



## **Adolescence Male with Psychosis: A Case Report**

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### **Authors' contributions**

*This work was carried out in collaboration among all authors. All authors read and approved the final manuscript.*

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**Case Study**

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### **ABSTRACT**

**Introduction:** An impaired relationship with reality is a hallmark of psychosis. It is a sign of a serious mental disorder. People with psychosis may have delusions or hallucinations. The way your brain processes information can be affected by psychosis. Losing touch with reality is caused by it. It's possible to see, hear, or believe things that aren't true. Psychosis is a symptom, not a disease. It can be caused by a mental or physical illness, substance abuse, or stress. This case report aims to provide nursing care for psychosis. The objectives of this case report are to identify psychosis symptoms by the nurses and to report immediately and to take action immediately and to prevent complications.

**Case Presentation:** A 17-years adolescent male admitted at Acharya Vinoba Bhave Rural Hospital Sawangi (M) Wardha with Auditory Hallucinations in psychosis since 7 (2014) years was admitted to a psychiatric ward with a chief complaint of muttering and smiling to self, decreased interaction sleep disturbance, aggressiveness. The perpetuating factors are poor drug compliance.

**Conclusion:** The patient underwent psycho pharmacotherapy and the patient taking the medications regularly and minimized the symptoms. The relatives were informed about the prognosis and finally patient was discharged. The nurses play a vital role at the bedside and take

care of psychiatric patients with auditory hallucinations effective nursing interventions for an adolescent male with auditory hallucinations in psychosis enhancing and improving patient's mental illness who experience auditory hallucinations in psychosis.

**Keywords:** *Psychosis; auditory hallucination; nursing diagnosis; nursing intervention; audiometric; speech; hearing disorders; hearing tests; humans.*

## 1. INTRODUCTION

Psychosis can involve a loss of contact with reality and can feature delusions. There are many other causes, but it's a symptom of schizophrenia [1].

Psychosis affects how a person sees the world. They may find it hard to determine what is real and true because their senses seem to detect things that don't exist [2]. A period of psychosis can cause a person's thoughts and perception to be messed up and they may have difficulty understanding what is real and what is not [3]. People with psychosis can hear voices and see things that other people can't detect [4].

## 2. CASE HISTORY

This case report has been taken DMIMS (Deemed to be University), Sawangi (Meghe), Wardha where lack of mental health services for the remote population and underprivileged population, Acharya Vinobha Bhave Rural Hospital provides mental health care services for all the needy people.

### 2.1 Patient Information

A 17-years adolescent male admitted at Acharya Vinoba Bhave Rural Hospital Sawangi (M) Wardha with Auditory Hallucinations in psychosis since 7 (2014) years was admitted to a psychiatric ward with a chief complaint of muttering and smiling to self, decreased interaction sleep disturbance, aggressiveness. The perpetuating factors are poor drug compliance. The plan of investigation included history collection, mental status examination and CBC red blood cell counts 5.2 million/cumm and the total white blood cell count 3.3, hemoglobin level 12gm %. The plan of care is based on an intervention that includes antipsychotics olanzapine, Lorazepam (Psychotherapy (cognitive behavior therapy, family therapy), and Somatic therapy (ECT).

### 2.2 Precipitating Factors

According to family history, he was punished when in 6th standard at school. His parents had

a special emotional attachment towards him because he is the only son.

### 2.3 Predisposing Factors

There is a history of psychiatric history of illness in paternal grandfather and paternal cousin.

### 2.4 Perpetuating Factors

The patient is poor compliance with medication for the past week, developed auditory hallucinations towards her family.

### 2.5 Precipitating Factors

He was punished when in 6<sup>th</sup> std at school.

### 2.6 Past Psychiatric History

The patient was alright around 7 yrs back, but one day when he was scolded in school, he had come home crying and was crying for 2 days and was behaving very differently, he would not talk to anyone and would sit.

In 2017, the patient had the first episode of seizures in which the patient had tightening of all limbs, clenching to teeth lasted for 5 min. In 2018 EEG found interictal generalized epileptiform discharges. Tab Valporate 600 mg. Then again one episode of seizure occurred a month after the first seizure since that 2018. In Oct 2020 muttering to self and abnormal behavior persisted and also complain of increased spitting, difficulty in eating. On 13 dec. 2020 again seizure episode occurred and a history of falls with injury o the forehead. The last episode of seizure occurred on 3<sup>rd</sup> an.

### 2.7 Signs and Symptoms Were

He develops symptoms that include delusions, disorganized thinking, slow movement, poor grooming, and emotions that are less interested in social activities. She has family members that he develops suspiciousness towards.

