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A Case Report on Acute Transient's Psychotic Disorders

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Authors' contributions

This work was carried out in collaboration among all authors. All authors read and approved the final manuscript.

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Case Study

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ABSTRACT

Background: Little is known about acute and transient psychotic disorders (ATPD), a diagnostic category introduced with ICD-10.
Case Presentation: Acute transient psychotic disorder is a heterogeneous group of disorders characterised by the acute onset of psychotic symptoms such as delusion, hallucination and perceptual disturbances, and by the severe disruption of ordinary behaviour. Patient history: The Male patient 48 year old who was apparently admitted in AVBRH on date 08/05/2021 with chief complaint was Abnormal behaviour(taking clothes off in public), irritability, aggressive, muttering and smiling to self from 10 days back. His parents once locked him in a room as they fear he might hurt him. He was taken to a faith healer in Pandarkawda twice by his parents. The Baba gave him some mysterious beats like bracelet to wear which eventually decreased his symptoms for 3 days but the symptoms persisted from the fourth day. This time, the Baba mixed a lemon juice, turmeric powder & kumkuma (a powder made from dried turmeric with a bit of slaked lime) and applied all over him eyes which severely inflamed & burnt his eyes. His eye injury elevated his psychotic

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symptoms which is why his parents took him to psychiatric OPD in AVBRH.
Past History: Patient was apparently asymptomatic 2 yrs back. He was married to a woman of his parent's choice. His marriage life was stressful and unhealthy. He was underestimated by his wife due to his low qualification and health problem.
Clinical Finding: The patient has been undergone with various investigations like culture, blood tests, Physical examination and mental status examination symptomatically with antipsychotic agent and anticonvulsant such as Tab Olanzapine 10mg- HS, Tab Clonazepam 0.5mg – SOS.
Medical Management: Antibiotic eye drop homatropine and eye ointment ciprofloxacin.
Nursing Management: Administered fluid replacement i.e DNS and RL, eye care was done with betadine and Normal Saline solutions, eye care by administering eye drops and monitored all vital signs hourly.
Conclusion: Patient was admitted to hospital with the chief complaint of muttering to self, irritability and eye injury, blisters, pus discharge from eyes and his condition was very critical and patient was admitted in AVBR Hospital ,immediate treatment was started by health team member and all possible treatment were given and now the patient condition is satisfactory.

Keywords: Acute transient psychotic disorder; hallucination; perceptual disturbances; clonazepam; homatropine.

1. INTRODUCTION

Acute and transient psychotic episodes have been described since the end of the nineteenth century. Descriptions have varied from one country to another, so that the exact nosology has not yet been established. The links between acute psychoses (generally defined as having brief obvious psychotic symptomatology) and chronic psychoses (schizophrenic psychoses and psychoses with persistent delusions) are still under discussion.

For instance, Sections F20 and F21 in ICD-10(1) are devoted to 'Schizophrenia, schizotypal and delusional disorders'. A specific diagnostic category named 'Acute and transient psychotic disorders' is included, distinct from Schizophrenia (F20), Schizotypal disorder (F21), Persistent delusional disorder (F22), Induced delusional disorder (also called folie à deux) (F24), and Schizoaffective disorder (F25) [1-7].

1.1 Incidence

The incidence of ATPD was 9.6 per 100 000 population, with a higher rate of females than males (9.8 vs 9.4). Incidence rates by age group were higher for males than for females, with a marked reversal of this pattern above 50 years.

1.2 Objective

1. To know general idea regarding disease condition.
2. To explore knowledge regarding psychopharmacology, medical and nursing management.

2. PRESENTATION OF CASE

2.1 Patient History

The Male patient 48 year old who was apparently admitted in AVBRH on date 08/05/2021 with chief complaint was Abnormal behaviour (taking clothes off in public), irritability, aggressive, muttering and smiling to self from 10 days back. His parents once locked him in a room as they fear he might hurt him. He was taken to a faith healer in Pandarkawda twice by his parents. The Baba gave him some mysterious beats like bracelet to wear which eventually decreased his symptoms for 3 days but the symptoms persisted from the fourth day. This time, the Baba mixed a lemon juice, turmeric powder & kumkuma (a powder made from dried turmeric with a bit of slaked lime) and applied all over him eyes which severely inflamed & burnt his eyes. His eye injury elevated his psychotic symptoms which is why his parents took him to psychiatric OPD in AVBRH [8-12].

