



A CASE REPORT ON ACUTE PSYCHOSIS

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ABSTRACT

Acute psychosis is a mental condition, where appreciation of reality is impaired, and symptoms such as hallucination, delusion, mood disturbance, and bizarre behaviour may appear in patient. It may also cause due to other psychiatric condition, medications and over use of CNS stimulants. This case report is mainly aimed to represent acute psychosis episode due to patient family problems and over thinking. Here a 40 year old female patient who was presented with behavioural changes, forgetfulness and disturbed sleep since last 10 days. She has no family history for the same symptoms and hadn't taken any medication for the symptoms. All vitals and blood investigations were found to be normal. By doing MMSE and mental state examination diagnosed as acute psychosis. Treated with antipsychotic drugs and discharged on 5th day with proper counselling. This case report emphasizes that early recognition and proper treatment of acute psychosis.

KEYWORDS: Hallucination, delusion, mood disturbance, and bizarre behaviour.

INTRODUCTION

Acute psychosis is a mental condition, where appreciation of reality is impaired, as evidenced by the presence of psychotic symptoms such as delusions, hallucinations, mood disturbance, and bizarre behaviour.^[1] It may also cause as the symptoms of other psychiatric illness such as schizophrenia. In other instances, it may be caused by a health condition, medication or drug use. In the acute presentation, it is usually more important to establish the presence of psychosis, to establish the symptom characteristics of the patient's illness, and to carry out a risk assessment rather than to make a definitive diagnosis such as schizophrenia or bipolar mood disorder. In any case, the diagnostic boundaries of the various disorders are often unclear and there is considerable overlap between the different entities.^[1] Acute psychosis is considered primary if it results from a psychiatric condition and secondary if it is caused by a medical condition.

People who are experiencing psychosis condition, they may have either hallucination or delusion. Hallucinations are sensory experience that occur with in the absence of real stimulus, like if the person is having auditory hallucination their mother yelling at them when their mother isn't around there. Where as delusion is person thoughts are contrary to actual evidence. Some people with psychosis may also experience loss of motivation and social withdrawal. These experiences could be uneasy. It also cause, people who are experiencing

psychosis to hurt themselves or others. It's important to see a doctor at this disease condition.

Psychosis resulting from CNS stimulant (Attention deficit hyperactivity disorder) overuse which is commonly observed in clinical practice, which is known as stimulant induced psychosis. Stimulants are drugs that increase the body's functions by increasing the speed of activity in the central nervous system (CNS). These drugs increase the amount of dopamine in the brain, resulting in an increase in heart rate, alertness and energy. Stimulants can be beneficial in treating medical conditions such as attention-deficit/hyperactivity disorder, narcolepsy, obesity and depression.^[3]

In acute care settings, it can be difficult to distinguish among baseline patient characteristics from symptoms of a new onset psychotic episode. Inattention, restlessness, anger and active refusal to comply with the interview are just some characteristics that challenge clinicians who diagnose and manage these patients.^[2]

Here the psychiatrist used MMSE (mini mental state examination) as a tool to assess her cognitive functions. which is a 30 point questionnaire that is used extensively in clinical settings to measure cognitive impairment. There are several questions related to patient mental health which is performing to access the mental condition of patient. The questions are related to orientation, registration, attention and calculation, recall, language, giving three stage commands and copying.

CASE REPORT

A 40 year old female patient came to the psychiatry department along with bystander, she had the complaints of behavioural changes since last 10 days, and she had forgetfulness since last few weeks. She was complaining about her disturbed sleep and loss of appetite. She wasn't taken any medication for the same complaints as well as other diseases. It was found that she was worried about her personal issues, which was bothering her past as well as present.

She weighed about 60 kg, and vitals were found to be normal. She had undergone with blood investigations, in that Complete blood count and electrolytes revealed no significant abnormalities. CT scan of head was normal and ruled out head trauma.

She had undergone through MMSE (mini mental state examination), here it is a 30 point questionnaire to measure cognitive impairment. In **orientation**- Year, season, month, date, time, out of five she scored four (4/5). And in next five such as country, town, district, hospital, ward/floor –she scored again four (4/5). In next scale. **Registration**- Naming and learning 3 names she scored three out of three (3/3). In **attention and calculation**- Simple calculation and repeat; scored two out of five (2/5). Next in **Recall**- Ask for the names of the 3 objects learned earlier she couldn't score(0/3).

