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Case Report
Case of Recurrent Episode of Schizoprenia Paranoid in Pregnant Woman

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Abstract

Introductions: Pregnancy is a stressor to women, in terms of biological as well as psychological. For individuals who previously received medication for schizophrenia in the past, it can be a triggering factor for the relapse of the illness. Here we describe a case of a pregnant woman who experiences a relapse in pregnancy. **Case:** The patient was a 40-year-old pregnant woman, brought to the emergency room after attacking her father by stabbing her father's head with a knife. She was suspicious of her dad's gaze at her. She was hostile towards healthcare workers when being examined. For her pregnancy, consultation with the Obstetric and Gynaecology department had been done to ensure that she and her baby were taken care of while being treated in the psychiatry ward. **Discussions:** The patient was diagnosed as having paranoid schizophrenia recurrent episodes. There was no complication found in her pregnancy, and she was scheduled for Sectio Caesarean as she was not mentally fit to do vaginal delivery. The psychiatric approach to the patient was atypical antipsychotic along with supportive psychotherapy. Psychoeducation and family therapy were also done to ensure that the patient's family understand the illness and the importance of compliance with the medication. **Conclusions:** Pregnancy is one of the factors that lead to the relapse of schizophrenia in patients with a history of mental illness. Holistic treatment is needed to treat the patient to prevent the relapse of the illness.

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Introductions

Pregnancy is one of the phases that the majority of women experience. While it may be exciting for some women, it is a biological stressor to all women. The physiological changes may affect women's mental health, in healthy women as well as in women who previously had a mental illness history. Women with a history of severe mental illness who were pregnant may experience a relapse in the illness. This can be devastating for both the mother and the baby [1].

Schizophrenia is a complex psychiatric disorder that needs continuous treatment. The symptoms of schizophrenia vary from one individual to another. The most common symptoms of schizophrenia are delusion and hallucination. They can be treated by antipsychotics, however, compliance with medication is highly required to prevent relapse. In this report, we present a case about the relapse of schizophrenia in pregnant women, followed by a discussion about etiology, factors affecting the relapse, pharmacology, and family approach to the illness [2].

Case Reports

A 40-year-old pregnant woman from the eastern part of Indonesia was referred to our hospital with a chief complaint of attacking her father on that day. She attacked her father by stabbing her father's head with a knife when her father was sitting on a sofa, looking up at her when she was standing on the stairs. Her father, aged 83, was suffering from stroke, and thus unable to move freely by himself. She admitted that she stabbed her father's head because she was annoyed by her father's gaze at her, and she had an irresistible urge to do the violent act.

During her stay in the hospital, she was hostile towards anyone, especially doctors. She was not cooperative during the examination, reluctant to answer questions, and refused rudely to any requests for examination. She even scolded doctors and nurses when trying to examine her or ask her questions regarding her condition. Her PANSS Score on the first day of her stay was 107 (P = 34, N = 29, G = 39).

She was first diagnosed with schizophrenia in 2004, at the age of 25. She was brought by her sister to a psychiatric hospital for the first time because she was talking nonsense. At first, her sister did not realize that the patient required further treatment in psychiatry, so she always argued with the patient to correct her. The patient got angry every time her sister argued her statement, which led her to hit her sister. Later, the patient's sister finally realized that the patient was ill, manifested as talking nonsense. She was admitted to a psychiatric ward for about two weeks. She recovered well when discharged from the hospital according to her sister, that she was able to work and do household chores. However, after being discharged, she did not comply with the medication given by the hospital as she thought she was already recovered.
The patient admitted to her sister, that she was hearing voices telling her to hit her sister. It was not a very clear voice, but the voice made her have the irresistible urge to hit her sister. After hitting her sister, she felt guilty. She also had the belief that her neighbors were talking about her, which made her feel uncomfortable and thus become suspicious of others.

In 2010, she was brought back to a psychiatric hospital by her sister as she was asking for money from her neighbors and shouted at them when not given what she asked, thus making them uncomfortable. She was admitted to a psychiatric ward for about two weeks. This time she complied well with the medication. She was able to cook, clean her house, and do other chores. She worked in a few places but quit after a few weeks due to not being able to get along with her colleagues. She felt that her colleagues were talking about her and being mean to her. When she was in a dilem-

ma about whether she should keep up with her job environment or quit, she was supported by her mother to just quit the job, rather than adapting to it.

In 2020, the patient started to drop out from medication, as she felt that she was already well, not needing further medication. However, in the mid of 2021, she started to scold her neighbors for no apparent reason. She also had a belief that one of her neighbors hurt her by pinching her arm. Not admitting the accusation, the patient was enraged with her neighbor and hurt her by stabbing her neighbor's head with a sharp object. Due to that incident, the patient was brought and admitted to a psychiatric hospital once again for two weeks. Her condition was well when she was discharged. She was able to communicate well with her family and friends and do chores and other daily activities.

