CASE - 1

Bipolar affective disorder

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Mr. PD, a 19 years old unmarried hindu male, a Bachelor of Arts (BA) first year student residing in a rural locality in a middle class extended family was admitted in psychiatry ward with chief complaints of sudden onset excessive roaming about, excessive talking, irritability, unnecessary spending, making big claims and aggressive behaviour for one month. His symptoms were gradually increasing in intensity. He had a past episode of similar nature eight years back with full recovery on treatment in about two months. However the past episode was preceded and followed by a variable period of low mood. Family history revealed presence of bipolar disorder in one of his second degree relative. There was no history of any substance abuse. Mental status examination revealed increased psychomotor activity, partial cooperativeness, poorly established rapport, a high pitched speech with increased rate and quantity, an exalted mood, tangential flow of thought, a mood congruent implausible grandiose delusion with acting out behaviour and elaboration, complex second person auditory hallucination and pseudo hallucination without acting out behaviour with impaired attention, concentration and abstract thinking and a level two insight. He was diagnosed as a case of bipolar affective disorder, current episode manic with psychotic symptoms. He was treated with divalproex sodium 1000g and lorazepam 2mg and showed considerable improvement in the target symptoms within seven days.

CASE - 2

Paranoid schizophrenia

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Mr F I, a 25 year male from a poor socieeconomic strata of rural Assam presented with an acute onset of illness precipitated after a financial loss with complaints of not working properly and poor sleep for one month followed by irrelevant talks, aggressive behaviour and fearfulness for past seven days associated with disturbed interpersonal relations, self care, work output, poor sleep and appetite. Past history revealed jaundice six years ago and an episode of psychotic illness four years back needing inhospital treatment with return to premorbid levels of functioning after medications. Family history revealed a history of bipolar illness in father and schizophrenia in paternal cousin sister. Personal history revealed three episodes of forceful same sex encounters at the age of five years. Premorbidly there were schizoid personality traits. Physical findings were unremarkable and psychodiagnostic testing showed an ongoing psychotic process in Rorschach and thematic apperception test (TAT). Mental state showed reduced eye contact, guarded attitude at times, anxious mood, restrictec range and reactivity of affect, circumstantial speech, paranoid ideations, ideas of guilt, somatic preoccupation, second and third person auditory hallucinations with acting out behaviour, impaired abstraction and judgement and level one insight. On floor discussion a consensus diagnosis of Paranoid schizophrenia, episodic type with stable deficit (F20.0) was reached. Management plan was made on a biopsychosocial framework including olanzapine tablet 20 mg/day, psychotherapy of supportive type and family involvement was stressed targeting medication compliance and decreasing expressed emotions.

CASE - 3

Dissociative disorder

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Twenty two years old female presented to the casualty with chief complaints of episodic apparent unresponsiveness, inability to recognize family members and recall personal information for last five days, which was sudden in onset and precipitated by a quarrel with husband. The patient got married four months back against her parents' will and the marriage was not accepted by her family till date. No history of head injury in the recent past. She also had a family history of suicide in her elder sister and substance abuse in elder brother (opioids). She had an extrovert kind of premorbid personality. Mental status examination

revealed a childish silly behaviour, partially cooperative attitude with an unestablished rapport with speech sample revealing a childish tone, occasional irrelevant answers, with an euthymic mood, an appropriate reactive, stable affect which had full range. No formal thought disorder but there was somatic preoccupation. Her attention and concentration were impaired and she was easily distractible just like a child. Immediate and recent memories were intact but remote was impaired. She had level one insight. Provisional diagnosis was mixed dissociative disorder (dissociative amnesia and dissociative convulsions).

CASE - 4

Socialized conduct disorder

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Patient SD, a 15 years old male, unmarried Hindu from lower middle class family of urban background, a class X student, brought by family members, was admitted in male psychiatry ward through out-patient department with chief complains of disobedience, excessive lying for last five years; occasional consumption of alcohol for three years and consumption of heroin for one year. History of present illness showing presence of complete disobedience, repeated lying, truancy from home on two occasions, frequent complaints from school regarding his behaviour with school mates, frequent fights with peers and younger brother, stealing money from home with no history of withdrawal symptoms on abstinence from the substances of abuse. Many of the facts mentioned by him were found to be totally untrue on confirmation from his parents.

There was no significant past medical, surgical or psychiatric illness in the past but personal history showed presence of nail biting in childhood with multiple affairs in the past three years with history of two episodes of exposure with girlfriend as well as female sex partner. There were history of disturbed family environment with repeated physical assaults by parents as well as alcohol abuse by father and paternal uncle with premorbid temperamental type of ‘a difficult child'.

There was no significant finding in general and systemic examination and blood parameters. 'Draw A Person' (DAP) test showed egocentric, antisocial personality traits and Rorschach test showed an intelligent, emotionally unstable, impulsive person.

Mental state examination revealed an average built person maintaining proper dress and hygiene with proper eye contact with normal psychomotor activity, cooperative, established rapport. Speech was relevant and coherent with euthymic mood and appropriate affect with no abnormality of thought and perception. Concentration was sustained with intact memory, proper orientation to time, place and person, good intelligence with intact abstract thinking, judgement and reasoning with level four insight.

Provisional diagnosis is socialized conduct disorder (F91.2).

CASE - 5

Schizotypal personality disorder

Dipak Dutta
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A 40 years old married Hindu male, educated upto class ten, defense personnel by occupation, referred by medical board to psychiatry outpatient department for opinion and admitted thereafter for observation and evaluation with chief complaints of feeling low, lack of interest in pleasurable activities, feeling of low confidence, suspiciousness for seven years, increased for the last four years, with precipitating factor of quarrels in family and change of unit in which he was posted.

There was history of treatment earlier with a diagnosis of paranoid schizophrenia at one place and at another with a diagnosis of depression with psychotic symptoms, on irregular treatment, with a premorbid personality of depending much on his paternal uncle of making life's decisions and having few close friends.

Mental status examination revealed depressed mood of moderate intensity and constricted affect with ideas of persecution and no perceptual abnormality. His cognitive function was normal with intact memory, abstract thinking, judgement and reasoning, and insight level four.

The provisional diagnosis of the case was schizotypal personality disorder with acute and transient psychotic disorder with associated acute stress.