PRIMARY PSYCHOSIS OR POSTTRAUMATIC PSYCHOSIS?

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OBJECTIVES

(1) To describe a case that presented to the CHPL inpatient clinic; (2) to present the evidence pertaining to the existence and the features of psychosis secondary to traumatic brain injury (TBI).

BACKGROUND AND AIMS

While evidence of an association between psychosis and TBI remains to be substantiated, distinguishing features between primary psychosis and psychosis following TBI have been identified.

MATERIALS AND METHODS

(1) Clinical chart review; (2) review of the literature through a *Pubmed* search with the syntax: (psychosis) AND (“trauma-induced psychosis” OR schizophrenia).

TBI AND PSYCHIATRIC DISORDERS¹

CASE REPORT

Z.B., female, Ukrainian origin, works as a cleaning maid.

Age

17

TBI. No loss of consciousness or need for hospital admission.

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While living in Argentina, where she had moved in search of better life conditions - imprecise feeling of **unsafeness**.

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After her marriage, while living in Israel, she sustained another **TBI** with loss of consciousness and coma state. She started believing that she was being **monitored**. For this reason, she moved back to Argentina and then to Portugal.

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1st admission - religious, persecutory, thought control and broadcast delusions, misidentification phenomena, third-person derogatory auditory hallucinations and pressured speech.

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2nd admission - similar clinical presentation; MRI - T2-hyperintense **lesion on the temporal lobe**, determining local cortico-subcortical atrophy suggesting sequel lesion. No hemosiderin deposits. Blood work, chest X-ray and EEG were always unremarkable.

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3rd admission - similar clinical presentation.

- No history of manic or depressive symptoms;
- No history of substance use;
- Previously medicated with haloperidol, amissulpride, valproic acid and clozapine without compliance;
- Good premorbid and reasonable interepisodic functioning;
- Family history: uncle and grandmother with schizophrenia.

DIAGNOSTIC HYPOTHESES

- (a) TBI and primary psychotic disorder are **unrelated epiphenomena**;
- (b) TBI activated a **preexisting psychotic proneness**;
- (c) TBI **exacerbated a preexisting** primary psychotic disorder.

(1) Ponsford J, Yvette A, Gould K. Epidemiology and Natural History of Psychiatric Disorders After TBI. JNCN 2018.

(2) Alway Y, Gould KR, Johnston L, et al: A prospective examination of Axis I psychiatric disorders in the first 5 years following moderate to severe traumatic brain injury. Psychol Med 2016; 46: 1331–1341

(3) Ardila A. Psychiatric disorders associated with acquired brain pathology. Applied neuropsychology: Adult 2018; 2327-9109.

(4) Molloy C, Conroy RM, Cotter DR, et al: Is traumatic brain injury a risk factor for schizophrenia? A meta-analysis of case-controlled population-based studies. Schizophr Bull 2011; 37:1104–1110

(5) Batty RA, Rossell SL, Francis AJ, et al: Psychosis following traumatic brain injury. Brain Impair 2013; 14:21–41