End of 2021, she started to feel that something was not right for her, as she missed her periods for five consecutive months. She then found out that she was five months pregnant. She claimed that she did not know who was the father of her unborn baby, also she did not know where she was raped. She got irritated when asked about this matter. However, according to her sister, she seemed excited about preparing for her baby's stuff.

Her sister said that before she was ill, she was a reserved person, who enjoyed going to a shopping center in her leisure time. She did not tell problems to her family, so the family never really know what was troubling her. She had few friends, but her relationship with them was not very close as she tended to get angry easily. She did not express her emotion easily but easily hate someone who hurt her.

During her childhood, she was the most beloved child as she was the youngest child, with two older sisters and one older brother. Her parents and siblings always granted what she wanted and needed. Her mother is the main caregiver when she was a child, helped by her grandmother, while her father was away from home. Her parents were permissive towards her behavior, even when she did wrong there was no specific punishment for her. During her school years, she managed to finish her education on time. Her parents never had high expectations of their children in terms of education. In her teenage and high school years, she had few close friends but there was no information on whether she ever had relationships with male friends.

She had no history of drug abuse. She drank coffee and tea occasionally. Her social circle was average, in terms of economics as well as education. There was no one in her family had a psychiatric disorder, which made them unaware of the patient's need for treatment.

The family's perception of the patient's condition was they considered the patient someone who was stubborn and needed to open her heart to God, as well as comply with the medication to heal. The patient's perception of her condition was that she knew she needed psychiatric treatment but did not know why.

During a home visit to the patient's house, we found out that she lived with her parents. She used to help her parents with household chores and help her mother to take care of her father who was suffering from a stroke. She was doing the routine quite well when she complied with her medication in 2010-2020.

The patient was consulted by the Obstetric and Gynaecology department for her pregnancy. At first, she refused to be examined, however, later during her stay she became more cooperative, and an ultrasound examination was done a day before her section cesarean. The baby's overall condition was satisfying. She was scheduled for a section cesarean instead of normal delivery because she was not cooperative with doctors and other healthcare workers.

She was diagnosed with schizophrenia paranoid recurrent episodes, and noncompli-

ance to medical treatment, as this was not her first time admitted to the hospital for her condition, however this time she was 38 weeks pregnant. The psychiatric approach to the patient was Clozapine 25 milligrams, two times a day. From Obstetric and Gynaecologic, she was scheduled for a section cesarean to terminate her pregnancy. She was also given iron and calcium supplements to support the growth of the baby.

Discussion

Schizophrenia can be derived from several etiologies. Genetic factor plays an important role in the development of schizophrenia in individuals. Schizophrenia among first-degree relatives was the strongest risk factor [3]. Studies have shown that the risk of illness is approximately 10% for a first-degree relative and 3% for a second-degree relative [4]. Social and environmental factors are also contributing to the causation of schizophrenia, especially in prone individuals. Childhood trauma, minority ethnicity, residence in an urban area, and social isolation can be tremendous stressors for some individuals.

The patient had the symptoms of schizophrenia paranoid, as she had the delusion of people talking about her, thus making her suspicious of others. Her attitude towards doctors and other healthcare workers was hostile. Paranoid individuals endorsed more hostile and blaming attributions and identified more faces as untrustworthy [5]. The hallmark of paranoid schizophrenia is the relative prominence of paranoid delusions and auditory hallucinations compared with the other symptoms of schizophrenia [6]. She had the belief that people were talking about her, and there was once when she believed that her neighbor hurt her arm which led to her violent behavior. Increased paranoid ideation among individuals with schizophrenia has previously been linked to greater incidences of violent behavior [7, 8].

An auditory verbal hallucination (i.e. hearing a voice) is defined as a sensory experience in the absence of a corresponding external sensory source that could explain the phenomenological experience [9]. Schizophrenia can be accompanied by hallucinations in any of the sensory modalities. In 70% of the cases, they are auditory in nature, and in 50% of those cases, visual hallucinations are also experienced at some point [10]. The auditory hallucination in this patient was not clear, as she insisted that she did not hear any unfamiliar sound, however, according to her sister, she heard voices that told her to do violent acts.

The patient was pregnant but unmarried. She claimed that she did not know who impregnate her, as she was hypnotized and sedated. Women with schizophrenia less often have a partner or spouse and their pregnancies are more often unplanned than those of healthy women [11].

