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Presentation of Acute Schizophrenia-Like Psychotic Disorder in Indian Adolescent: A Case Report

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Abstract

Acute Schizophrenia-like Psychotic Disorder is characterized by an acute onset of psychotic symptoms, which is frequently linked with stressful environmental events. These difficulties are mediated by personal factors impacting the psychological functioning of the individual. Psychotic disorders in adolescence are uncommon, therefore the case aims to understand detailed presentation of symptomatology of psychosis in an adolescent of 16 years and 9 months of age. The major concerns of the child included physical aggression, academic stress, fearfulness, and suspiciousness for the last one week, which were initially treated through pharmaceutical drugs. To support the diagnosis, the child was assessed with Bhatia's Performance Intelligence Test which indicated below average intellectual functioning and Brief Psychiatric Rating Scale-Child Version which indicated moderate psychotic symptoms. The case has been conceptualized based on Stress Diatheses Model. Further, a psychotherapeutic management plan has been proposed.

Keywords: Acute Schizophrenia-Like Psychotic Disorder, Adolescent, Single-case experiment

Introduction

Acute Schizophrenia-like Psychotic Disorder is characterized by an acute onset of psychotic symptoms, which is frequently linked with stressful events, followed by a rapid resolution within a period of 1 to 3 months (Lopez-Diaz, Lara, Fernandec-Gonzalez, 2018). As per Diagnostic and Statistical Manual, 4th edition, Acute Schizophrenia-like Psychotic Disorder is also known as Schizophreniform Disorder. Schizophreniform disorder is a short-

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term psychotic disorder, lasting less than six months, affecting one's energy levels, hygiene, ability to express emotions, low motivation, and perception of reality. Like schizophrenia, it can be characterized by delusions, hallucinations, speech disturbances, disorganized thought and behaviour, disturbance of mood and affect, cognitive impairment, perplexity, and social withdrawal. The symptoms are relatively stable, with no rapid changes The disorder is a time-limited diagnosis and is considered as a precursor to developing Schizophrenia (Cleveland Clinic, 2020).

Schizophreniform disorder affects about one out of every 1,000 people at some point in their lives. Men and women between the ages of 18 and 24 are equally affected by the disorder. Men, on the other hand, are more likely to be affected at a younger age (Cleveland Clinic, 2020). Nesvag et al. (2020) studied 884 children and adolescents first time diagnosed with schizophrenia-like disorder, having an onset before 18 years of age.

The majority of psychotic disorder episodes in adolescence will be the first such episode of illness, and thus there is likely to be considerable diagnostic uncertainty, as the disorder's natural history has yet to unfold (McClellan, Werry & Ham, 1993).

Despite an increasing number of reports, the information regarding clinical picture, the risk factors, and about the response to various forms of treatment seen in patients presenting with Acute Schizophrenia-like Psychotic Disorder in India remains unclear. We hereby focus on these aspects in the current case aims to understand the clinical picture of a child of 16 years, provisionally diagnosed with Acute Schizophrenia-like Psychotic Disorder.

Case Description

Index child, a 16-year-old boy, student of class 10, belonging to an upper-middle socioeconomic Hindu family of sub-urban Lucknow with acute mode of onset, with a total duration of illness of 1 week duration, continuous course, and deteriorating progress, characterized by angry moods, hostility, suspiciousness, paranoia, disturbed sleep, hearing voices and seeing people, and lack of hygiene. According to the mother, the child was overwhelmed due to academic failures that resulted in stress, crying spells, and frequent

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awakening at night. Furthermore, child reported having a smaller number of friends and being bullied at school which added to lack of confidence, as the child performed low on average in academia.

Gradually, child's suspicious behaviour set in towards his family members, especially towards his identical twin. He had paranoid ideations about mother mixing poison in his food which resulted in appetite and weight reduction. As a result, he was prescribed anxiolytics by a psychiatrist, having poor adherence but good compliance. But the child's mother discontinued the pharmaceutical drugs due to side effects and took him to an Ojha.

Post the visit to Ojha, the child's disturbance increased. Child was afraid of his surroundings, and he stared at surrounding objects, at his family members, and at himself in the mirror for a long duration. He was observed muttering to himself, smiling sillily to various environmental stimuli, and to walk and complete his daily chores with extreme slowness. Slightest noise in surroundings would agitate him. Out of anger, he would throw objects. Child further reported having visual and auditory hallucinations. His personal hygiene was compromised. Mother reported that the child would undress himself and run around the house without any clothes. The child was reported to physically assault his mother in retaliation.

