A FIRST PSYCHOTIC EPISODE: SCHIZOPHRENIA, PSYCHOTIC DEPRESSION OR POSTPARTUM PSYCHOSIS? ABOUT A CLINICAL CASE

José David Cózar Ortiz, Rebeca Suárez Guinea, Sergio Benavente López, Celia María Hernández Caro, María Cristina Rodríguez Delgado, Coral Esperanza Torrente, María Plaza Yuste, Francisco Javier Torres Varona, Daniel Fernández Fáber, Yanetsy Ainslie Mata, Victoria Juárez Calvo, María Cristina Rodríguez Villarino,, Iñigo Rubio Zavala, Cathalina Thamar Iglesias, Asunción Abril García, José Luis Pérez-Iñigo Gancedo, Marta Presa García.
Hospital Central de la Defensa Gómez Ulla, Madrid, Spain
E-mail: jcozarortiz@gmail.com

INTRODUCTION

A first psychotic episode may occur in the context of **multiple etiological factors**. It occurs most frequently in young adults, whether or not there are risk factors

This kind of disorder is characterized by the presence of **delusions, hallucinations** and other positive symptoms in addition to negative symptoms. In this context, we can find **behavioural disturbances** and functionality alterations that may affect the quality of life of the patient who suffers this disorder.

Diagnosis and **early treatment** is a very important issue in this disorder, in order to **improve the forecast** and therefore to improve the quality of life of the patient and his family.

CASE DESCRIPTION

We present the case of a 34-year-old female patient **without previous diagnosis or mental health history**, who was admitted for presenting psychotic symptoms in a psychiatric unit.

The patient began medical follow-up in Psychiatry for the first time during the pregnancy of her third child, due to anxiety symptoms. She did not refer psychotic symptoms during pregnancy.

Two months after the birth, the patient began to present behavioural disturbances observed by her husband. In addition, she filed a gender violence complaint against her husband, which she later withdrew.

Three months after the birth, **the patient referred to being watched by the police** and she began to present more anxiety symptoms.

Five months after the birth of her third child, the patient **was admitted** in a psychiatric unit due to the presence of delusions, hallucinations and behavioural disturbances

During the admission, the patient presented persecutory delusions about the police and her family. Furthermore, the patient presented **depersonalization and derealization** symptom during the hospitalization.

Later during the admission, the patient **presented ideas of guilt and ruin** about events occurred 10 years ago with depressive and anxiety symptoms.

COMPLEMENTARY TESTS AND EXPLORATIONS

The following complementary tests were performed:

- Blood tests. With no alterations.
- Cranial CT. With no alterations.
- Electroencephalogram. With no alterations

DIFFERENTIAL DIAGNOSIS AND TREATMENT

Differential diagnosis was made between first episode of schizophrenia, schizophreniform disorder, major depressive disorder with psychotic symptoms, postpartum psychosis and schizoaffective disorder.

Due to temporary criteria and psychotic symptoms, she was diagnosed of **schizophreniform disorder**.

The patient was treated **with 12mg of paliperidone per day**. Later, oral treatment **was replaced by 150mg of monthly paliperidone palmitate**. During the first two weeks of treatment, the patient also required oral haloperidol 5mg per day. Later during the admission, **clozapine** was introduced and later withdrew due to side effects in a few days.

One month and a half after the start of the treatment, **psychotic symptoms ceased**, just remaining some depressive and anxiety symptoms which she already presented during the admission.

DISCUSSION AND CONCLUSIONS

1. It is necessary an accurate **anamnesis and a psychopathological exploration** in order to manage the correct differential diagnosis of the psychotic symptoms.
2. **Paliperidone palmitate** can be an effective therapeutic option in those psychotic disorders with a complicated differential diagnosis and when it is necessary to ensure the therapeutic adherence.

BIBLIOGRAPHY

1. American Psychiatric Association., Kupfer, D. J., Regier, D. A., Arango López, C., Ayuso-Mateos, J. L., Vieta Pascual, E., & Bagney Lifante, A. (2014). DSM-5: Manual diagnóstico y estadístico de los trastornos mentales (5a ed.).
2. Ho C, Jones S. Three-month Injectable Paliperidone Palmitate for the Treatment of Adults with Schizophrenia: A Review of Clinical Effectiveness, Safety, and Guidelines [Internet]. Ottawa (ON): Canadian Agency for Drugs and Technologies in Health; 2017 Aug.
3. American Psychiatric Association., Kupfer, D. J., Regier, D. A., Arango López, C., Ayuso-Mateos, J. L., Vieta Pascual, E., & Bagney Lifante, A. (2014). DSM-5: Manual diagnóstico y estadístico de los trastornos mentales (5a ed.).