**SCHIZOPHRENIA**

**BIODATA**

**NAME**: ABSALOM IRUNGU MURURI

**AGE:** 54

**SEX:** MALE

**RESIDENCE:** MURANG’A

**MARITAL STATUS**: MARRIED

**RELIGION:** CHRISTIAN

**OCCUPATION:** JOBLESS SINCE 2001

**LANGUAGE** **AND ETHNIC BACKGROUND:** LUGHYA, KISWAHILI, ENGLISH.

**DATE OF ADMISSION:** 8 OCTOBER 2014

**MODE OF ADMISSION:** INVOLUNTARY, RE-ADMISSION, BROUGHT BY THE

**PRESENTING COMPLAINT:**

Violence; breaking household items.

Over talkative.

Refusing to take medication.

**HISTORY OF PRESENTING COMPLAINT**

This is a re-admission to mathare after Absalom was discharged one week ago on 29th September 2014.

At home he lacked compliance,was violent and had pressure of speech.and also was breaking household equipment.

He is a known schizophrenic patient since 25 years ago, when he was 28 years old.

He has been treated in Mathare hospital since then.There have been many episodes of recurrence mainly due to lack of compliance and violence.

On taking the medications he gets better.

**PAST PSYCHIATRIC HISTORY**

Admitted first in Mathare hospital 25 years ago in 1989 with the diagnosis of schizophrenia.

The diagnosis was made when he was 28 years old.

He had had many relapses, with a history of violence, taking people things, wondering away from home and lack of compliance but the treatment is effective as the patient says.

Has been admitted mainly involuntarily, tied with a rope which has inflicted a wound on his forearm.

No past problem of suicidal thinking and attempts.

**PAST MEDICAL HISTORY**

In 1989 was admitted in KNH and diagnosed with cerebral malaria and treated for one and half weeks. During the admission he was diagnosed with Schizophrenia and has been a patient in Mathari hospital since then.

He is currently on chlorpromazine and haloperidol.

No history of drug allergies or food allergies.

No history of seizures or loss of consciousness.

**FAMILY HISTORY**

Parents are all alive and well,

He is the third born in a family of 7;

First born; 62 years old, a university graduate, an accountant well and alive, married.

Second born; 59 years old, a form two drop out, a business lady, well and alive, married.

Fourth born; 52 years old, a four four graduate, a teacher, well and alive, married.

Fifth born; a 49 year old, a business man, a form four graduate,

Sixth born; a 32 year old, a form four graduate.

No history of mental illness in the family, eldest brother and father were alcoholics.

**PERSONAL HISTORY**

Absalom was born in 1961 at home. It was a normal delivery no significant complications.

Developmental Milestones: No delay noted in early childhood development. No traumatic experiences during childhood.

Brought up in Murang’a by both parents.

He started school at the age of 6 years at Gachocho nursery school. Performed well and went to Gatungi primary school where he performed well and joined thika high school.

He loved Kiswahili and geography, used to be the best student in these subjects.

Was a well perfomed and had a good relationship with teachers and fellow students.

No history of changing school, leaving school, periods of non-attendance or difficulties in studies.

He is a form four graduate.

**OCCUPATIONAL HISTORY**

Absalom has worked as a herbalist for 3 years.

Also taught adult education.

A constructor for 1 year.

A UON roomkeeper.

Retired in 2001 and currently he is unemployed.

He says there were no difficulties at work.

S**OCIAL HISTORY**

Has a good relationship with family and friends.

Loves attending church services.

Loves farming and teaching adult education.

No history of substance use; alcohol or cigarette.

**PSYCHOSEXUAL HISTORY**

He says he is married to five wives, whom he reports at times have been unfaithful to him and so he also decides to get back to the by indulging in sexual intercourse with other women.

He also states that he has a rental house inherited from the father. He says he’s been having sexual relationship with the clients.

**MARITAL HISTORY**

He says he is married to five wives.

Before had had two wives with two children, the first born is 26 years old and the other child is four years.

There have been extramarital affairs, he claims of the wives first which made him do the same.

Currently he says he has many children and didn’t want to go back to the same topic on inquiry of the children.

**FORENSIC HISTORY**

Says has never been in contact with the police before.

**PREMORBID PERSONALITY**

Was very staunch Christian, very hospitable and happy person but he is short tempered.

He was of good moral standards.

Hard working and loved his job.

Loves farming a lot and he says he has made a lot of profit from it. Sells sacs maize and beans.

**VEGETETIVE SYMPTOMS**

Appetite- normal

Libido- normal

Bowel movements- normal

Sleep- normal

Wound on the left forearm. Has been cleaned.