Erik Erikson described the theory of psychosocial development. In each stage of development, the person must complete a critical life task that is essential to well-being and mental health [12]. In terms of psychosocial development, this patient had passed the first stage with trust, as her family was responsive towards her needs and wants. For the second and third phases, the patient developed autonomy and initiative as the parents allowed her to do anything she wanted. However, there was a downside to it, as the patient was not punished when doing something wrong, which led her to be stubborn and selfish. For the fourth phase she managed to pass this phase quite well, she finished her education on time. However, during the fifth phase, she was not able to pass it well, and she repeatedly quit the jobs she got and did not know how to be productive. In the sixth phase, which is intimacy versus isolation, she failed to pass it well, resulting in her being isolated. She only had very few friends and had not experienced intimate relationships. Also, during this phase,

the patient had been suffering from mental illness. Individuals may lose partners due to illness and/or struggle to establish new ones. If the individual maintains a close relationship after the onset of severe symptoms, the level of intimacy may change and be experienced as loss [13].

Her pregnancy was a biological stressor to the patient, however, it can be a dilemma as the antipsychotic medication can affect the growth of the fetus. The American Congress of Obstetricians and Gynecologists based on the available data on risks and benefits, recommends continuing pharmacotherapy during pregnancy as severe psychiatric episodes are generally thought to be caused by discontinuation of medication (Teodorescu, et al. 2017). Choosing the right drug for this patient was essential, to prevent dangerous exposure to the mother and the unborn baby. Categories include A (no risk in well-controlled human studies), B (no risk in animal studies), C (adverse effect on the fetus in animal studies, but no adequate studies in humans and potential benefits may warrant use of the drug in pregnant women despite potential risks), D (adverse effect on the fetus in animal studies and human investigational or marketing experience, but potential benefits may warrant use of the drug in pregnant women despite potential risks), and X (adverse effect on the fetus in animal studies and human investigational or marketing experience, and risks outweigh potential benefits [14, 15]. She was given Clozapine 25 milligrams twice a day, considering that Clozapine is a Category B drug. Clozapine should only be used during pregnancy for the treatment of severely ill schizophrenic patients who fail (4mg/day) for two years and was continued on it during pregnancy for risk of relapse [15]. It is important to assess the risks and benefits of treating pregnant or breastfeeding women with antipsychotics, and weigh these against possible risks of anomalies and developmental problems to the fetus or child [14]. Hence, we decided to give Clopzapine to the patient as the benefit outweighed the risks at that time.

Treatment for schizophrenia needs to be holistic, meaning the therapy should include pharmacological and non-pharmacological. Improving functioning and quality of life almost always requires combining antipsychotic medication and psychosocial intervention [16]. The important effect of antipsychotic medication is its ability to reduce and sometimes eliminate psychotic thought processes [17]. For pharmacological treatment, it is well described that non-adherence to prescribed treatments is significantly associated with psychotic relapses, and hospitalizations in schizophrenia patients with a negative impact on their clinical outcome and quality of life [18]. This patient did not comply with the treatment, thus resulting in a relapse of the illness. To prevent this from happening again, the family of the patient must be educated on the diagnosis of the patient, the treatment plan, as well as the side effects of the drugs. The patient's role as a new mother must also be taken into consideration. It must also be emphasized that the family's role for this patient is to support the patient to comply with the medication, get involved in the patient's social circle to ensure that the patient's social circle can accept the patient's condition, as well as to teach the patient to be productive. Productive, in this case, does not always equal earning money, but more on the daily activities that can keep the patient's mind on positive things. We encouraged her to sharpen her cooking skill and socialize with her friends. We pointed to cooking because cooking activities help to improve cognitive functions, as well as social competence [19].

The coping mechanism is what individuals use to manage and overcome problems or stresses in life. It is important to introduce adaptive coping mechanisms to the patient so that the patient can remain pro-

ductive and her quality of life well-maintained. People with psychotic disorders have been found to use predominately maladaptive coping strategies [20]. The coping processes include cognitive, emotional, behavioral, and physiological reactions [21]. The patients who preferred the negative coping strategies displayed a lesser quality of life and conversely, the patients who preferred positive coping strategies had a higher quality of life [21].

Family therapy can be beneficial for schizophrenia patients. When the family is involved in the psychotherapy, there will be more understanding for the patient, thus support for the patient can be maximized. By involving family members in treatment and collaboratively working with them, families are more able to monitor the course of illness, alert mental health professionals when changes are noted, reinforce adherence to treatment recommendations, and take the client to take steps toward his or her recovery [22]. However, there may be challenges for family therapy to be done comprehensively, such as the time needed for psychotherapy sessions, and social stigma. The stigma can cause the family and the patient to feel ashamed, leading to quitting the family therapy sessions [14].

Follow Up

After being discharged for 1 month, she was doing well and complying with the medication. She was motivated to take care of her baby. According to her sister, she was showing a positive attitude toward life and was trying her best to stay physically and mentally healthy.

Conclusions

Schizophrenia is a complex psychiatric disorder requiring comprehensive treatments, such as pharmacological and non-pharmacological treatment. Furthermore, due to the pregnancy, the drug must be carefully selected to prevent side effects for both the mother and unborn baby. The family of the patient must also be involved to help the patient to recover as well as to prevent the relapse of the illness.

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