



## Case Report: Paranoid Schizophrenia with Stressing Point Screening for Paranoid Schizophrenia Prognosis

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### ABSTRACT

**Background:** Schizophrenia is a psychiatric disorder characterized by decrease or inability to communicate, reality disorders, namely hallucinations and delusions, cognitive impairment and difficulty to carry out daily activities. Paranoid schizophrenia is one of the most common types of schizophrenia and its has good prognosis among other types of schizophrenia. But the prognosis decision making for paranoid schizophrenia is influenced by the following factors: prepsychotic personality, acute or chronic, type of schizophrenia, age, administration of medication, presence or absence of precipitating factors, and heredity.

**Objective:** This study aims to determine the prognosis of paranoid schizophrenia in case is using the factors above. The case study is based on the examination of patients in the outpatient psychiatric clinic of the Islamic Hospital of Jemursari Surabaya who have received the patient's consent.

**Methods:** The method of diagnosis uses a pocket book for the diagnosis of mental disorders PPDGJ-III and DSM-V.

**Result:** The results are showed that is paranoid schizophrenic patients with a poor prognosis (*dubia ad malam*).

**Conclusion:** All of paranoid schizophrenia have not being a good prognosis (*dubia ad bonam*) because it is influenced by several factors, namely prepsychotic personality, acute or chronic, type of schizophrenia, age, administration of medication, presence or absence of trigger factors, and heredity.

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### Introduction

Schizophrenia comes from the Greece, the *schizein* means separate and phren the means *soul*. Schizophrenia can be defined as the separation or incompatibility between affect, cognition, and behavior (Hendarsyah, 2016). Schizophrenia is a syndrome with a wide

variety of cause and course of diseases, and a number of consequences that depend on the balance of genetic, physical and cultural influences. Schizophrenia is a psychiatric disorder characterized by decrease or inability to communicate, reality disorder, hallucinations and delusions, cognitive impairment and

difficulty in carrying out daily activities (Sari et al., 2019). Paranoid schizophrenia is one of the most common types, Its main characteristics are suspicion and auditory hallucinations, but the cognitive function and affect are well (Zahnia and Sumekar, 2016). The schizophrenia prevalence of according to WHO (2016), there are around 21 million people with schizophrenia in the world, whereas according to Riskesdas 2013 "the prevalence of schizophrenia reaches around 400,000 people or 1.7 of the 1,000 population in Indonesia" (Maylani et al., 2018). Most schizophrenia types are paranoid schizophrenia at 40.8%, and the over is other types of schizophrenia (Sari et al., 2019). In general, the prognosis of paranoid schizophrenia is better (*dubia ad bonam*) compared to other types of schizophrenia, because it has a good response to treatment. (Sari et al., 2019), however, the basis for the decision making for the prognosis of paranoid schizophrenia influenced by the following factors: prepsychotic personality, acute or chronic, type of schizophrenia, age, administration of medication, presence or absence of precipitating factors, and heredity. (Maramis, 2009). Therefore, the stressing point of this paper is focused on determining the prognosis of paranoid schizophrenia in cases using these factors.

## **Methods**

This study was based on the examination of outpatient psychiatric clinic at the Jemursari Islamic Hospital in Surabaya, and then to trace patient has getting greamen by the patient.

The method of diagnosis uses a pocket book for the diagnosis of mental disorders from PPDGJ-III and DSM-V by Dr. dr. Rusdi Muslim Sp.KJ, M.Kes. The discussion of this paper uses PPDGJ-III/DSM-V, as well as text books and journals that have attached by the literature review.

## **Case**

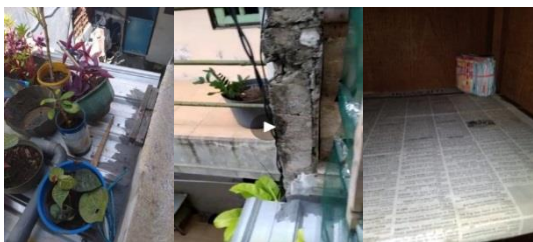
Mr. S is 72 years old, address Gebang kidul 41A Surabaya, religion of Islam, last degree in law education, married, retired civil servants. He Comes to the Jemursari Islamic Hospital Mental clinic with the main complaint of "Suspicious Thoughts".

Suspicious thoughts have been began on August 10, 2014 and aggravated on April 1, 2021, suspicious thoughts is about his wife's affair with several men while the patient was out of town, the man is Mr., R, the man who gave the necklace (unknown name) and Mr. B.

Mr. B is a neighbor who lives next to the patient's house, when the patient comes from malang city, the patient sees his wife naked and only covered with a

blanket, there is no sound of intercourse when the patient enters the house or men's clothes around the bed, the next day the patient gets a flower pot collapsed in the attic (picture 1), its made the patient suspect that there was a man passing by the attic, namely Mr. B, after the patient checked his wife's wardrobe and got 11 million (picture 1), the patient suspected that this money was used to capitalize on his affair (Mr.B) to sell coconut ice, but Mr.B admitted that he got the capital from his teacher's girlfriend.

The patient send message to Mr. B "Tomorrow I will go to Banyuwangi, the house is empty, you can sleep at home". Mr. B explanations on the text, the patient took out a knife and said he only told him not to accuse, the patient had been scolded by the police, but when asked why? The patient replied that he did not know, and said he was beaten by Mr. A, Mr. A is Mr. B's brother-in-law.