In **language**- Name 2 objects (eg. Pen, watch) she scored well.(2/2). again repeat she scored one (1/2). In next questions, **Give a 3 stage command**- (place index finger of right hand on your nose and on your left ear) scored 2/3. last question is **Copying**- Ask the patient to copy a pair of inter setting pentagons score was (0/2). Totally she scored 18 out of 30, Which is underlying in mild cognitive impairment. [No cognitive impairment(24-30), mild cognitive impairment(18- 23), severe cognitive impairment (0-17)].

She had undergone Mental state examination. In that **general appearance**- Elderly female moderately built and well nourished, appear restlessness, hygiene not maintained, poorly self care, dressing appropriate. **Attitude towards examiner**- un co-operative, non attentive, appear not interested. **Comprehension**-impaired. **Gait and posture** - Appear normal. **Motor activity**- Appear normal. **Social manner and non verbal behaviour**- Self talking. **Speech** - Decrease reaction time, increase tone / tempo / volume. **Thought** – delusion, hallucination. **Mood**-irritable.

From the subjective and objective evidences, diagnosed that her current condition is psychosis. The patient got admitted in the hospital for the consecutive 4 days. First day tablet Risperidone 2mg BD, tablet Trihexylphenidyl 2mg OD, injection Lorazepam 2 mg 1 amp sos, tablet Pantoprazole 40 mg OD and tablet. Neurica BT which is multivitamin OD has given. On second day added

Thiamine. Third and fourth days same treatment were continued.

On fifth day her symptoms progressively reduced and discharged with medications. Advised her to come after 1 week for follow up.

DISCUSSION

Acute psychosis is a symptom that can be caused by many psychiatric and medical conditions. Psychotic patients might be unable to provide a history or participate in treatment if they are agitated, hostile, or violent. An appropriate workup may reveal the etiology of the psychosis; secondary causes, such as medical illness and substance use, are prevalent in the emergency room (ER) setting.^[4] Here the disease is acute, it means if disorder are an acute (within 2 weeks) onset in all the cases; presence of typical syndromes which are described as rapidly changing, variable, polymorphic states and typical schizophrenic and psychotic symptoms; evidence for associated acute stress in a substantial number of cases and complete recovery in most cases within 2-3 months.^[5]

Here patient was showing common symptoms of psychosis, such as hallucination; that family members identified through behavioural changes of patient and forgetfulness. Also patient was having disturbed sleep and loss of appetite. Patient were having no family history of psychiatric disorders, and she was free from other diseases. The one relevant point which caused psychosis condition for this patient is her personal family issues. She was having past family issues and always she was worried about those matters. Her blood investigation and CT scan report ruled out head trauma and other disease conditions. She were having mild cognitive impairment, this has proven by MMSE (mini mental state examination) by using MMSE scale. She was having hallucination and delusion thoughts this has proven by mental state examination. She were non cooperative with examiner.

Diseases of the central nervous system, however, are a rare cause for psychotic symptoms in young people. Brain imaging and other additional diagnostics are nevertheless necessary in first psychotic episodes but mostly without pathological results.^[6] Here patient got the acute disease due to chronic thoughts, frequently worried and disturbed mind in past.

The treatment given were, Risperidone as antipsychotic, Trihexylphenidyl given to control unusual nerve impulses. Lorazepam has given to reduce anxiety and feeling calming effect. And multivitamins also given. Patient was 4 days under observation and reduced symptoms by these medications. Counselling has provided to both patient and bystander regarding disease, cause of disease, further life style modifications and how to maintain good mental health to avoid same kind episodes in future.

CONCLUSION

Patient got the disease by poor family bonding, and past personal family problems. Patient was showing acute psychosis symptoms of hallucination, delusion, forgetfulness etc. By MMSE and mental state examination early detected the disease and treated with antipsychotic drugs. Then patient started to responds with medication and progressively reduced symptoms. Patient and more over her family should aware about her condition and should maintain good mental health for avoiding same kind episodes in future.

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