**Table 1. Significant clinical findings**

Investigations	Patient value	Normal values	Inference
<b>Renal function test</b>			
Sodium	136mmol/L	135-145mmol/L	Normal
Creatinine	0.4mg/dL	0.7-1.4mg/dL	Decreased
Urea	16mg/dL	12-20mg/dL	Normal
Potassium	4.3mmol/dL	3.5-5.5mmol/dL	Normal
Alkaline Phosphatase	85U/L	10-30U/L	Increased
HB%	10gm%	13-15g%	Decreased
MCV	79cub.micron	80-90cub.micron	Decreased
MCH	24.8pico gm	26.5-33.5pico gm	Decreased
HCT	35.3%	40-50%	Decreased
Monocytes	2%	4-10%	Decreased
Granulocytes	70%	40-60%	Increased
RBS	86mg%	70-150mg%	Normal

**2.8 Timeline**

The patient was admitted for four weeks and the nursing care has been rendered along with the psychopharmacological interventions. The patient was discharged from the hospital in a good condition and follow-up has been taken regularly in psychiatric OPD every week.

**2.9 Diagnostic Assessment**

**Physical examination:** Poor grooming, changes in body language and emotions.

**Mental status examination:** social isolation, disorganized behavior, Cognitive thought disorder, delusion, amnesia, mental confusion, slowness inactivity, anxiety, apathy, feeling detached from self, general discontent, loss of interest or pleasure in activities, hallucination, hearing voices, fear. Speech disorder, fatigue, impaired motor coordination, lack of emotional response and memory loss.

**2.10 Data Extraction**

Data extracted from PUB MED, Medline, and Cochrane database library.

**2.11 Follow Up**

Follow-up has been taken regularly, the patient visits psychiatric OPD every week and there were no side effects have been reported.

**2.12 Primary Outcome**

The evidence of hallucination was minimized by antipsychotic drugs and adjunct with other psychosocial therapies.

**2.13 Secondary Outcome**

Regular follow-up will prevent complications of antipsychotics and prevent developing new symptoms.

**Table 2. Therapeutic intervention**

Prescribed drug	Patient picture	Justification
Tab. olanzapine	Tab. olanzapine 5 mg	Used to treat hallucination and certain mood
Tab. Lorazepam	Tab. Lorazepam 2 mg	It effects the chemical in the brain and its balance to unbalanced anxiety.
Tab Valporate	Tab Valporate 600mg	It is primarily used to treat epilepsy and bipolar disorder and prevent migraine headaches.

### 3. DISCUSSION

Psychosis is characterized by a variety of symptoms, although it usually includes one of these two core experiences. Hallucinations are seeing, hearing or feeling things that aren't there, such as the following Hearing voices (auditory hallucinations strange sensations or unexplainable feelings Seeing glimpses of objects or people that are not there or distortions [5].

An auditory hallucination, also known as paracusia, is a type of hallucination in which noises are perceived without the presence of auditory stimuli [6]. An auditory-verbal hallucination is a typical type of auditory hallucination that involves hearing one or more talking voices [7]. This has been correlated to psychotic diseases, most notably schizophrenia, and is important in identifying these conditions. Individuals without any psychiatric illness, on the other hand, may hear voices [8]. A small survey conducted in 2015 found voice-hearing in people with a wide range of DSM-5 diagnoses, including Bipolar disorder, Borderline personality disorder, Depression (mixed), dissociative identity disorder, generalized anxiety disorder, major depression, obsessive-compulsive disorder, post-traumatic stress disorder Psychosis (NOS), Schizoaffective disorder, Schizophrenia, and substance-induced psychosis [9].

The severity of psychotic episodes can be reduced with the help of antipsychotic drugs. They are often used on a daily basis as pills or liquids. Cognitive-behavioral therapy, behavioral skills training, supported employment, and cognitive remediation therapies may assist people with schizophrenia deal with their negative and cognitive symptoms. A combination of these therapies and antipsychotic medication is common. Psychosocial therapy can be beneficial in teaching and enhancing coping skills for dealing with the day-to-day challenges of schizophrenia. They can assist people in achieving their life objectives, such as attending school, working, or making relationships. People who participate in regular treatment are less likely to be hospitalized. There are educational programs for family members, significant others, and friends that teach about the symptoms and treatments of the illness.

### 4. CONCLUSION

This case report provides the psychopharmacological management, pertinent nursing diagnosis,

patient outcomes, and nursing interventions for an adolescent male with auditory hallucinations in psychosis. Further management enhancing and improving patient's mental illness who experience auditory hallucinations in psychosis.

Nurses should have good knowledge about psychosis timely information to the psychiatrist will prevent harm to the patients and educate the family members to come for the follow-up regularly after discharge.

### CONSENT

The patient was informed and taken written consent before the initiation of the case report.

### ETHICAL APPROVAL

As per international standard or university standard written ethical approval has been collected and preserved by the author(s).

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### COMPETING INTERESTS

Authors have declared that no competing interests exist.

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