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Clinical expression features of Paranoid Schizophrenia with late debut

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Abstract

Purpose of Study: Revealing the insidious debut of the psychotic symptoms over a period of three years and the productive pathology with its sudden debut.

Hypothesis: The factors that influence diagnosis (Paranoid Schizophrenia with late debut) depend on: functioning based on delirious interpretations, the presence of automated mental syndrome.

Research Methods: psychiatric interview, psychodynamic interview, life mapping, psychological evaluation, neuroimaging examination, investigating hormonal activity.

Findings: The apparent debut at the age of 47, the lack of cognitive disorganization, the predominance of two or three delirious themes, compliance to treatment, the ability to form a therapeutically alliance are all positive signs.

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Keywords: Paranoid Schizophrenia, automated mental syndrome, xenopatic influence

1. Introduction

As Daniel Mamah and Deanna M. Barch states „No single symptom is pathognomonic of schizophrenia; the diagnosis involves the recognition of a constellation of signs and symptoms associated with impaired occupational or social functioning” in Handbook of Schizophrenia - Spectrum Disorders (Volume I), we try to bring to the light the entire spectrum of symptoms and behaviors prior the first psychotic episode.

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A first psychotic episode that happened at the age of 47, in the absence of an organic background, raises more problems: the differential diagnosis between paranoid schizophrenia, affective schizophrenia and delusional disorder, setting a border between apparent debut and real debut, following the way of life, modifying the professional path of the patient.

Manfred Bleuler in 1943 described late-onset schizophrenia with a cutoff of 40 years; Roth and Morrisey in 1952 used the term late paraphrenia to describe patients with onset of schizophrenia after age 55. Neither ICD-10 nor DSM-IV includes a separate diagnostic category for LOS, both requiring that all cases that fulfil the criteria for schizophrenia be classed accordingly, regardless of age of onset. (Okasha and Okasha)

2. Case study

F. followed in the last period of time (4 years) in Bucharest, reflexo – therapy classes, acupressure and massage in a specialized school.

Until four years ago (the moment that marks the beginning of this significant change in personal vision of the world and life), the patient had the following professional route:

- High School graduate and specialist courses in Accounting.
- Practiced performance volleyball between 1973-1979.
- She worked for 12 years at County Market Administration in the city where she lives.
- Resigning in 2005 ("I asked them to bring someone with faculty because it became increasingly difficult ...").
- Subsequently, will become employed at a branch of a large insurance companies (for three and a half years)
- but steps down from this position in 2009 end (affirmative: "I deserved a first very big bonus, which I didn't receive from them")
- Tried for a short period of time to occupy the post of financial analyst at a gym, thus changing its lifestyle (leaves her hometown and comes to Bucharest).

When she starts telling her professional route and her subjective relationship with the idea of money, she becomes sad. Since March 2009 (44 years old) she starts seeking for "something you cannot refuse" as a personal meaning and purpose of life. World dowsing and reflexology seems like a transitory space, migrating as a landmark from fantasy to reality, fantasy and then delirium: "I got sick for 3 days and I don't know what happened to me."

The onset of the first psychotic episode has a histrionic preamble: in the church, during the celebration, her leg paralyzes, symptoms that were present over several days, but which become more obvious through religion "I went to a priest to bless me and it went away!" Until I got home, I could walk, and that happened right on my birthday! I've been very upset lately and I couldn't rely on my right leg anymore...". It gets highlighted the histrionic coloring of the personality in the symbolic statement that the patient gave: "It had to do with the pain, for me it was a miracle what happened in church!"

For a period of about 6 months, later after this conversive incident took place, she remains in the space between the search of Bioenergy and the Church, followed by March 2014 when the symptoms broke the barrier of reality, manifesting through a psychotic episode, one of its metaphorical explanations being a narcissistic reflection of the relationship with her sister (also suffering from schizophrenia): "Maybe by solving my problem with bioenergy, we can fix her too. She's great, she speaks 9 foreign languages". The desire for better and the universal reparation extend delusional, thinking that she can help her loved ones and that she can repair all universal evil. About now the hallucinations start appearing: "I heard voices telling me this". "When we did therapy for my friend, we were supposed to meet, but he postponed. I did not mind this, but I was like in a story, where the voices kept telling me what to do".

Initially, it was only about functional auditory hallucinations, which were subsequently filled with visual hallucinations, delusional interpretation of the duplication of images and perceptual phenomena, consistent with the religious world, but with the dowsing: "At first, when I was doing things, the voices would disappear. I could only hear them when I was relaxed. I was seeing the light in the room in a strange manner...".

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