2.2 Past History

Patient was apparently asymptomatic 2 yrs back. He was married to a woman of his parent's choice. His marriage life was stressful and unhealthy. He was underestimated by his wife due to his low qualification and health problem.

2.3 Causes

Heredity-The relative of patient with schizophreni form disorder are likely to have a diagnosis of psychotic mood disorder, Brain structure deficit in

the inferior prefrontal region of the brain. Biological factors included Brain tumour, neurological disease, and defect in limbic system or basal ganglia. In Psychodynamic factor associated Social isolation, hypersensitive factor. Denial to avoid awareness of painful reality and other relative factors are Social and sensory isolation, economic deprivation, personality disturbance such as deafness, visual impairment and limited ability. The Patient was having complaint of Abnormal behaviour (taking clothes off in public), irritability, aggressive, muttering and smiling to self from 10 days back. His parents once locked him in a room as they fear he might hurt himself. Contributing factors included patient is having lesions on the eye sight because of Tantrik Baba put lemon, kunku, haldi and shandur in his eyes [13-15].

2.4 Clinical Finding

The occurrence of delusions, hallucinations, or incoherent or incomprehensible speech, that reach their full intensity within 2 weeks of starting. These symptoms are not better accounted for by a Mood Disorder, Delirium, substance use, or a general medical condition.

On the basis of physical and mental status examination the patient shows the sing and symptoms of blister around the eyes, pus and swelling of eyelids, Abnormal behaviour (taking clothes off in public), Irritability (lesions & pain in eyes), Aggressive and abusive nature towards family members, Muttering & smiling to self.

2.5 Investigations

On mental status examination and patient history and others investigations revels different outcome, a thorough clinical evaluation.

2.6 Therapeutic Intervention

Psychopharmacology: Patient was treated with antipsychotic agents and anticonvulsant agents. Tab Olanzapine 10mg- HS, Tab Clonazepam 0.5mg – SOS.

Medical Management: Patient was treated with antibiotics and eye ointment included Injection Ceftriazone 1 gm BD For 5 days, Eye drop 4 Quin QID and Inj. Pantocid 40 mg OD for 5 days.

3. TREATMENT

3.1 Short-term Treatment

Acute psychotic syndromes require early hospitalization in either an inpatient psychiatric unit or a crisis centre. These syndromes are to be considered as psychiatric emergencies. The decision to admit to hospital is taken in order to make a careful physical and mental examination clinical evaluation, to separate the patient from his or her environment, to provide a reassuring setting, and to prevent any suicidal or aggressive tendencies.

The goals are to prevent auto or hetero aggressively (suicidal potential, affective symptoms, agitation, aggressive behaviour, command hallucinations, etc.), to reduce the acute psychotic symptoms, to suppress the causal factors and to establish an early therapeutic alliance with the patient and his family. Antipsychotic drugs medications are prescribed.

3.2 Continuation Treatment

The effectiveness of psycho pharmacotherapy is usually manifested in the first 6 weeks, with improved sleep, regression of agitation, recovery from anxiety and delusion, and finally disappearance of the psychotic features. When there is no recovery or improvement either another antipsychotic drug should be used or the dosage of the first increased. Worsening of the symptoms, serious side-effects, or a poor response to pharmacotherapy may lead to the main indications for electroconvulsive therapy.

If mood disorders or cyclic episodes occur, treatment with antidepressants, mood stabilizers (lithium or valproate), or an anticonvulsant drug (carbamazepine) may be indicated. Care must be taken to distinguish between a post-neuroleptic depression and the development of a (schizo) affective disorder.

3.3 Prevention of Recurrence

The possibility that psychotic symptoms may re-emerge has to be borne in mind during the first 2 years of follow-up.Low-dosage pharmacotherapy must be maintained for 1 or 2 years after recovery. During this long-term follow-up, periodic assessment and effective clinical care with social and psychological therapy are essential.

