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Patient Age 55 Years Old with Residual Schizophrenia with Extrapyramidal Syndrome, Hypertension and Less Family Support

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CASE REPORT

Mr. IMS, a 55 years old patient was visited at home in a mental health service program called *Pusat Kesehatan Masyarakat* (*Puskesmas*) in Denpasar city, Bali. According to the heteroanamnesis told by his younger brother, there were some chief complaints since six months ago such as Mr. IMS did not want to take care of himself like most people. On general impression examination, the patient wore black clothes, a dark blue shirt, and long pants. The patient's hair was not combed neatly. Fingernails looked uncut and not maintained, and there was an odor that smelled bad from the patient's body. The patient was cooperative when answering the examiner's questions and answered using Indonesian and Balinese languages. The patient's visual contact was inadequate. Sometimes, one of his eyes glanced up, but the verbal contact with the examiner was sufficient. Also, when the patient was speaking there was a twitch under the patient's chin. The patient said his mood today when asked by the examiner was in good condition. The examiner asked the patient about his sense of orientation and also abstract thinking and concentration abilities. The results were within the normal limit.

The patient said that every day he often went out and was not at home because the patient was going to meet his friends. When confirmed by the patient's younger brother, the patient seemed confused and restless when he was not going out of the house, and he tended to sit on the side of the road and wandered around the house for no apparent reason. He only returned home in the late afternoon every day, only to sleep and for dinner. Usually, the patient would get some meals from his friend or the owner of the restaurants along the street.

The patient had a history of treatment for six months at the Bali Province Psychiatric Hospital or *Rumah Sakit Jiwa* (RSJ) *Provinsi Bali* in 2017 following auditory hallucinations. The condition is related to the past, since the patient was a college student. He was considered one of the most intelligent people at the Faculty of Animal Husbandry and graduated as an engineer. He was registered and active as a contract employee in regional planning and development agency or Badan *Perencanaan Pembangunan, Penelitian dan Pengembangan Daerah* (Bappeda) Bali. The patient had a stressful condition when he could not become a civil servant due to the score of selection not being fulfilled. The patient was also an outstanding employee and had an opportunity to study computerization and planning management program for six months in the Netherlands. Those stressful conditions made the patient quit his job and it changed his attitude to be a gloomy person. The patient said he is a closed person and never tells anything about a problem to his own family. The patient was known as a humorous person.

After returning from RSJ *Provinsi Bali*, there was a change in the patient's behavior to be active in doing housework such as sweeping, mopping, and growing crops in the home garden. He also took quality time for productive work at *Rumah Berdaya* as a social-mental health rehabilitation center. The patient has a very close relationship with his mother, so the patient is always pampered. One of the conditions is that the patient is given breakfast first by his mother soon after waking up without working, and that condition is different when the patient was at RSJ *Provinsi Bali* with a strict and disciplined schedule. Since then the patient has become lazy to do daily self-care, lazy to eat,

and lazy to do activities. Even his taking daily routine medication needs a reminder by his younger brother. The patient now is unmarried, so he lives with his younger brother's family and with both of his aging parents as elderly. The patient in the early stages of his sickness experienced being treated by a Balinese traditional healer which is called *Balian*. There were some explanations given about the patient's condition, that it is related to getting negative influences from someone who does not want to see the patient succeed. The patient then tried to be treated in traditional ways but the result did not show any improvement.

During the second home visit, a thorough physical examination was conducted. The results were: his body weight is 57 kg, height 1.7 m, and the patient's body mass index (BMI) indicated he is underweight. The vitals such as temperature and pulse were still within normal limits except the blood pressure of 151/82 mmHg including criteria grade two hypertension by JNC 8. Regarding the respiratory system, the abdomen examination was within normal limits. The examination of the extremities showed that his muscle movement is strong but his muscles are hypertrophy because every day he has full physical activities. The patient is now able to speak and interact normally with people around him but for a while, he answered questions about his condition but it was not related to the topic being discussed and blocked.

On the third time of the home visits, 7 days after the second home visit, the patient was seen living in a small room of 3x3 square meters, with a ceramic floor, without light, and the poor condition of the bedroom looked dirty. Also, there was no bedlinen on the patient's mattress. The bedroom condition is stuffy, with poor air ventilation because the window is rarely opened. The members of his family lack concern and give no attention to this situation because they are busy with their own business. It was reported that sometimes, the patient's father cleaned his child's room using a broomstick. The house is built in a small alley near the main road, with semi-modern Balinese architecture.

