CASE REPORT: PARANOID SCHIZOPHRENIA

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ARTICLE INFORMATION	ABSTRACT
	Schizophrenia is a mental disorder characterized by distortion of reality, disorganization, and psychomotor poverty. Schizophrenia is characterized by positive symptoms such as hallucinations, delusions, bizarre behavior and thought disorders and negative symptoms such as flat or blunted affect, alogia, anhedonia and deficits in social interaction. Schizophrenia disorders persist for at least six months and there must be at least one month of symptoms. Schizophrenia affects approximately 1% of the world's population. Although schizophrenia treatment can improve symptoms, it cannot restore normal function in most patients. Treatments that can be given to schizophrenia sufferers such as oral antipsychotics, especially second-generation such as risperidone, olanzapine, aripiprazole are recommended for initial treatment of acute psychosis. Case illustration is a 27-year-old male patient with complaints of hearing voices that cannot be heard by others and making it difficult for the patient to sleep. Management of this patient was given quetiapine 2x400 mg and lorazepam 1x1 mg. The result of this patient's management is an improvement in clinical symptoms. The conclusion of this case report is that paranoid schizophrenia is a case that is easy to relapse and can even become chronic, so it is necessary to do the importance of medication compliance, appropriate social support in order to improve social function in patients.

Introduction

Schizophrenia is a disorder characterized by distortions in thought, perception, emotions, language, and behavior. It is marked by hallucinations, such as visual, auditory, or feeling things that do not exist. Other symptoms of schizophrenia may include delusions, as well as abnormal behaviors such as strange appearance, incoherent speech, wandering, mumbling, laughing to oneself, and self-neglect (Kemenkes, 2023). Schizophrenia is a chronic neurobiological disorder with profound effects on an individual's perception, emotions, and behavior (Ayano, 2016). The urgency of research in schizophrenia is underscored by its significant disability burden and high relapse rate. According to the World Health Organization (WHO), schizophrenia ranks among the top causes of years lost due to disability (Akhila, 2024). In Indonesia alone, data from Riskesdas (2018) indicate that approximately 400,000 individuals suffer from schizophrenia, with many lacking adequate access to sustained treatment. The high rate of non-compliance with medication regimens contributes to frequent relapses, hospitalization, and long-term functional decline. Current treatment strategies rely heavily on second-generation antipsychotics, such as quetiapine, risperidone, and olanzapine, but there remains an urgent need for research into novel therapeutic options, community-based interventions, and personalized treatment plans to improve adherence and outcomes.

Schizophrenia is one of the mental disorders that is a severe and chronic neurobiological brain disease, which results in responses that disrupt the individual's, family's, and society's lives

(Stuart, 2016). Schizophrenia causes a loss of contact with reality, which can disrupt the lives of the individual, family, and friends (Sadeeqa, 2018).

According to the Indonesian Ministry of Health (Kemenkes, 2019), the prevalence of schizophrenia is about 1 in 1000 people. Data from the Basic Health Research (Riskesdas, 2018) shows that in Indonesia, there are approximately 400,000 people with schizophrenia, or 1.7 percent per 1000 population. Schizophrenia is a chronic illness with a very high rate of relapse, leading to loss of function, which is worsened if treatment is not properly administered. In other words, schizophrenia causes irreversible disability and presents a heavy burden for both the affected individual and their family. (Hany et al., 2023) A 27-year-old male was brought to the hospital by his family due to aggressive behavior, auditory hallucinations, and paranoid delusions. The patient had a history of discontinuing treatment, which led to symptom exacerbation and multiple hospital admissions. His psychiatric evaluation confirmed paranoid schizophrenia, and he was managed with quetiapine (2x400 mg) and lorazepam (1x1 mg). After consistent treatment, the patient showed symptomatic improvement. However, his history of non-adherence highlights the urgent need for research into more effective patient-centered approaches for sustained treatment.

Patients are given pharmacotherapy and psychological therapy. Therefore, the goals of treatment include symptom reduction, preventing relapse, and improving quality of life (Bighelli et al., 2021). Antipsychotics are used as the foundation of pharmacotherapy for patients with schizophrenia (Chestnykh et al., 2021). Antipsychotic therapy is aimed at preventing patients from harming themselves or others, controlling destructive behaviors, and reducing both positive and negative symptoms (American Psychiatric Association, 2020).

This research aims to analyze the challenges of managing paranoid schizophrenia, particularly regarding treatment adherence and relapse prevention. The objectives of this study include: 1) To evaluate the effectiveness of second-generation antipsychotics in controlling symptoms and improving patient outcomes. 2) To identify factors contributing to medication non-adherence and relapse in patients with paranoid schizophrenia. 3) To assess the impact of early intervention and continuous care in reducing hospitalization and long-term disability. 4) To explore the role of psychosocial support systems in complementing pharmacological treatment and improving overall patient well-being. 5) To highlight the need for innovative treatment approaches that enhance long-term management strategies and prevent deterioration.

