Social Isolation and Anomalous Proprioceptive Experiences in Schizophrenia: A Case Study

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Aims. Integral to Bleuler's concept of schizophrenia, anomalous beliefs regarding the self are crucial to maladaptive social functioning. In schizophrenia, a predisposition to unusual bodily experiences, coupled with reduced awareness and increased social isolation, leads to hallucinations and delusions. Proprioceptive hallucinations, a subset of bodily hallucinations, present a challenging diagnosis due to their subjective nature, often resembling genuine bodily perceptions. We present the case of a 42-year-old man with untreated psychotic illness, manifesting perceptual abnormalities in the modality of proprioception.
Methods. Mr. X was referred to Early Intervention in Psychosis (EIP), believing that all his joints were dislocated despite a normal neurological examination, Magnetic Resonance Imaging (MRI), and blood tests. Pertinently, childhood adversities and a seven-year history of prodromal and schizophrenia symptoms, chronic marijuana usage, potentially triggered by separating from his ex-partner, were present. At assessment, Mr. X recalled a delusional memory from age 5, seemingly heralding the onset of his illness. He displayed thought disorder, poor sleep and lacked insight. Olanzapine titrated to 15mg omni nocte (ON) improved sleep, but insight remained poor.
Results. This case of rare proprioceptive hallucinations presenting in middle-age underscores the impact of positive schizophrenia symptoms on social impairment, suggesting a link between unusual bodily experiences and social isolation. Proprioception, encompassing joint perceptions, muscle force, and effort, contributes to body image by combining with exteroception. Interactions with others, influenced by our bodily sense, are crucial for adaptive social functioning. The social deafferentation hypothesis posits that loneliness in schizophrenia may heighten susceptibility to bodily aberrations. The psychological formulation and the chronic use of marijuana on Mr. X's psychopathology, although not thoroughly explored, cannot be overstated.
Conclusion. Proprioception, vital for body image and social interactions, contributes to maladaptive functioning. The potent link between positive schizophrenia symptoms and social impairment needs exploring.

Paediatric Catatonia as a First Presentation of Autism: A Case Report

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Aims. Catatonia is a rare neuropsychiatric syndrome in children. It is characterised by mutism, stupor, posturing, negativism, and rigidity. Historically, catatonia was associated only with psychosis, however catatonic symptoms are being recognised as more prevalent in people with Autism Spectrum Disorder (ASD). Our case report highlights the importance of investigating the potential underlying psychopathology and/or neurodevelopmental condition as this may guide management.
Methods. We present a case of a boy in early adolescence who was admitted to the Emergency Department for abnormal slowing of movement and stuttered speech. He described losing all interest in his hobbies, lying down for long periods of time, sometimes being unresponsive and 'freezing' in place. On examination, his symptoms were consistent with catatonia: mutism, grimacing, abnormal gait, and ambitendency were all present. He was investigated extensively to rule out medical and neurological causes, all of which were normal. He was assessed and managed by the Centre for Interventional Paediatric Psychopharmacology and Rare Diseases (CIPPRD). After appropriate treatment, he was discharged from the hospital and was managed jointly by CIPPRD and the local Child and Adolescent Mental Health Service (CAMHS). This assessment revealed that the presentation of catatonia occurred during a depressive episode on a background of ASD and underlying Intellectual Disability. He was prescribed fluoxetine as opposed to benzodiazepines or antipsychotics, which led to the catatonic symptoms receding. The neurodevelopmental review revealed that his pattern of social communication and speech after catatonia improvement was consistent with ASD, which was then formally diagnosed.
Results. Untreated catatonia can be fatal. Early diagnosis and management are crucial to avoiding complications. Our case report highlights the challenge of treating paediatric catatonia and the diagnostic and therapeutic importance of understanding underlying psychopathology to decide treatment. Studies have shown that in this population, assessing and treating the underlying psychopathology as opposed to sole use of the lorazepam is essential.
Conclusion. Catatonia in paediatric and adolescent populations may be a first presentation of emotional and behavioural problems underlying autism spectrum disorder (ASD). When treating catatonia, consideration of the underlying psychopathology may warrant alternative pharmacological treatments to the traditional lorazepam challenge test and antipsychotics. The course of catatonia and associated comorbid affective and/or psychotic disorders may fluctuate with environment and therefore a biopsychosocial therapeutic model is warranted.

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Navigating Complexity: A Case Report on Interplay of Intellectual Disability (ID), Schizophrenia, Clozapine Treatment and Chemotherapy

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Aims. The use of Clozapine treatment requires rigorous and mandatory monitoring due to the side effects profile of Clozapine.