

## A Case Report on Clinical Presentation of Paraphrenia

**Dr. Ashish Kumar Malik<sup>1</sup>, Dr. Vivek Srivastava<sup>2</sup>, Dr. Piyush Verma<sup>2</sup>,  
Dr. Asha Kumari<sup>3</sup>, Dr. Rajiv Gupta<sup>4</sup>, Dr. Deepika Dalal<sup>5</sup>**

<sup>1</sup>Senior Resident, <sup>2</sup>Post Graduate student, <sup>4</sup>Head of Department,  
Department of Psychiatry, PGIMS, Rohtak

<sup>3</sup>Assistant Professor, <sup>5</sup>Demonstrator  
Department of Biochemistry, SHKM GMC, Nalhar, Haryana, India

Corresponding Author: Dr. Asha Kumari

### ABSTRACT

Paraphrenia, the term, is clinically used to describe the atypical, paranoid condition of elderly life, which is not due to any primary organic or affective illness. It is a schizophrenia-like disorder with onset similar to schizophrenia but with better preserved affect and rapport and with much less personality deterioration. Virtually, not much recognition has been given to paraphrenia, although it is a viable diagnostic entity and, there has been a lack of systematic research on the same. This is case report of a 70 years old male presented with auditory hallucinations and delusion of persecution, with other significant findings suggestive of a definitive diagnosis of paraphrenia.

**Keywords:** Paraphrenia, Schizophrenia, Hallucinations, Delusion.

### CASE HISTORY

A 70 years old married male, 12th pass, earlier used to do farming, from rural background was brought to PGIMS Rohtak, Haryana, India by his grandson with an illness insidious in onset and continuous in nature, characterized by symptoms of fearfulness and suspiciousness for six months and hearing of voices for past one month.

A change in the behavior of the patient was noticed by his wife as he was reading out the newspaper to his family members in the morning, which he never did and was particularly reading out the news related to the crimes. He repeatedly pointed out that police will be catching him soon. When enquired by the family members about the same, he was not able to give any reasonable answer and kept

repeating his words. He calmed down on being assured by his wife.

He would insist his wife to not to take the routine path they take daily while going to the fields, as police was waiting for him on that route.

One day he returned from the market, and started telling his wife that he was able to hear the people in the market discussing among themselves that police about to come and catch him (the patient) very soon. He was countered by his wife, who asked him about how was he able to hear those people when he was so hard of hearing. Upon this the patient got irritable and started saying that he does not know why he was not being believed.

Since last one month he was seen muttering to self and when asked he would say that he was hearing voices of a prayers group singing chores to the god.

In the last four days, he has also started to complain about neighbors talking about him, whenever he watches them standing in a group.

Two days ago, he suddenly, without any provocation ran out of his home and started knocking doors of his neighbors saying he was about to be caught by police and asked them to save him. He was brought home, but remained very fearful and anxious, many a times trying to run out of his home.

His biological functions were normal during this period and his sleep, appetite and self-care as well as interaction with others was also adequate and he continued to do his daily rituals normally.

After admission he started saying that he is being asked by the voices to shave his beard and hence he is going out to find a saloon.

There was no history of seizure, head trauma, forgetfulness, weakness of limbs, substance abuse. No history of sadness of mood, suicidal ideas, hopelessness, worthlessness, helplessness was elicited. Birth and developmental history was normal with history of suicide in daughter 25 years ago (history of domestic violence). General physical examination was within normal limits.

History of profound hearing loss in left ear since childhood and profound loss of hearing in right ear 15 years back in a road traffic accident. Used hearing aids but left 2 years ago.

On mental status examination patient was hard of hearing. Speech only in response to question and his affect was euthymic. No formal thought disorder could be elicited. Delusion of persecution was established. Third person auditory hallucinations were found in perception.

Neurological examination, routine laboratory tests, and CT scan were normal. Based on history and clinical assessment diagnosis of “paraphrenia” was kept. Patient was admitted and started on Tab Risperidone 2 mg, Tab Clonazepam 1 mg in divided doses. ENT opinion was done regarding hearing aid. He showed good response with medications in symptoms of fearfulness and suspiciousness and his auditory hallucinations decreased.

## DISCUSSION

The literature on risk factors for late paraphrenia points toward sensory deprivation to be one of the robust risk factor for development of late paraphrenia.

Several explanations have been suggested to explain the association between sensory impairment and late onset paranoid psychosis.

Several studies have reported paranoid elderly individuals with dementia and sensory deprivation have a poorer outcome or are difficult to treat. Hence, this case report is unique as the index case has a very good outcome with treatment.

*Conflicts of interest:* Nil

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How to cite this article: Malik AK, Srivastava V, Verma P et.al. A case report on clinical presentation of paraphrenia. *International Journal of Research and Review*. 2018; 5(10):437-438.

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