Longitudinal diagnosis and comorbidity in Psychiatry – a clinical challenge

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Abstract

Introduction: The longitudinal diagnosis is an important tool in Psychiatry. Mental disorders are complex and may have different courses, not showing the precise diagnosis at the beginning. This could imply different therapeutic approaches and diverse prognosis. The co-occurrence of different mental disorders in a patient is also frequent. It increases morbidity and may cause disability and makes management more challenging than in a single disorder.

Objectives: Clinical case report concerning a young female with a psychotic disorder and theme review on psychosis. The author’s aim is to highlight the relevance of clinical presentation over time and the need of modifying psychiatric diagnosis and its impact on the management of different mental disorders in a patient.

Methods: A literature search was performed on PubMed database using the key words psychosis, psychotic disorder, bipolar disorder, conversion and hysteria and retrieved papers were selected according to their relevance. The patient clinical record was reviewed.

Results: The authors report a case of a 25 year old female who presented a first episode of psychotic symptoms of religious content four years ago, in an apparent histrionic personality. At the time there was no previous psychiatric history. After two in-patient treatments under antipsychotic medication there was a fast and good therapeutic response. In the following two years there was complete remission with progressive reduction of the psychopharmacs. Two months later, without any medication, there was a single episode of agitation, euphoria and insomnia that ended in a defenestration of the 3rd floor. She became severely injured and is currently on mood stabilizer.

Discussion and Conclusions: The clinical presentation initially led to the diagnosis of brief psychotic disorder. After treated with an atypical antipsychotic, the patient remained apparently stable for two years but soon after the medication was stopped she developed severe symptoms of mania. The diagnosis was changed to bipolar disorder. This case illustrates the importance of following the course of the disease and reconsidering, occasionally, the disorder diagnosis, concerning therapeutic and prognostic implications.