Table 1. Clinical evaluations on mental status

Content	Results
• Mood and affect is impaired	• Unstable and irritable mood
• Content of thought is impaired	• Delusions of persecution is present
• Attention is impaired	• she cannot count the number backwards
• Concentration is impaired	• Incorrect result
• Judgment is impaired	• She has no idea on the questions asked
• Insight level is 1	• Complete denial of illness.

Table 2. Patient investigations

Investigation	Normal Value	Patient Value	Justification
Kidney function test			
Potassium (k+) – serum	3- 5 mEq/L	4.2 mEq/L	Normal
Creatine – serum	0.7-1.5mg%	1.0 mg%	Abnormal
Urea – serum	18-40mg%	32 mg%	Normal
Sodium(Na+)	136-145mEq/L	145 mEq/L	Normal
Complete blood count			
Hb%	13-15.5gm%	12.6 gm%	Slightly low
Total RBc count	4.5-6millions/cumm	5.37 millions/cumm	-normal
Total platelet count	1.5 to 4lacs/cumm	1.86 lacs/ cumm	-normal
Total WBC count	4000-11000/cumm	9500/cumm	-normal
a. Monocytes	4 to10 %	04%	
b. Granulocytes	40-60%	75%	
c. Lymphocytes	17-48%	20%	
d. Eosinophils	0-5%	01%	
e. Basophils	0-2%	0.0%	
History/ Mental Status Examination		Seen -Patient having delusion of persecution -She is having auditory hallucination before admitting.	**-Abnormal**

3.4 Nursing Management

As per the criteria the nursing care was given to maintain the personal hygiene to prevent further complications

- As far as possible all the relevant data should be collected from the patient as well as from his relative.
- Observed behaviour pattern, posturing, psychomotor, hygiene.
- Ensure that the person remains free from injury.
- Note the affect and emotional of the patient for appropriateness.
- Assessed for her to check content of delusional thinking.
- Assess eye condition and provide proper eye care to the patient
- Eye care is undertaken 3–6 times each day depending on severity of eye involvement. • Apply vitamin A or other sterile ocular lubricant ointment generously under the upper and the lower eyelid using one quarter of tube for one eye on each occasion. • Eye drops are administered as per ophthalmologist.

3.5 Follow Up and Outcomes

At the time of discharge the patient conditions were satisfactory. her blisters are recovered and he was able to see. Their relatives were informed about the drug therapy and personal hygiene, all

prescribe drug should be taken as per the schedule they should come after 10 days for routine follow up to see the disease outcome.

4. DISCUSSION

Acute and transient psychotic episodes have been described since the end of the nineteenth century. Descriptions have varied from one country to another, so that the exact nosology has not yet been established. The links between acute psychoses (generally defined as having brief obvious psychotic symptomatology) and chronic psychoses (schizophrenic psychoses and psychoses with persistent delusions) are still under discussion. Patients are often hospitalized under constraint because they do not acknowledge the disorder. The initial non-compliance leads to the frequent use of first-generation antipsychotic medications classic intramuscular neuroleptics. In general, psychotherapy and psychosocial care are more effective in an outpatient setting after symptomatic remission recovery has started. A good relationship between patient and psychiatrist together with collaboration with the family practitioner and social workers improve the long-term prognosis. If resources allow, psychotherapy by a trained practitioner, behavioural therapy, or family therapy may be combined with a low-dose pharmacotherapy.

4.1 Strength

A 48 year Male patient tolerate all the medication and well response within seven days to the therapeutic treatment of the hospital which was given as a treatment.

5. CONCLUSION

Patient was admitted to hospital with the chief complaint of Abnormal behaviour (taking clothes off in public), irritability, aggressive, muttering and smiling to self, delusion of persecution from 10 days back. Immediate treatment was started by health team member now the patient condition was satisfactory.

CONSENT

Before taking this case, information was given to the patients and their relatives and Informed consent was obtained from patient as well as relatives.

ETHICAL APPROVAL

As per international standard or university standard written ethical approval has been collected and preserved by the author(s).

COMPETING INTERESTS

Authors have declared that no competing interests exist.

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