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CASE REPORT

Simple Schizophrenia, a Rare and Under-Diagnosed Clinical Condition: A Case Report

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ABSTRACT

Introduction: Schizophrenia is characterized by positive psychotic symptoms such as hallucinations, delusions and disorganization and motivational and cognitive dysfunctions.

A typical case of simple schizophrenia is very uncommon and very difficult to diagnose. It is considered to be a controversial clinical entity. This treatment-seeking effort was seen when a patient started to have severe socio-occupational dysfunction. This case report discusses an interesting and rare case of simple schizophrenia and its management.

Case History: Presented with the total duration of illness being around 4.5 years, continuous course, insidious onset, no obvious precipitating factor could be elicited, no past or family history of psychiatric illness with no major medical or surgical illness, no history of use of alcohol or other illicit substance, and a well-adjusted pre-morbid personality characterized by withdrawn behavior, intermittent unprovoked anger or abusiveness, abnormal changes in temperament and overall behavior along with poor appetite, disturbed sleep, and poor personal hygiene with significant socio-occupational dysfunction. The patient was treated in an outpatient setting. Basic investigations of the complete blood count, thyroid profile, vitamin B12, and folic acid were within normal limits. The patient was started on 7.5 mg of olanzapine per day and asked to follow up after 3 weeks. On the first follow-up visit, the father reported about 25–30% improvement in overall behavior and general condition. Hence, the dose of olanzapine was increased to 10 mg per day, and we were asked to follow up after 4 weeks. On the second follow-up visit, the father and patient reported 50–60% improvement; thus, the dose of olanzapine was further increased to 15 mg per day and asked for follow-up after 4 weeks. On the third follow-up visit, the father and patient showed about 90% improvement in overall functioning, and the patient started to help in the occupation of his father. Thus, the patient was continued on the same dose of 15 mg of olanzapine and asked for monthly follow-up. The patient and his father did not report any major side effects of the medicine.

Conclusion: It is important to address such a clinical condition so that patients can get an evidence-based treatment for this type of under diagnosed or controversial clinical entity.

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INTRODUCTION

Schizophrenia is a serious mental illness that affects how a person thinks, feels, and behaves. People with schizophrenia have severe behavioral and socio-occupational dysfunction, which is very distressing for family members and society. Schizophrenia is characterized by positive psychotic symptoms such as hallucinations, delusions and, disorganization and motivational and cognitive dysfunctions.[1] Simple schizophrenia is a subtype of schizophrenia. 'It is an uncommon disorder in which there is an insidious but progressive development of oddities of conduct, an inability to meet the demands of society, and a decline in total performance. Delusions and hallucinations are not evident, and the disorder is less obviously psychotic than the hebephrenic, paranoid, and catatonic subtypes of schizophrenia. The characteristic "negative" features of residual schizophrenia (e.g., blunting of effect, loss of volition) develop without being preceded by any overt psychotic symptoms. With increasing social impoverishment, vagrancy may ensue, and the individual may then become self-absorbed, idle, and aimless.[2] A typical case of simple schizophrenia is very uncommon and very difficult to diagnose. It is considered to be a controversial clinical entity.[3] However, cases showing typical clinical signs and symptoms continue to be identified in surveys of schizophrenia patients. Usually, a patient with simple schizophrenia is able to get expert treatment after a prolonged period of time. This treatment-seeking effort was seen when a patient started to have severe socio-occupational dysfunction.[4,5]

Here, we are discussing an interesting and rare case of simple schizophrenia and its management.

CASE REPORT

A 25-year-old unmarried male, educated up to the 10th standard, not working, belonging to a Hindu nuclear

family of lower socio-economic status, a resident of a rural area of hilly regions, was brought to the psychiatry outpatient unit by his father. Presented with the total duration of illness being around 4.5 years, continuous course, insidious onset, no obvious precipitating factor could be elicited, no past or family history of psychiatric illness with no major medical or surgical illness, no history of use of alcohol or other illicit substance, and a well-adjusted pre-morbid personality characterized by withdrawn behavior, intermittent unprovoked anger or abusiveness, abnormal changes in temperament and overall behavior along with poor appetite, disturbed sleep, and poor personal hygiene with significant socio-occupational dysfunction. A general physical examination did not reveal any major abnormalities. A mental status examination revealed unkempt, uncooperative, poor eye-to-eye contact; rapport could not be established; speech was low in rate, volume, and content, incoherent at times; and shallow affect; no delusions or perceptual abnormalities could be elicited. The judgment was impaired, and the insight was absent.

Past Treatment History

The patient was brought to various faith healers and local quacks and practitioners but never visited a trained mental health professional. Finally, based on the overall longitudinal course and nature of the illness, a provisional diagnosis of simple schizophrenia as per ICD-10 was made.

Management Course

The patient was treated in an outpatient setting. Basic investigations of the complete blood count, thyroid profile, vitamin B12, and folic acid were within normal limits. The patient was started on 7.5 mg of olanzapine per day and asked to follow up after 3 weeks. On the first follow-up visit, the father reported about 25 to 30% improvement in overall behavior and general condition. Hence, the dose of olanzapine was increased to 10 mg per day, and we were asked to follow up after 4 weeks. On the second follow-up visit, the father and patient-reported 50 to 60% improvement; thus, the dose of olanzapine was further increased to 15 mg per day and asked for follow-up after 4 weeks. On the third follow-up visit, the father and patient showed about 90% improvement in overall functioning, and the patient started to help in the occupation of his father. Thus, the patient was continued on the same dose of 15 mg of olanzapine and asked for monthly follow-up. The patient and his father did not report any major side effects of the medicine.

DISCUSSION

This clinical case illustrates the presentation of simple schizophrenia, characterized by a gradual insidious deterioration in overall behavior and personality, thus leading to significant socio-occupational dysfunction. In this case, there was a prolonged delay of 4.5 years in the diagnosis and management. Interestingly, in this case, there were no obvious delusions, hallucinations, or any other positive symptoms of schizophrenia as defined in the literature. Finally, a clinical diagnosis of simple schizophrenia can only be made after other causes of deterioration have been excluded, specifically early-onset dementia, intellectual disability, or a pervasive developmental disorder, which could have such clinical presentations.[4] Here, Mr. A has a well-adjusted pre-morbid personality and a good pre-morbid level of functioning both academically and socially, excluding pervasive developmental disorders. The absence of other etiological medical conditions and normal investigations clearly rule out early-onset dementia. Here, it is important to emphasize that in the absence of positive signs and symptoms, it is very difficult to diagnose such a clinical condition. A well-adjusted pre-morbid personality, absence of etiological medical conditions, prodromal traits, and progressively developing negative symptoms leading to severe socio-occupational dysfunction could possibly help diagnostic determination.[5]

CONCLUSION

There are patients who present to mental health professionals with a pattern of progressive cognitive decline and changes in personality and behavior in the absence of active psychotic symptoms of schizophrenia. It is important to address such a clinical condition so that patients can get an evidence-based treatment for this type of underdiagnosed or controversial clinical entity.

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