100 YEARS AFTER KRAEPELIN'S CONTRIBUTION: IS PARAPHRENIA'S CONCEPT STILL ALIVE?

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OBJECTIVES

- ▼ Acknowledge the importance of Emil Kraepelin's research and particularly Paraphrenia's definition through a clinical case report.

MATERIALS / METHODS

- ▼ Non-systematic literature revision in the main databases and a clinical case report compatible with Kraepelin's Paraphrenia.

CLINICAL CASE

73-year old woman, widow, living alone, no previous hospitalizations, previously diagnosed with **Delusional Disorder**, who was admitted in our hospital voluntarily because of complaints of being harassed by voices of people (who belonged to a religious sect) who were trying to harm her by breaking into her home and poison her food. She confirmed being disturbed by these voices for years, but their intensity recently rose when she stopped her prescribed antipsychotic medication.

▼ PREVIOUS HISTORY

At age 48, she began her follow-up in Psychiatry for sadness, social isolation, secondary to a persecutory delusion and verbal auditory hallucinations of pejorative content from a religious cult she had left months before. She improved with oral risperidone and was later diagnosed with a **Psychotic Depression**.

About 10 years ago, she stopped the medication, consequently, her previous symptomatology rose, she resumed the risperidone, sertraline was added and the diagnosis of **Delusional Disorder** was given.

Throughout this period (except for the aforementioned moments of greater psychotic intensity and this hospitalization) the patient maintained residual psychotic symptomatology with a slight impact on personality, affections and social sphere.

▼ MENTAL STATE EXAMINATION

Upon admission she was oriented, collaborating, careful aspect, with no major speech or motor alterations, having an irritable mood and preservation of affects, persecutory delusions, as well as commentary auditory and somatic hallucinations and low insight.

▼ EVOLUTION

Blood analysis and imaging with no major alterations. She started risperidone titration but due to extrapyramidal symptoms switch to oral paliperidone was done.

Gradual mood improvement was observed, as well as a decrease in both the intensity and impact of psychotic symptomatology. Insight also improved.

Weeks later, the patient was finally diagnosed with **SCHIZOPHRENIA** and discharged home with social support and oral paliperidone (*6 mg bid*) and quetiapine (*100 mg id*).

Systematic Paraphrenia's through Kraepelin lens (simplified)

BACKGROUND

- ▼ **Emil Kraepelin's (1856-1926)** appreciation for mental health investigation through empiric evidence made a **vital contribution to modern Psychiatry**.
- ▼ Kraepelin had its research focus on the description of the **course and outcome** of several major psychiatric disorders.
- ▼ His work, grounded on a longitudinal and quantitative evolution of psychosis, helped **shape, differentiate and classify psychiatric illnesses** such as Dementia Praecox (*later labeled Schizophrenia*) and Manic-Depressive Disorder.
- ▼ Kraepelin described a group of **older patients with similarities with Schizophrenia, but better-preserved affections, personality and functioning** contributing with his definition of Paraphrenia.
- ▼ Wilhelm Mayer (1921) questioned the longitudinal validity of Kraepelin's Paraphrenia but later some tried to revive the concept of Paraphrenia as a distinct entity.
- ▼ Once Paraphrenia is not included in the current diagnostic criteria (DSM-5 and ICD-10), some patients are being labeled as having a "Schizoaffective disorder", "Delusional disorder" or "Unspecified Psychosis" even though their symptomatology and its evolution might resemble Kraepelin's Paraphrenia.

CONCLUSION

- ▼ The focus of Kraepelin's work on time of installation and real impact of psychosis turned out to be of **inestimable value to Psychiatry**.
- ▼ Although he could not find an etiological explanation, **current research tries to shed some light in explaining the aetiology of his patient's descriptions**.
- ▼ Several recent studies show that **late-onset Schizophrenia (similar to Kraepelin's Paraphrenia)** appears to be associated to a less severe form of the disease, greater female preponderance, lower severity of positive symptoms and antipsychotic doses generally lower comparing to early-onset. **Cases of Kraepelin's Paraphrenia are still being reported**.
- ▼ Although further research regarding the boundaries of Schizophrenia is needed, Kraepelin's descriptions are not obsolete and reinforce the **importance of debating and rethinking the nosology and its implications in clinical practice**.

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