

## Presentation of psychotic disorder diagnosis induced by substance use. A case study

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### **Abstract**

*The essential elements of the substance-induced psychotic disorders are hallucinations and delusions, thought to be caused by drug consumption. The onset of the psychotic disorder varies considerably on the type of drug used. For example, a small dose of cocaine may produce psychosis within a few minutes, while alcohol or a sedative needs days or even weeks of use in high doses to produce psychosis. We will present a case with the diagnosis of substance-induced psychotic disorder, generalized anxiety and depressive episode. The subject started drug consumption in high school, because of the association between the entourage and the trauma of the grandfather's death. The subject used drugs only in the form of cigarettes with drug and in the present she is in the phase of abstinence.*

**Keywords:** *psychotic disorder, drugs, addiction, depression, anxiety, treatment*

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## I. INTRODUCTION

In addiction the organic sensorial processes or the sight of what is needed are distorted. In the addiction experience, the drug is fixed as a figure of highest importance, and is even capable of restricting the social and emotional development of the patient. Increased tolerance to substances requires greater consumption. Drug-addict cravings can be associated with hunger or need of company (Garavan, 2010). White (2008) describes addiction as something that is at the same time „a survival attempt, especially spiritual” and „a gift of a fulfilling life.”

Drug-addicts end up on the „horizontal” phase, which is described by Knowles as „not human, flattening: I cannot stand up ... feel hopeless ... like a child” (Knowles, 1999). Drugs addicts often feel less inhibited when consuming drugs (Robinson, & Berridge, 1993). Often, drug-addicts experience interactions with a sense of shame. According to Lee, shame is „the experience that what I am not acceptable; this is not my world” (Lee, 2001).

For drug-addicts, the recovery process is based on a clear relationship with the drug and the need to repress all the drug oriented actions. In therapy, clients with addiction receive tasks like reading, meditation and reflection to support them in developing these capacities (Liddle, Dakof, Turner, Henderson, & Greenbaum, 2008).

## II. THEORETICAL PERSPECTIVES

In substance-induced psychotic disorder, once hallucinations appear, they may continue throughout the substance use (Mathias, Lubman, & Hides, 2008). These psychotic disorders may not disappear immediately after removing the harmful agent and can persist for weeks or even longer. Depression, increased anxiety, emotional instability, de-personalization and consecutive amnesia may sometimes appear (Bukstein, Brent, & Kaminer, 1989; Holdevici, & Crăciun, 2015). The sadness that patients suffering from depression feel is hard to describe in words. It is extremely overwhelming. Pain is deeply embedded in the soul and the body of the patients. They talk about depression as about the worst pain they ever experienced.

Depression leaves a deep and negative mark on the thoughts, beliefs, ideas and representations (Beck, Rush, Shaw, Emery, 1979). Everything seems lost. Life seems lost. Depression leads to loss of prospects. Hope seems forever lost for somebody suffering from depression. We could say that depression robs people of hope, perspectives and emotions.

Anxiety translates in fear, worry and various somatic complaints. The person lives uncomfortable sensations caused by cramps, nausea, indigestion, diarrhea, increased heart rate, shortness of breath and excessive sweating (DSM –IV-TR, 2000). The person suffering from

generalized anxiety disorder believes that disaster is unavoidable whatever they do and that something bad will happen undoubtedly (Holdevici, & Crăciun, 2013).

### **III. CASE STUDY**

#### **General description of the case**

Anna, aged 20, single, student at a faculty of economics, came to the psychiatrist having an acute psychotic episode as a result of drug use.

#### **Family, trauma and narrations of the subject**

Her mother is a German language teacher and her father is a journalist abroad. Anna has a 15 years old sister and a 17 years old brother. Her brother has smoked Marijuana occasionally, but he doesn't smoke anymore. Her parents divorced when Anna was 3 years old. Anna wants her father to know how hard it was for her mother to raise her and her brother and sister. She sees her father a few times a year when he comes in Romania. The mother is "her soul mate" and a "supportive friend".

Anna started drug consumption because of the association between her entourage and the trauma of the grandfather's death. Her grandfather died three years before she referred to treatment. She lived in denial for a very long time and did not want to accept that her grandfather was gone. During anamnesis she uses English words like "supportive" and „denial”.

#### **The onset of drug consumption**

Ana started to use drugs at age 17, when she went on a trip with some friends who had Marijuana, and they stayed there for two days in which they smoked very often. After consumption she felt relaxed, peaceful and she was laughing hysterically. At that time she usually smoked a pack of cigarettes per day and drank alcohol occasionally.

