The maintained use of cocaine is probably prevalent in high-functioning individuals. Is it possible to succeed in patients with schizophrenia? – apropos a clinical case.

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Introduction: Epidemiological studies show that the prevalence of cocaine use is higher in people with schizophrenia compared to the general population. A widely quoted explanation is the hypothesis of self-medication (patients select specific substances to relieve the symptoms or side effects of antipsychotics). Most studies do not corroborate this hypothesis. The use of cocaine in schizophrenic disorder appear to be predominantly episodic and not sustained. As cocaine is at the “Top” of the most expensive drugs in the world, it becomes an addiction difficult to maintain with low socio-cognitive functioning.

Clinical case: A women of 39-year-old, single, living in the street as a homeless, since the last 20 years. Personal antecedents of paranoid schizophrenia with little adherence to therapy and abuse of cocaine. Without regular follow-up by ambulatory psychiatry, but with multiple voluntary hospitalizations, in those she was toxicologically positive for cocaine, active pulmonary tuberculosis, with aggravating of several check-outs against medical decision and escapes of medical services. She is although involved in 65 criminal processes for steal and drugs traffic, demonstrating a dynamism apparently incompatible with a diagnosis of schizophrenia.

Objective: A critical reflection, apropos a clinical case of a patient with long term dual diagnosis “schizophrenia - cocaine addiction” and recent significant increase of psychiatric hospitalizations, with severe concomitant general health status deterioration.

Methodology: Research in books, texts and/or articles of the last 7 years, namely: Cochrane databases, PubMed and UpToDate, with the keywords: “cocaine and schizophrenia” ; “dual diagnosis”; “Substance abuse-stigma”.

Results: There is still no evidence for a specific cognitive profile of dual diagnosis patients and existing profiles of dual diagnosis patients produce inconsistent results.

Conclusions: The stereotypes of cocaine dependence picture: poor people, unemployed, without family, socio-cognitive dysfunction, similar to people with schizophrenia; but in fact it can be quite the opposite. The demographics of addiction include: teachers, doctors, lawyers, politicians, housewives and many other high-functioning individuals who pretend to be handling perfectly their professional and personal responsibilities, but below the surface they hide the habit of drug abuse. Overlapping diagnosis of toxic psychosis and schizophrenic disorder.

References:

1. World Drug Report 2018 (United Nations publication, Sales No. E.18.XI.9) booklet 3 analysis of drug markets. B. Cocaine
2. Hartz, S. M., Pato, C. N., Medeiros, H., Cavazos-Rehg, P., Sobell, J. L., Knowles, J. A., ... Pato, M. T. (2014). Comorbidity of Severe Psychotic Disorders With Measures of Substance Use. *JAMA Psychiatry*, 71(3), 248. doi:10.1001/jamapsychiatry.2013.3726
3. Khantzian, The self-medication hypothesis of addictive disorders: focus on heroin and cocaine dependence. (1985). *American Journal of Psychiatry*, 142(11), 1259–1264. doi:10.1176/ajp.142.11.1259
4. Schneier, f. r., & Siris, S. G. (1987). A Review of Psychoactive Substance Use and Abuse in Schizophrenia. *The Journal of Nervous and Mental Disease*, 175(11), 641–652. doi:10.1097/00005053-198711000-00001
5. Samaha, A.-N. (2014). Can antipsychotic treatment contribute to drug addiction in schizophrenia? *Progress in Neuro-Psychopharmacology and Biological Psychiatry*, 52, 9–16. doi:10.1016/j.pnpbp.2013.06.008
6. World Drug Report 2018 (United Nations publication, Sales No. E.18.XI.9) booklet 1 Executive summary conclusions and policy implications
7. Thoma, P., & Daum, I. (2013). Comorbid substance use disorder in schizophrenia: A selective overview of neurobiological and cognitive underpinnings. *Psychiatry and Clinical Neurosciences*, 67(6), 367–383. doi:10.1111/pcn.12072