. The major symptoms in the paranoid schizophrenia are delusion and hallucination[3].

Types of delusion are delusion of persecution (being conspired, against, cheated, spied upon, poisoned ) delusion of reference in which patient consider neutral event are related to them. The negative symptoms are avolition (lack of interest in meaning full work ) and anhedonia ( lack of interest in doing work which results in pleasure) [4]. As compared to other psychiatric disorders, the patients with schizophrenia experience more stigma. A recent study reported the prevalence of internalized stigma to be 29.4% among schizophrenia patients[5].
CASE PRESENTATION:

A 32 years old female was brought to the psychiatric department by her mother with the chief complains of suspicious behaviour, restlessness, sleeplessness, lack of concentration, loss of appetite, not able to do daily works and hears different kind of the voices which were not heard by others and was talking to self. After underdoing thorough history collection and physical examination the patient was diagnosed as a case of paranoid schizophrenia according to ICD 10 classification. The patient has completed her education as RNM nurse she got married at the age of 23 and she has a son ( 8 years old ) and daughter ( 2 years old ). After 2 years of marriage the client faced domestic violence from her husband. In current situation as evidence by her mother, she is living with her mother due to physical and emotional abuse by spouse and her family members consider her as person who is not stable mentally.

Physical examination revealed that the patient has sunken eyes, a skinny body build, dry skin, uneven hair distribution, halitosis. The mental status examination revealed that she was not maintaining the continuous eye contact. She refused to have any kind of the problems in her and had autistic thinking, her thoughts were not clear and not intact. She showed the hallucinatory behavior and words were repeated most of the time with delusion of the reference. Her reaction to the each and every questions were not normal. The patient’s insight was poor and was on ‘grade one’. The dominant symptoms at the time of admission and during the stay for 1 week in the hospital are suspicious behaviour towards her husband, delusion of persecution , delusion of infidelity, delusion of reference and auditory hallucination. On investigation the patient presented non specific symptoms like insomnia, loss of appetite, lack of attention. The client had undergone through the incident of auditory hallucination with delusion of persecution as she heard voices that someone is knocking at there back door and will break the door and will kill her.

Investigations included the general physical examination, mental status examination and routine investigations. along It was client’s first visit in the psychiatric department. There is not any kind of past psychiatric history. Prescribed treatment were: Tab. Olanzapine 5 mg BD, on 4th day dose was increased to 10 mg BD. Cap. Fluoxetine 40 mg OD and Tab. Clonazepam 0.5 mg HS. She was also given psychotherapy such as cognitive behavioural therapy. The psycho education was given to the client’s mother. The client was under the observation for 1 week. The drug therapy was helpful to the client. The patients symptoms were decreased after the administration of the drug from the first day of admission. The course of the disorder in the client was ‘episodic with stable deficit’ The symptoms of the client were reduced and was stable.

DISCUSSION:

Paranoid schizophrenia is the most frequent psychotic disorder and are among the severe mental disease. The average age for the most schizophrenia disorder is the critical time of education, occupation and mental and social development. The psychiatric disease can lead to life long disability. There are more cases of the mortality and morbidity in the psychiatric disorder as compared to other kinds of the diseases [6]. In my case the patient was at the moderate rate of the disorder, gradually there was increase in the severity of the case related symptoms as the client was facing the domestic violence from her husband. The suspicious behavior towards her husband was major symptom in the client. People with psychiatric disorder need the adequate, calm and clean enviroment. The client does not live in the supportive and healthy enviroment. This can be the major etiological factor to build up such severe condition in the client [7-18].

For the management of the symptoms of the client short term therapy and psycho-education was provided. Client’s relative were instructed to provide safe and clean enviroment to the client Research also suggests that the living environment of people with schizophrenia influences their social relationship and have good quality of the life and less admission to the psychiatric hospital [8]. In psychiatric disorder the severe problem arise from the lack of knowledge in the population and the in most cases the client is referred to the various temples and godly places. The people should be provided with the psycho education and should be aware of the various psychiatric diseases. In my client’s case the environmental factors and domestic violence by the husband and lack of knowledge about the disorder are major factors [19-24].
CONCLUSION:

Domestic violence from the client’s husband can be the severe factor for the occurrence of the psychiatric condition in the client. It is also a social problem which should be taken into the consideration. Therefore managing this group of patients such target such issue. The severity of such social issue should be the thought to the population of our country. As per international standard or university standard, patient’s written consent has been collected and preserved by the authors. As per international standard or university standard written ethical approval has been collected and preserved by the authors. Authors have declared that no competing interests exist.

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