

WCPCG-2010

Studing of recurent symptoms of one chronic schizophrenia case that is bedridden in hospital after excitement in sexual behaviour

Sima Noohi ^a, Mahyar Azar ^b, Salim Jahangiri^{c*},habib kabir abdi^d

^aAssociate professor of Psychiatry Department of behavioral science, Baqiyatallah medical science university,vanak squer ,mollasadra street, southe sheikh bahayi street ,nosrati street , Tehran,Iran..

^bAssociate professor of Psychiatry (Psychiatry Department of Shaheed beheshti medical science university, Iran.Tehran.)

^cMedical Doctor Department of behavioral science, Baqiyatallah medical science university,vanak squer ,mollasadra street, southe sheikh bahayi street ,nosrati street , Tehran,Iran..

^dPsychologist Department of behavioral science, Baqiyatallah medical science university,vanak squer ,mollasadra street, southe sheikh bahayi street ,nosrati street , Tehran,Iran.

Received January 2, 2010; revised February 3, 2010; accepted February 29, 2010

Abstract

Schizophrenia is a clinical syndrome that contain variable psychical pathology but it is deeply destroying that break out recognition,excitement,perception and other parts of behaviour.the appearance of these symptoms are variable in different persons and duration,but the effect of disease is sever and usually longtime.

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Keywords: Chronic schizophrenia, recurent symptoms, sexual behaviour.

1. Introduction

Schizophrenia is a clinical syndrome that contain variable psychical pathology but it is deeply destroying that break out recognition,excitement,perception and other parts of behaviour.the appearance of these symptoms are variable in different persons and duration,but the effect of disease is sever and usually longtime.

Although schizophrenia definid as a unit disease probably is organized a group of disorders that have unsimilar etiology and contain the patients that their clinical symptom,treatresponse,process of disease are different.the process that are known for schizophrenia is full of up and down.after every recurrency ,there is more destruction in patiente basice out put.

This case is a 61 years old man,stay at Tehran,single and idle that is involved schizophrenia since 35 years ago and undertreated by sodium valproat ,carbamazepin,alprazolam, but he dose not use his drugs from 6 months ago and her sings starts from one month ago. He had irritability,agitation,quarrelsome,irrelevant,urin and defication incontineny,so longtime walking,impatience,without aim.He didn"s have any background about psycho_sexual problem.According to his brother"s advice (for improve on patient"s psychical condition for 40 days) he expose to excitement and sexual conection.After those patient"s symptoms are begined and aggravated.

*Salim Jahangiri. Tel.: 02182482476; fax: 02188053767.

E-mail address: saro_210@yahoo.com.

In medical history he had encoprosis and enuresis, weight loss (15kg). Act and motion decreased from one month ago, he did not speak, had tremor in hand. His memory and orientation not good and he doesn't have medical disease (such as diabetes, IHD).

He is a heavy smoker (90 pack in year), background of opium and alcohol use is negative.

His physical examination about different organs such as heart, lung, blood pressure are normal.

Lab test (CBC, U/A, LFT) are normal. Brain axial without contrast CT scan has pre-ventricular and subcortical lesions that can be caused by ischemia.

In bedridden, patient is cured with psychotherapy drugs and after 3 weeks he is released with nearly good general condition.

References

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