Picture 1: A collapsed flower, 11 million bills and the boundary of the patient's house and Mr.B

The patient's wife is the child of the cleric, she is good to read and memorize

the al - quran, the patient's wife rare to leave the house and the patient does not know when his wife meets with Mr. B, the patient is only suspects that his wife having sex with Mr.B with naked evidence in his room and pot fallen flower. When he remembered his wife's affair, the patient wanted to strangle, beat and slap his wife, especially when he has be daydreaming or having a blank mind. The patient admits that he is often goes out of town, but at this time the patient does not want to go out of town, the patient is not happy at home and want to leave the house. There is no family history of schizophrenia, Premorbid personality: irritable and no history of substance use.

The Psychiatric Status: Male, elderly, medium steature, face according to age, using clothes and cloth pants, neat appearance, using a mask, watches and glasses, neat hair. It's cooperative with the examiner and sitting quietly, Compos mental awareness, positive contact, verbal, fluent and relevant, good W/T/O orientation, compatible depressive mood / affect, Thinking process: non-realistic, adequate flow, suspicious content, There is no impaired perception, adequate will, aggressive psychomotor, Intelligence MMSE: 24 (suspicious cognitive impairment) and insight grade 5.

The Multiaxial diagnosis includes: Axis I: F20.0 Paranoid schizopshrenia,

Axis II: Paranoid personality traits, Axis III: none, Axis IV: Not found, Axis V: GAF Scale at examination: 60 (moderate symptoms, moderate disability), GAF The best scale for the last one year are 70 some mild and persistent symptoms, mild disability in function, generally good.

The treatment was given Haloperidol 2.5 mg 2 dd 1, monitoring primary effects, secondary effects (extrapyramidal symptoms) and medication adherence (Maslim, 2014). The prognosis in the case of paranoid schizophrenia above is *dubia ad malam*.

## Discussion

The basis for the decision making of schizophrenia prognosis is influenced by several factors, namely: prepsychotic personality, acute or chronic, type of schizophrenia, age, administration of treatment, presence or absence of trigger factors, and heredity (Maramis, 2009).

### a. Prepsychotic personality

The prognosis in schizophrenics who have be prepsychotic personalities, personality disorders, and persistent personality traits is poor (Widyarti et al., 2019).

### b. Acute or Chronic

If schizophrenia occurs acutely, therefore the prognosis is better than when it arises slowly/chronically (Maramis, 2009). In short the duration

of untreated psychosis, is the better the to response therapy, where is the patient who has been a long duration of untreated psychosis in the early stages of schizophrenia, it will takes longer to achieve remission, lower recovery rates, greater likelihood of relapse and have a bad outcome (Cahyaningsih and Hutauruk, 2019; Widyarti et al., 2019).

### c. Types of Schizophrenia

The prognosis of paranoid and catatonic schizophrenia is better than other types of schizophrenia, because it has good response to treatment (Sari et al., 2019), it's often happend by patients with catatonic and paranoid schizophrenia recover and return to prepsychotic personality, many of these sufferers can be returned to society, whereas hebephrenic schizophrenia and simplex schizophrenia have a poor prognosis, usually our patients with this type of schizophrenia are lead to mental deterioration (Maramis, 2009).

### d. Age

Age is an important factor in the onset of schizophrenia. The schizophrenia is most commonly occurs in late adolescence or adulthood and rarely occurs before adolescence or after age 40. The age of 17-40 years are productive age filled with a large burden of responsibility and it is often a cause of stress so that they are at risk of

experiencing schizophrenia. The onset of schizophrenia in men is earlier than in women. The onset of schizophrenia in women 3-5 years is slower than men. Women has 2 peaks of onset, it's namely in the age range of 25-30 years and > 45 years, while men has a peak age in the age range of 21-25 years (Cahaya et al., 2020).

The prognosis onset for adult age is better than early age. This is because in the age of early onset schizophrenia symptoms usually appear slowly, it will be more chronic and show large deficits in almost all cognitive measures, so that most of the prognosis is poor and sometimes can be exacerbated by environmental factors (Widyarti et al., 2019).

**e. Treatment**

As fast as the treatment is given, it's get better prognosis (Maramis, 2009). Early intervention in the form of drugs and psychosocial conditions is very important because the longer it is not treated, the likelihood of relapses is more frequent and the resistance to therapeutic efforts is getting stronger (Syarif, et al., 2020).

**f. Heredity factor**

The prognosis becomes more severe if there is one or more people with schizophrenia in the family (Maramis, 2009).

**g. Trigger Factor**

The prognosis of schizophrenic patients will be better if the patient has be trigger factors such as physical illness or psychological stress. It is caused schizophrenia episodes, which are primarily identified as stress, It will be respond more quickly than schizophrenia without a causes (Widyarti et al., 2019).

Table 1. Prognostic evaluation items

Evaluation Items	Ad Bonam	Ad Malam
Premorbid personality	-	Personality trait: paranoid
Acute or chronic	-	Chronic
Kind of distraction	Paranoid Schizophrenia	-
Young or advanced age	-	72 years
Providing treatment	-	Late intervention
Trigger factors	-	Nothing
Heredity	Nothing	-

Based on the theory above, it can be concluded that the prognosis of this patient is Dubia Ad Malam (Table 1).

**Conclusion**

All of paranoid schizophrenia have not being a good prognosis (dubia ad bonam) because it is influenced by several factors, namely prepsychotic personality, acute or chronic, type of schizopenia, age, administration of medication, presence or absence of trigger factors, and heredity. The prognosis in this case is dubia ad

malam as it is acquired recurring personality traits:paranoid, chronic, good disease, old age, late treatment, no trigger factors, and heredity.

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