There was no significant past psychiatric history or for the use of substance. Childhood history revealed episodes of seizures and multiple head injuries. The family history was suggestive of psychosis in paternal grandmother and aunt. His father was diagnosed with high blood pressure and mother with diabetes. The child's temperament was characterized as self-critical, sensitive to criticism, and of shy and worrying nature.

With the referral from a general practitioner, the child was admitted at Nur Manzil Psychiatric Center. He was treated with Lorazepam 1.5 mg and Aripiprazole 5mg, thrice each day, for anxious and depressive symptoms. He was discharged after a week of hospital admission with a little improvement in the symptoms.

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Positive findings of mental status examination revealed well-kempt, groomed and age-appropriate appearance, eye contact partially established, guarded attitude, psychomotor retardation, with abnormally soft, relevant, coherent, and goal directed speech, increased reaction time and decreased productivity; with intact orientation attention aroused but could not be sustained, intact memory, concrete level of thinking and below average intelligence, and mood objectively reported as dysphoric with blunted affect, with thought retardation in thought stream, formal thought disorder (negative type) in thought form, worry and suspiciousness in thought content, with visual and auditory hallucinations, impaired judgment processing and grade 1 level of insight.

Assessments conducted to support the diagnosis were Dr. C.M. Bhatia's Performance Test of Intelligence was conducted to elicit intellectual functioning which revealed below average intellectual functioning (IQ: 72). Further, Brief Psychiatric Rating Scale for Children was administered to assess the presence of psychotic symptoms which revealed a total score of 39 indicative of moderate psychotic symptoms.

Low intelligence perpetuated the illness, while stress intolerance precipitated the illness. Due to retardation of thoughts and psychomotor activity in the child, global assessment of intellectual functioning could not be carried out. Moreover, assessments of the Rorschach Inkblot Test and Human Figure Drawing Test were discontinued due to aforementioned reasons.

Overall history, mental status examination, psychological test findings indicate presence of F23.2 Acute Schizophrenia-Like Psychotic Disorder according to the International Classification of Diseases-10 (ICD-10). A differential diagnosis of F20.00 Catatonic Schizophrenia, Continuous could be suggested.

Discussion

Even though the disorder, Acute Schizophrenia-Like Psychotic Disorder has an acute onset, it is followed by a rapid resolution within a period of 1 to 3 months. Psychotic disorders

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in adolescence are uncommon, thereby the case is noteworthy for its symptom presentation caused due to academic failures and a victim of bullying.

The presentation of the disorder in this child of 16 years is consistent with past literature with acute onset and deteriorating progress. A study on adolescence being victim of bullying experiencing psychotic symptoms was found by Kelleher et al. (2018).

However, literature suggests that Acute Schizophrenia-Like Psychotic Disorder has good prognosis when early intervention is invited. In case of acute onset, presence of precipitating stressor and social support, the index child may be able to return to previous levels of functioning.

The information gathered in these initial sessions is used to develop a formulation collaboratively. Stress Diatheses Model of Schizophrenia illustrates the genetic vulnerability that the child carries of family history of psychosis, multiple head injuries, and childhood episodes of seizures as Diatheses and academic failures, victim of bullying, stress intolerances acting as Stressors, resulted in the development of a psychological disorder of Acute Schizophrenia-like Psychotic Disorder, characterized by behavioural change of suspiciousness, assaultive behaviour, silly smiling, and aggression amongst other symptoms.

Once the child is responsive to pharmacotherapy, a detailed education of the patient and parents about the illness can be initiated to improve medication adherence and relapse prevention. The provision of supportive psychotherapy during the recovery phase of the acute illness, and practical guidance regarding modification of behaviour is recommended. Additionally, social and academic skills training may help the child to cope with the academic difficulties and bullying. Lastly, to build confidence and skills to cope with the condition to achieve autonomy, a rehabilitation plan is recommended.

Conclusion

In order to provide a conclusive diagnosis, reassessment of Rorschach Inkblot Test, administration of Thematic Apperception Test, and a global assessment of intellectual functioning is required.

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We propose that the coding for the disorder be considered provisional, and that patients diagnosed with acute schizophrenia-like psychotic disorder be closely monitored because their symptoms could be indicative of a schizophrenia spectrum disorder in its early stages.

Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent forms. In the form, the patient has given his consent for his clinical information to be reported in the journal. The patient understands that name and initials will not be published and due efforts will be made to conceal identity, but anonymity cannot be guaranteed.

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