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**FIRST PSYCHOTIC DECOMPENSATION IN A PATIENT WITH EXTREMELY COMPLEX COMORBIDITY - AN INTEGRATIVE AND INDIVIDUALIZED APPROACH**

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Acute psychotic disorder is a relatively common clinical diagnosis, sometimes isolated, transient and non-returnable, but quite often representing the beginning of a more serious illness, such as schizophrenia, schizoaffective disorder or bipolar affective disorder. Psychotic decompensation within the personality disorder spectrum is often met in clinical practice as well. Standardized therapeutic protocols emphasize decisive application of psychopharmacotherapy, but for the complete treatment it is vital to understand the psychological characteristics of the patient's personality, his specific social and family relations, ensuring the achievement of a strong supportive therapeutic alliance.

In this paper we present a female in-patient, aged 41, who has been treated for her first psychotic decompensation. Florid psychotic symptoms have been relatively quickly mitigated by the combined use of typical and atypical antipsychotics, with the adjuvant supportive anxiolytic therapy. During the treatment some crucial emotional and psychological moments in the patient's life have been identified, and only with their complete understanding have we been able to achieve full treatment. Especially important have been severe traumatic experiences since the patient's earliest childhood, with consequent inhibiting panic equivalents. The patient has established immature defence mechanisms, with the general functioning organized by passive-dependent patterns. She has been repeating those early adopted patterns in all forms of her social and family interactions. Occasional non-specific prepsychotic symptoms over the years she has been reducing through the alcohol abuse.

This intriguing case report has once again confirmed that only a multidisciplinary personalized holistic approach may lead to a positive therapeutic progress and a better long-term prognosis.