



(CASE REPORT)



Post-COVID-19 brief psychotic disorder: A case vignette of a 37-year-old female

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Abstract

This case study explores a 37-year-old Moroccan female who developed brief psychotic disorder following a severe COVID-19 infection and significant stressors, including the sudden death of her father. She presented with paranoia, delusions, and agitation, which improved with risperidone and lorazepam. This case underscores the need for vigilant psychiatric assessment and timely intervention in post-COVID-19 psychosis.

Keywords: Brief Psychotic Disorder; Post-COVID-19 Psychosis; Suicidal Behavior; Persecutory Delusions; Early Intervention Strategies

1. Introduction

Brief psychotic disorder is an acute psychiatric condition characterized by a heterogeneous array of clinical presentations, predominantly affecting adolescents. According to the DSM-5, it is a transient condition of short duration, although it has the potential to recur. The hallmark of this disorder is a gross deficit in reality testing, often manifesting through delusions and/or hallucinations. Despite its potential for reversibility with appropriate treatment, symptoms may persist beyond the diagnostic criteria in numerous cases.

Epidemiologically, brief psychotic disorder is more prevalent in females, with a female-to-male ratio of 2\1. Freeman and Fowler [1] indicate that this condition is more likely to occur in individuals aged between twenty and thirty. Research highlights that the duration, presentation, severity, and prognosis of this disorder are influenced by the age of onset. Kao and Liu [2] found a significant correlation between the age of onset and cognitive aspects measured by the Positive and Negative Syndrome Scale (PANSS) and Barratt Impulsiveness Scale (BIS). Their findings demonstrated that patients with an earlier onset of psychotic spectrum disorder exhibited significantly greater cognitive impairments.

In the context of the COVID-19 pandemic, there has been an emergence of complex neuropsychiatric syndromes, including COVID-19-associated psychosis. The etiology of COVID-19-associated psychosis remains unclear, potentially involving a multifactorial interplay of psychosocial and organic factors (Haddad et al. 2020). This study aims to examine the case of a young woman who developed psychotic symptoms and suicidal behavior following a COVID-19 infection. Through this exploration, we will discuss the impact of traumatic events on a susceptible young female brain, the clinical challenges in treatment, and the potential benefits of early intervention strategies that could have mitigated the onset of this condition.

2. Case vignette

A 37-year-old Moroccan female with no prior psychiatric history was admitted to the psychiatric ward due to an acute onset of psychotic symptoms consistent with a brief psychotic disorder. The patient had recently recovered from a

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severe COVID-19 infection, which had included symptoms such as high fever, extreme fatigue, and body aches, and had exacerbated her already significant work-related stress. Her husband reported that over the past week, she exhibited severe agitation, paranoia, and bizarre behaviors, including believing her coworkers were conspiring against her and that she was being watched through her electronics. Upon admission, the patient was alert but highly agitated, with rapid speech, a flight of ideas, and persecutory delusions, claiming that her neighbors were plotting to harm her. Her thought process was disorganized, and she exhibited tangential thinking, with no insight into her condition and extreme distrust of medical staff, despite being oriented to person and place and denying homicidal ideations. She displayed a broad range of affects, from tearfulness to agitation, and was observed pacing and shouting incoherently about conspiracies. During history-taking, it was revealed that the patient had recently experienced the sudden death of her father due to COVID-19 complications, which likely precipitated her psychotic episode, and she reported ongoing stress related to her job as a business owner in this pandemic situation. Her delusions centered around persecution and betrayal, including unfounded accusations of infidelity. She also experienced auditory hallucinations confirming her delusional beliefs. She was started on risperidone, gradually increased to 4 mg/day, and lorazepam 5 mg/day for anxiety and agitation. Over ten days, her symptoms significantly improved, with delusions and hallucinations subsiding, and she began to acknowledge the stressors contributing to her breakdown, agreeing to follow-up outpatient therapy to address underlying issues. No mood stabilizers were prescribed.

3. Conclusion

The emergence of brief psychotic disorder in the context of COVID-19 underscores the necessity for vigilant psychiatric assessment and timely intervention. Understanding the multifactorial etiology of post-COVID-19 psychosis is crucial for developing effective treatment protocols and mitigating the risk of recurrence.

Compliance with ethical standards

Disclosure of conflict of interest

No conflict of interest to be disclosed.

Statement of informed consent

Informed consent was obtained from all individual participants included in the study.

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