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Reporte de caso

Depressive syndrome being the mask of beginning schizophrenic process - own experience

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ABSTRACT

Detailed psychiatric examination in my patient demonstrated evident endogenous depressive syndrome and schizoid personality. Besides that, the author, aftermultiple examinations and numerous visits, diagnosed a beginning schizophrenic process.

Key words: depression-mask schizophrenic process, impulsive aggression and irritability, sertraline, perphenazine.

SÍNDROME DEPRESIVO QUE ENMASCARA UN PROCESO DE ESQUIZOFRENIA QUE PRINCIPIA. EXPERIENCIA PROPIA

RESUMEN

La exploración psiquiátrica en el paciente mostró un proceso depresivo y una personalidad esquizoide y después de varios exámenes se diagnóstico en proceso esquizofrenico.

Plabras clave: depresión que enmascara un proceso esquizofrenico, agresión e irritabilidad, sertalina, perfenazina, agresión e irritabilidad.

In the environment of psychiatrists it is rather commonly known that an episode of *major depression* can, quite not infrequently, be the mask of beginning schizophrenic process. It is known that the highest risk of developing schizophrenia is in the 18 - 25 years age group. If a patient from this age group comes to a psychiatrist with a typical episode of *major depression,* it should be always taken into account that this can be a mask of beginning schizophrenic process. Administration of tricyclic antidepressants in such cases may, unfortunately, trigger productive symptoms, that is delusions and hallucinations of schizophrenic psychosis. Therefore, it seems that the safest method in such cases is administration of a neuroleptic with antidepressant action. It seems also safe to use in such cases an antidepressant from the group of selective serotonin central reuptake inhibitors in combination with a neuroleptic. Some authors demonstrated that sertraline can be here a drug that is safe enough. These authors showed that sertraline is fraught with lower risk of schizophrenic symptom recurrence than imipramine.

CASE REPORT

Female patient B.K. aged 22 previously never received any psychiatric treatment. The patient was born after normal pregnancy and labour. Her childhood was moderately good. The patient's parents were apparently warm, considerate, hard working, quiet and affective. At home, apparently warm atmosphere was present, full of love and peace. No family rows occurred at home. The order and calm of the family life were only disturbed by small quarrels between the parents. The patient is the only child in the family. Unfortunately, the parents are a type od sado-

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masochist couple of atypical arrangement of roles. The patient's father had masochist tendencies and the mother - sadistic ones. Reaching of orgasm in both parents was possible only after long initial play including long physical maltreatment. According to the sado-masochist orientation, the mother during the initial play used active aggression against the father in the form of whipping. After such play, they used to have a normal, typical sexual intercourse. This took place during night. The parents fascinated with themselves did not know that the patient, the small girl awaken from sleep, attentively watched these scenes through half-opened door. The patient never told her parents that she was the witness of these scenes. Unfortunately, this caused in her a deep psychic trauma which was the cause of deep aversion to people of either sex. Despite that, she achieved good results in primary and secondary school. The above psychic trauma caused that the patient has been avoiding men until presently. Even the thought that she could have a boyfriend or fiancé, has caused aversion in the patient. Directly after obtaining her secondary school certificate she started to work in order to isolate herself from her peers - other female and male students. In her work she has avoided other people. She has been working as an official in revenue office. She managed to obtain an isolated room in order to work alone and isolated from other people. She has been performing her occupational tasks with moderate success. She has problems with adaptation to reality. Sometimes, for unimportant reasons she was making quarrels with the head of the revenue office. The parents of the patient make all what is possible helping the patient to keep her job.

The patient at the age of 22 years came to the author, referred by her family doctor wih the diagnosis of *major depression*. Detailed psychiatric examination demostrated evident endogenous depressive syndrome and schizoid personality with a tendency to development of schizophrenia. Besides that, the author, after multiple examinations and numerous visits, diagnosed a beginning schizophrenic process. The diagnosis was confirmed by tests according to Hamilton Scale, Montgomery-Asberg Scale, SGI Scale, DSM-III-R criteria, and Simpson-Angus Scale and SANS. No mental diseases occurred in patient's family. The patient gave no history of head trauma or loss of consciousness. She denied any serious somatic diseases.

Laboratory tests:

- basic laboratory blood and urine analyses gave normal results
- ECG record was normal,
- EEG record was normal,
- chest radiogram was normal,
- neurological examination: no focal and meningeal symptoms,
- eye fundus examination: normal,
- physical examination was normal,

The intense treatment with individual psychotherapy, oral sertraline in 50 mg daily dose, and perphenazine (Trilafon) in 64 mg daily dose produced complete remission of *major depression* and of the beginning schizophrenic process.

DISCUSSION

A very controversial problem in the described case is the question to what degree the cause of patient's isolation from peaople and misanthropy are her experiences from childhood. The presence of a causal relationship between patient's experiences from childhood and her later isolation from people and aversion to environment appears quite evident. Sertraline proved here to be a very favourable drug due to many reasons. The advantage was taken here of doubtless antidepressant effect of sertraline. The patient making quarrels with the head of revenue office due to insignificant reasons, demonstrated impulsive aggression and irritability. Therefore, the author treating the patient with sertraline took advantage of the experience of other authors who treated with sertraline their patients with personality disturbances with accompanying impulsive aggression and irritability. These authors achieved a satisfactory therapeutic result.

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