The family kitchen is located in the same building as the patient's bedroom, and near the kitchen are the bathroom and toilet of the patient. The source of clear water for the family member is from Municipal Waterworks or *Perusahaan Daerah Air Minum* (PDAM) stored by a water tower. The family members use the PDAM water for cooking, and also it is used for drinking water after the boiling process. In general, the family members live in a clean and good environment, but there are many unused stuff that is disorganized in many rooms around the house but only the patient's room looks dirty, dusty, has bad smells, and lacks light.

When asked about the patient's ownership of social health insurance, the patient's younger brother explained that the patient has Indonesia health insurance by the government, *Badan Penyelenggara Jaminan Sosial Kartu Indonesia Sehat* (BPJS KIS), which allows the patient to get some medicine drugs for free including risperidone and trihexyphenidyl for the remission of positive symptoms such as his auditory hallucinations and grandiose delusions, which are obtained at the primary care center, *Puskesmas*, near the patient's house.

Biological Diagnosis and Psychosocial Diagnosis

Based on the results of the history and physical examination that indicated psychologically the patient has had stressors in the past and relapsed causing a lack of family support for the patient's life. The patient has beliefs about having to struggle alone in his life without family support. The patient only hides his problems and does not tell his family about the current condition that he is facing. Concerning the patient's social-economic life, since he was diagnosed with a psychiatric illness, the patient only depends on another family member that is the wife of the patient's little brother because he does not have an occupation nor regular income.

PROBLEM COMPLEXITY

The patient has several problems related to the health condition of his lifestyle disease, the side effect of psychiatric medication, and also the perceptions of the family members about the symptoms of the patient.

The patient now has a fulminant condition of negative symptoms that includes not wanting to take care of himself (*abulia*), anti-social behavior that he does not want to take part in social-cultural activities such as *mebanjar* or Balinese traditional system of social interaction. He is indifferent to the surrounding environment (apathy), and also has minimal involvement with potential partner interactions (blunted affect). The family members consider his condition as negative symptoms because of the treatment by the patient's mother to pamper the patient and changes in his habits when he was cared for at psychiatric hospitals in Bangli. In addition, the patient lacks a good lifestyle and there have been several factors contributing to his psychological stress which makes the tension level of the patient higher than average people. After several checks and visits, the patient was diagnosed with grade 2 hypertension by JNC 8 classification of hypertension. That condition makes the patient must use an anti-hypertension drug and seek a cure in a primary health center. However, the patient did not actually have signs or indications related to hypertension. The late diagnosis of hypertension is caused by the perception of family members' lack of routine control of the patient's condition in *Puskesmas,* including just only going for treatment when have severe illness to *Puskesmas* for medication. The patient now is using atypical antipsychotics and also anticholinergics for controlling positive symptoms of the previous psychiatric illness. The patient does not do a routine consumption of the drugs and must be reminded by his little brother. The patient used these drugs more than ten years and now has the signs of extrapyramidal syndrome. However, the patient's family did not know his behavior may be caused by the antipsychotic drugs. Extrapyramidal syndrome appearance of the patient is mild tardive dyskinesia at the face and also an oculogyric crisis in both of his eyes. Atypical antipsychotics like risperidone are used to control both

positive and negative symptoms and the drug of choice for challenging residual schizophrenia because of the action in neurotransmitter dopamine and serotonin pathways, but there are contraindications in the patient who has stressors and is not fully treated. An aggravated condition may arise induced by the lack of family members support and also not using the community rehabilitation effectively.

The situation of the patient's family is from lower middle income and low level of education which is reflected in not knowing how to manage people with psychiatric illness and also, they have many responsibilities in the family so that the patient's health problem is not a priority to be treated.

DISCUSSION

Residual schizophrenia (RS) is the diagnosis in the patient with psychiatric illness because another diagnosis such as depression can be excluded. According to the definition, RS (F20.5) is a condition involving some individuals who can be included with the following criteria: a history of schizophrenia and by onset, more than 1 years with fulminant negative symptoms and also must have one psychotic episode in the past. The residual schizophrenia is characteristic of the most positive symptoms such as hallucinations and delusions, which occur in remission but negative symptoms still exist including the blunted effect, apathy, anti-social, and abulia. That natural condition of the human instinct for relationships also is lacking[1].

