

Case Study: 38 - Year - Old Patient with Schizophrenia; Treatment and Outcome

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Abstract: *Schizophrenia is a chronic brain disorder with no cure but studies are being conducted to develop treatments. There is no cure for schizophrenia and treatment are being developed. The study discusses the case of a 38 - year - old male suffering from schizophrenia and has committed a murder but was release from prison as he was found Not Guilty by Reason of Insanity (NGRI). The study goes through the event that led to the increased symptoms of the disease and hoe the situation was later taken care of. The paper also discusses the subject of substance abuse in individuals with schizophrenia. It is seen that the patient was negligent and that the treatment that he received from the authorities after the incident was very helpful in controlling his symptoms.*

Keywords: schizophrenia; psychotic; NGRI; treatment; substance abuse

1. Introduction

Schizophrenia is a chronic brain disorder that when active causes symptoms that include delusions, hallucinations, disorganized speech, trouble with thinking, and a lack of motivation. On receiving proper treatment, most symptoms will greatly reduce and the chances of relapse greatly decrease.

Many scientists believe that schizophrenia is a genetic disorder and that there is no cure for it, but innovative and safer treatments are being developed. Experts are also researching the causes of the disease through genetic study, behavioural research, and advanced imaging of the brain's structure and function. These approaches may lead to the development of more effective therapies.

In individuals actively suffering from the disease, the person is unable to differentiate between reality and hallucinations. It has been seen that severe psychotic symptoms decrease with age.

2. Case Presentation

A 38 - year - old male who first showed signs of mental illness in 2005. He went to the nearby hospital for treatment. He claimed that he had been experiencing episodes of déjà vu for the previous two years, which were getting stronger. In the emergency room, he was given some unknown drugs (unknown), but he was not admitted. He disclosed that he occasionally drank alcohol and smoked marijuana once a week.

Later, he spent six days in the hospital in his hometown. He was going through delusions, paranoia, and solitude at this point. His delusions included the following, for instance: the idea that mythical monsters were attempting to lure him into combat; the idea that a TV personality wanted to marry him; and the interpretation of numbers to mean that he was "god." He was given medication, but he quit taking it after getting better. He claims that once he left the hospital, he was never told to get the prescription renewed.

In January 2008, he spent another week in the hospital. Records show that at the time of admittance, he claimed to be

sad, depressed, sobbing a lot, and to not feel like himself. Additionally, he claimed to have served in the military but said he wasn't sure. In reality, he had only been in the Navy for around four months, but his stated suicidal thoughts led to his departure. He said that his thoughts were disorganised when he was at the hospital. Records show that he was given 'Risperdal' to treat his psychotic disorder. Once more, he used the drug till the prescription ran out and did not request a refill.

When he was travelling in April 2008, he stopped at a restaurant for dinner. He claimed to have had extreme paranoia and a sense that he was in danger. He declared that he thought several of the diners resembled devils and were under the control of demons. He returned to his car and got a knife for defence. He returned to the restaurant and took a seat for dinner. He was approached by another customer who struck up a friendly discussion. He pulled out a knife and stabbed the bystander to death as a response. He walked out of the restaurant, but as if nothing unusual had happened, he paused to chat with the cashier.

Management and Outcome:

He was then detained and served time at a state hospital for competency restoration before being jailed. He was able to recover after receiving medication, and a second opinion sanity evaluation was requested after his evaluation. He was declared Not Guilty by Reason of Insanity (NGRI) in December 2009 and thereafter committed to the commissioner's care to start the privileging procedure. In order to increase the effectiveness of his treatment, his first progress in the hospital was delayed and complicated by frequent prescription adjustments. Brittle diabetes was a medical issue that made psychiatric treatment difficult.

In addition, he was depressed, lonely, and overwhelmingly sorry once he was stabilised and could understand the seriousness of having committed murder, necessitating more drug changes. To deal with the remorse and embarrassment he felt as a result of his acts, he started working with a therapist. He started to improve gradually, and by November 2011 he was able to get the Forensic Review Panel's clearance for unaccompanied community visits (up to 8 hours) to a day programme.

He was psychologically stable, but his insulin levels were erratic and frequently deadly. His privileges for the unaccompanied community were once suspended for two months in order to help him regain control of his diabetes medication. He was, nevertheless, prepared to ask for 48 - hour overnight passes by March 2012. He had been maintaining his good mental health up until that point, keeping a close eye on his blood sugar levels, and learning how to give himself insulin and other drugs.

After some time, he was able to start receiving 48 - hour permits to a nearby crisis stabilisation centre (because his housing was not yet available). Throughout his hospital stay, he has never come across any violence or loss of privileges. He has complied fully with all parts of the treatment. They are currently preparing for conditional release to a shared dwelling with the help of the treatment team (with a roommate who is also NGRI).

3. Discussion

As mentioned in the case, the patient has stated the use of marijuana and alcohol. People with schizophrenia frequently struggle with substance abuse, which includes alcohol, cigarettes, marijuana, and other drugs. Abuse causes all the typical health issues, but schizophrenia makes things more difficult. If a patient feels that their antipsychotic medicine interferes with the effects of alcohol or marijuana, they may stop taking the medicines. It's possible to make disordered thought and behaviour worse. Cannabis may make schizophrenia more difficult to treat and raises the risk of schizophrenia in young people who are already at risk. Schizophrenia frequently has cognitive impairments, and abusing drugs can harm cognitive abilities like task orientation, memory, and attention.

It is visible from the case that the patient's negligence towards the continuation of the treatment multiple times was what led to the death of an innocent person. The patient should have gone through with the complete treatment even after the symptoms started to reduce.

The treatment that he received from the state authorities was helpful in controlling his schizophrenia and turning him back into a person who is able to freely interact with the community again.

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