**MENTAL STATE EXAMINATION**

**Appearance**

He was well dressed and generally fairly groomed with no evidence of self-neglect but had no shoes. His posture and gait are normal. He looked restless. Could maintain eye contact and rapport was established.

Had no mannerism, had involuntary movements.

Well nourished.

**Speech**

He was talkative.

His speech is coherent, rate is fast, tone is normal, volume is audible, pitch is normal.

Flow is broken but there was clarity.

**Mood**

The mood is happy.

**Affect**

The affect is labile. Mood and affect are incongruent.

**Thought**

Thought form;

He had flight of ideas and derailment in flow of thoughts or loosening of association.

Thought content;

He had no disorder in thought content.

Thought control:

He had no thought withdrawal, no thought broadcasting and no thought insertion.

**Perception**

Has no perceptual disoders.

**Cognitive functions**

He is well oriented in time, person and place.

Attention and concentration- satisfactory. (100, 93, 86, )

He’s recent, recall and remote memory are good.

His abstract thinking is intact and good.

**Insight**

Has insight

**Judgment**

Good.

**CASE FORMULATION**

Absalom Irungu Mururi, a 54 year old middle age male,known schizophrenic patient, was admitted involuntary to Mathari Hospital in the company of his brother. The complaints and allegations were; violent behaviour, breaking household items, pressure of speech and lack of compliance.

He has been to Mathare many times. The first time was when he was 28yrs old (1989), where she presented with lack of compliance leading to recurrence of schizophrenia.

On mental examination he has flight of ideas and loosening of association. Has no mannerism.

No history of perceptual disturbances like hallucinations, or disorders of control of thought, or disorders of thought content like delusions, no thought withdrawal, thought insertion, and no thought broadcasting. He has normal cognition, good judgement and good insight about his illness.

Her mood and affect are incongruent.

**Positive symptoms**

* Pressure of speech; disorganised speech
* Loosening of association; disorganised speech
* Violence ; grossly disorganised behaviour
* No mannerism; grossly disorganised behaviour

**MULTI-AXIAL DIAGNOSIS**

**Axis 1: Clinical Psychiatric Syndrome:**

* Schizophrenia

**Differential Diagnosis**: Schizoaffective disorder

Thought disorder, emotionally labile.

**Axis II: Developmental and personality disorders, mental retardation**

* No developmental and personality disorder. No mental retardation.

**Axis III: Physical disorders and medical derangements**

* Not present

**Axis IV: Psychosocial and environmental factors**

Not present; good family support.

**Axis V: Global assessment of functioning**

* His global assessment of functioning is 50-60
* The patient still not stable, presence of positive symptoms

Disorganised speech and thought form and behaviour.

**INVESTIGATIONS**

**Biological;**

* Hematologic: Full Blood Count (FBC) with differentials; check for any infections.
* Biochemical: Thyroid Function Test to exclude hypo/hyper-thyroidism,

Liver Function Tests- to assess metabolism of drugs, Urine drugs screen, Urea/Electrolytes/Creatinine to rule out other metabolic derangements.

* Immunologic: HIV (ELISA test) and Syphilis (TPHA) tests; to rule out sexually transmitted diseases.
* Radiological: Head CT scan or MRI to exclude brain lesions

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**Psychological investigations;**

* IQ test.

**Psychosocial;**

* Psychological; Psychiatric and psychological evaluation
* Stressors: Assessment of stressful life events that precipitate illness
* Interactions: To evaluate Cohesion/ friction between patient and family / friends
* Environment: To determine the living conditions and surroundings
* Awareness: To gauge the patient’s attitude and knowledge of illness

**MANAGEMENT**

1. Hospital admission;
   * + - Due to violence and thought disturbances.
2. Antipsychotics;
3. Typical antipsychotics –Haloperidol, chlorpromazine.
4. Atypical antipsychotics - Risperidone, Clozapine, Olanzapine, Quetiapine. They have less extrapyramidal symptoms.
5. Psychosocial therapy
   * + - Individual supportive psychotherapy including counseling and rehabilitation.
       - Family therapy, group therapy, psycho education to reduce relapse.
       - Cognitive Behavioural Therapy
       - Day treatment with emphasis on social skills training to improve functioning

**PROGNOSIS**:

Poor prognosis- the patient is not compliant to medication. Schizophrenia is a chronic disorder, a chronic course (he has been sick for over 25years). Although he has a supportive family and the disease had a late onset and no co-morbid conditions.