Method

This research employs a descriptive qualitative case study approach to analyze the clinical course, treatment response, and challenges associated with paranoid schizophrenia. This report is a case study with a descriptive approach that illustrates the diagnosis, management, and development of a patient with paranoid schizophrenia based on anamnesis, physical examination, and psychiatric evaluation.

This research focuses on individuals diagnosed with paranoid schizophrenia, particularly those undergoing treatment in psychiatric hospitals. The broader population includes schizophrenia patients worldwide, with an estimated prevalence of 24 million cases globally. subject in this study is a 27-year-old male patient diagnosed with paranoid schizophrenia, who was treated at the Duren Sawit Special Regional Hospital (RSKD).

To ensure data accuracy and reliability, this research utilizes the following instruments: 1) Positive and Negative Syndrome Scale (PANSS): Used to assess symptom severity, including both positive symptoms (hallucinations, delusions) and negative symptoms (social withdrawal, blunted affect). 2) Mini International Neuropsychiatric Interview (MINI): A structured diagnostic interview tool used for confirming schizophrenia diagnosis. 3) Medication Adherence Rating

Scale (MARS): Employed to evaluate the patient's adherence to prescribed antipsychotic medication. 4) Clinical Global Impression Scale (CGI): Used to assess treatment response and overall clinical improvement. 5) Semi-structured Interviews: Conducted with both the patient and family members to gain insights into social functioning, treatment adherence, and support systems. 6) Medical Records Review: Used to track past hospitalizations, medication history, and treatment responses over time.

The selection of this case is based on its relevance to the research objectives, including treatment adherence challenges, relapse patterns, and the effectiveness of second-generation antipsychotics in symptom management. Future studies include larger sample sizes to provide broader generalizability.

The data were evaluated to identify clinical changes in the patient following the intervention. The response to therapy was documented based on the improvement of positive symptoms (hallucinations, delusions) and negative symptoms (flat affect, social isolation). Data were obtained through:

The Auto and Alloanamnesis:
a. Autoanamnesis was conducted through direct interviews with the patient.
b. Alloanamnesis was conducted with the patient's mother to explore the patient's medical history and behavioral patterns.

1. Psychiatric Examination:
A mental condition evaluation was performed on the patient, including an assessment of mood, affect, insight, perception, and thought content.
2. Physical and Supportive Examinations:
a. A general physical examination was conducted to rule out potential organic causes.
b. Laboratory tests were performed to ensure there were no associated physical abnormalities.

Interventions included the administration of pharmacotherapy:
1. Quetiapine (2x400 mg oral): A second-generation antipsychotic to manage positive and negative symptoms.
2. Lorazepam (1x1 mg oral): To help manage sleep disturbances due to psychotic symptoms.

Results

A 27-year-old male patient, Mr. GS, was brought by his parents with complaints of hitting a cabinet and stepping on his mother's thigh. The patient stated that he became angry because he was upset with his mother for befriending a transgender person. The patient tried to tell his mother twice not to associate with the transgender person, but his mother ignored him and continued the friendship. The patient mentioned that since his mother started associating with the transgender person, he felt that her friend was always talking about him in a negative way. The patient also said that when he was in his room, his mother's friend was talking about him, which made the patient angry and emotionally uncontrolled, causing him to hit the cabinet and hurt his mother. The patient also reported frequently hearing voices instructing him to draw doctors and nurses, and these images would talk to him about nutrition, exercise, and tips for gaining weight. At times, the patient also saw creatures resembling Lucifer, and these entities would frequently talk to him about a black magic business. The patient felt disturbed by the presence of these creatures, which made him increasingly angry, and he would often shout in his room to drive them away from his thoughts. Because of these complaints, the patient had more difficulty sleeping as the voices would frequently disturb him and constantly engage him in conversation.

Based on alloanamnesis from the patient's mother, the patient was first brought in by his parents because he had been frequently angry and displaying aggressive behavior three days before hospitalization. The patient's mother reported that he would often shout, especially at night, and speak to himself while in his room. In the morning before hospitalization, the patient had slapped a cabinet and stepped on his mother's thigh without any clear reason. This incident frightened his younger sibling, and the family decided to bring the patient to RSKD Duren Sawit for further treatment. The patient had also been asking for 100,000 IDR daily, but the mother was unsure of what the money was for, as she worked every day, and the patient would ask his younger sibling for money. The patient had difficulty sleeping, especially in the past three days, and often isolated himself in his room when there were no companions. The patient's mother stated that she befriended a transgender person, but her friend never spoke negatively about the patient and was supportive of his current condition.