After she returned from that trip she occasionally smoked marijuana and began to skip school. Most of the time she smoked Marijuana, smoked LSD a few times and ingested MDMA and Speed a few times but did not feel anything. She also consumed "beans", which is a mix of Ecstasy, MDMA and Speed. „I wasn't human in those times when I consumed MDMA and I saw some entities.” „I was a robot and I didn't feel any pleasure when I smoked weed”.

She started smoking increasingly more marijuana, but never consumed injectable drugs because she considered them addictive, while she saw smoking weed as being safe.

Anna was passionate about spirituality and she had a friend who had the same passion and who also consumed weed. „That friend influenced me to smoke more weed and to believe more deeply in spirituality and I consider her the greatest evil that has happened to me.” „She told me that we have a special power to cure people using the power of demons”. „At one time she had a sick dog and we both tried to heal it with the help of demons and we succeeded.” „We

used to talk about spirituality only after we consumed drugs.” „Once she told me to look directly into her eyes for a few minutes and I felt like I was hypnotized“. “My friendship with her lasted a half of a year”. “When I was with her, I felt like I was under an esoteric spell”.

### **Description of the psychotic episode**

The first psychotic episode took place after a combination of MDMA and Marijuana. “I thought somebody called my name while I was sitting in bed and I saw the devil.” „The devil was green with purple and came out of steam.” She doesn’t remember if it had horns but she realized that it was the devil because he was frowning and angry. She was awfully scared and went to her mother's room.

The second psychotic episode was triggered after the consumption of MDMA while she was standing in the backyard and began „to see very big entities without faces, colored in purple with green and she could see only the shape of their bodies.” „They started throwing arrows at me and I felt them like walking through my body and I started to see sparkling stars”. I started to feel very nervous and I thought I was possessed.” „It was the most horrifying thing I felt in my entire life.”

Her mother is a very calm and supportive person. „I lied to my mother that I did not take drugs because I didn’t want to hurt her.” „I hid the truth because I wanted to protect my mother.” „I was secretly using eye-drops, because I had red eyes from the drugs”. In the beginning she gave me advice about drugs and that is when she understood that the problem was more serious and took me to a psychiatrist. „I believe that it was divine help”. “I ended the relationship with that friend of mine and I asked for psychiatric help”.

### **Psychiatric diagnosis, treatment, psychotherapy and the actual condition**

Psychiatric diagnosis: psychotic disorder induced by substance use, depression and generalized anxiety.

The psychiatric treatment began five months before the present case of study was elaborated and as medication Anna was prescribed Risperidone and Escitalopram. Since then she has been abstinent and she ended the friendship with her entourage.

Cognitive-behavioral psychotherapy began a month before the present case of study was elaborated. Anna feels anxiety when she is thinking about a relapse and she doesn’t want to have a new psychotic episode.

We have established the following therapy objectives: the prevention of a relapse and the reduction of the levels of depression and anxiety. Applying the questionnaires revealed the following scores: Beck Depression Questionnaire - scoring 10 points - mild depression and Hamilton anxiety questionnaire - scoring 20 points - major anxiety.

Currently Anna is a student at a faculty of economics in the first year. Now she should be in the second year of courses but because of the drug consumption she had to abandon the

faculty for a year because she felt sick. She likes what she learns at the faculty but it is hard for her to mobilize in the morning to go to school and she says she gets bored because she must stay so much time because she has a lot of classes.

#### **IV. CONCLUSIONS**

Paradoxically the drug addict feels each consumption as stimulating although there is no new experience (McIntosh, & McKeganey, 2000). The world is reduced to addicts and drugs itself. Trust is a crucial theme for the drug addicted. As written, Erik Erickson, trust in others and in oneself has its basis in early development experiences of contact with parents and family (Erikson, 1967). Drugs can provide a perceived reliable form of trust source for the addict (Neale, Allen, & Coombes, 2005).

The therapeutic task with the addicted persons in recovery is to help them re-build interaction skills and to help them end the addiction (Marlatt, & Donovan, 2005). As a client's recovery period is longer than the case of most other types of patients, the need to focus the therapy process on the social integration issues and on the questions about the meaning of existence becomes greater and greater.

The fight of the drug addict during recovery focuses on learning to exclude drugs from their lives and to become increasingly responsible for them (Aharonovich, Nunes, & Hasin, 2003). Quitting drugs is often a painful experience both emotionally and physically.

The addict must integrate this suffering by acknowledging his own helplessness and in this way become stronger (Magill, & Ray, 2009). The only criterion for functioning of this is not to use drugs anymore. The addict needs to trust in something else more than in the desire to consume (Negrei, Crăciun, & Dumitru, 2016). The recovery process ends when the person no longer perceives oneself as an addict in recovery.

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