The most common stressor induced by that condition is bad social support because typically in Indonesia, the family members and community still stigmatise individuals with psychiatric illness and they will often be shunned and neglected[2]. The custom and culture can influence as a stressor because higher economic income and also a good position in an occupation will be appreciated by the society. These conditions make some individuals have high ambitions to achieve that should be reached by any and all means and efforts. Sometimes, the ambition is not matched with a person's ability and opportunity which contributes to a cycle of failure and loss in achieving their goals which will aggravate some individuals with mental health problems[3].

The prevalence of residual schizophrenia according to Riskesdas Kemenkes RI is 39.4%, and is considered the second most common diagnosis after paranoid schizophrenia[4]. To deal with this problem, the *Puskesmas* have a role to bring more comprehensive services with inter-professional collaboration with all related health workers to access better health education including preventive, curative, and also rehabilitation, especially for people with or cured family members with psychiatric illness. The main concept of comprehensive services in family medicine is how to improve the management of the patient with some illness; also aid in access to some factors including what the patient wants and can do with this disease namely patient-centered care, and defining what does the family expects from treatment namely family-focused, and how to manage the patient after rehabilitation and he has returned to society (community approach)[5].

1. **Patient-Centered Care**

Patients must have the self-awareness to take medication regularly. During the home visits, the patient and his family member were explained to be more promotive and maintain personal hygiene and also emphasize the environmental cleanliness especially in the patient's room, so that the patient can rest comfortably and prevent the patient from vector-environmental based disease. Advice for curative intervention is daily routine control to *Puskesmas*, thus the doctor could decide on other interventions and if needed could be referred to consult with a psychiatrist for a second opinion about the patient's condition.

2. **Family Focus**

In dealing with the patient with residual schizophrenia and extrapyramidal syndrome, the role of a family member is important in caring for the patient during the ventilation, medication, and social rehabilitation process. The condition of stress is emotionally influenced by predisposition factors including stress which could happen to a family member because the burden of the economy is borne by one family member. The patient had problems with his occupation in the past and a bad relationship with his father, thus the family may be able to build some communication between the patient and his father over times and in safe conducive situations. During a home visit, the entire extended family of the patient was explained the patient's illness, and factors that can affect the deterioration of negative symptoms of the patient. The family members were expected to take turns to teach the patient to clean his bedroom thus the patient's habits will improve, and he will become more aware and feel cared for by his family. The family was also explained how to provide stimulation changes in the patient's attitude and psychology. Family support is also needed to reduce the psychological burden of the patient, especially the biological mother because she has a close relationship with the patient. The advice for the family members is to reduce the patient's time sitting beside the road without reason. Possibly, the patient can bring entertainment and listen to some music on the radio. Recently, in some research music therapy, it is recommended for patients with residual schizophrenia to help make their mind and spirit relax.

3. **Collaboration**

During the home visit, *the Puskesmas* doctor must invite the nurse to coordinate a program of mental health in *Puskesmas* and also with the staff at the environmental health bureau in *Puskesmas* to promote education on how important the environmental conditions are and sanitation for mental health. In this case, the doctor in primary care can handle this condition but psychiatric illness in primary health care is mostly misdiagnosed. Thus, the treatment recommended to the patient is inappropriate; therefore, the strategy for this situation is to deepen the patient's history. The patient can consult with a psychiatrist to replace the medication for those that have minimal side effects from a list of antipsychotics (EPS) and possibly include a drug with more potency to stabilize the effect of dopamine and serotonin in the nucleus accumbens.

4. **Community**

Rehabilitation psychosocial is the last part of supportive therapy for bringing the patient to the community. The social activities include going to the Posyandu and also waiting rooms in *Puskesmas*, where more efforts can be made to provide counseling to the community of elderly people to consult the problem itself with health care providers to ensure early detection of the stressor and proper medication.

CONCLUSIONS

The problem of mental health especially in the elderly in a chronic psychotic phase such as residual schizophrenia is multidimensional and must be treated comprehensively from the perspectives of the bio-psycho-social-spiritual approach. This approach is done individually through the patient-centered methods to apply the principle of family medicine to screening the patient's fundamental problems by identifying not only the health factors but any factor and progressive circumstance that can be a stressor, so that the patient management will be more holistic.

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