The patient first experienced these symptoms while studying chemical engineering at Pamulang University in 2018, with symptoms worsening after entering the third semester of university. The patient admitted to feeling stressed and often arguing with his professors in class. According to the patient's mother, when the patient graduated from high school, he had a girlfriend who asked him to marry her, but the patient refused, citing a lack of employment and income. This led to his girlfriend marrying someone else. Since that time, the patient claimed to have started hearing disturbing voices that were intermittent and manageable at first but worsened when he entered his third semester, making it difficult for him to concentrate on his studies. He eventually dropped out of university and in 2019 applied for a job as a security guard at RS Harum Sismamedika. While working as a security guard, the patient first sought treatment, with his mother bringing him to the Setiabudi Health Center, where he received regular treatment for two months. After two months, the patient's symptoms subsided, but he stopped taking the medication regularly because he and his family thought it was unnecessary once he felt better. During this treatment, the patient had to work night shifts and would become drowsy after taking the medication. He was reprimanded by his supervisor for falling asleep while working and was subsequently dismissed. After that, the patient's symptoms returned, and he began hearing voices more frequently, prompting him to seek treatment again at the Setiabudi Health Center for three years. In 2021, the patient used marijuana and underwent rehabilitation at RSKO Jakarta for one month. In 2022, the patient was hospitalized three times, and in 2023, he was admitted to RSKD Duren Sawit twice. The last hospitalization was in July 2023 after the patient hit a construction worker working at his home.

During the mental status examination, the patient appeared appropriate for his age with a slim build and medium brown skin. During the psychomotor examination, the patient was cooperative and open during the interview but was unable to maintain eye contact. His mood was dysphoric, and his affect was restricted and incongruent. Perceptual disturbances were observed in the form of commanding auditory hallucinations and visual hallucinations. His thought processes showed loose associations, and the content of his thoughts included delusions of reference. His concentration and attention were good. Insight was rated 2, as the patient partially acknowledged having a disorder and needing help, but at the same time, he denied it. Physical examination and laboratory tests showed no significant abnormalities.

Discussion

Anamnesis was conducted using both auto and alloanamnesis with the patient and his family. Based on the auto and alloanamnesis as well as physical examination, there was no history of head trauma, seizures, hypertension, diabetes mellitus, or disturbances in consciousness.

The diagnosis was established based on anamnesis with the patient, which revealed commanding auditory hallucinations, visual hallucinations, and behavioral changes with no identifiable source, such as voices instructing the patient to draw pictures, as well as the patient talking to entities disrupting daily activities, especially at night, preventing him from sleeping. The patient also had delusions of reference, where he was upset with his mother's friend for talking negatively behind his back. These symptoms align with paranoid schizophrenia, and it can be concluded that the patient suffers from paranoid schizophrenia.

Pharmacological management for this patient included quetiapine 2x400 mg orally and lorazepam 1x1 mg orally. This is in accordance with the schizophrenia management guidelines, which recommend second-generation antipsychotics as first-line treatment, such as risperidone, olanzapine, and quetiapine. Second-generation antipsychotics are more effective with fewer side effects compared to first-generation antipsychotics. These medications are beneficial for controlling both positive and negative symptoms. (Elvira SD, 2018)

Quetiapine is a second-generation antipsychotic that works by affecting neurotransmitter activity in the brain, especially dopamine and serotonin. Quetiapine inhibits dopamine D2 receptors, which helps relieve psychotic symptoms such as hallucinations and delusions. This blockade is temporary, reducing the risk of motor side effects like extrapyramidal symptoms. Quetiapine also acts as a partial agonist at serotonin 5-HT1A receptors, contributing to antidepressant and anxiolytic effects (Stahl, 2021). Blocking the 5-HT2A receptor increases dopamine release in specific areas of the brain, reducing the negative symptoms of schizophrenia and motor side effects. This also provides antidepressant benefits (Nasrallah, 2020).

Conclusion

A case of paranoid schizophrenia in a 27-year-old male has been reported. Paranoid schizophrenia is a condition that can relapse easily and become chronic, requiring proper management to improve social functioning. The diagnosis of schizophrenia was established based on anamnesis and psychiatric evaluation. The diagnosis of paranoid schizophrenia in this patient met the criteria for schizophrenia according to PPDGJ III or DSM-V. The patient was given management with quetiapine 2x400 mg orally, regularly consumed, which is a second-generation antipsychotic for improving both positive and negative symptoms.

Acknowledgements

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