
Schizophrenia Case Study: Predisposing, Perpetuating, Precipitating And Protective Factors

John (not real name) is a 45-year-old, unemployed, single man who was diagnosed with Schizophrenia, unspecified and has been on antipsychotic medications. According to Diagnostic and Statistical Manual Fifth Edition (DSM-5) Schizophrenia is a severe and chronic psychotic mental condition which is characterised by disruption in thoughts, cognition, perception, communication and behaviour, it causes a person to lose contact with reality (American Psychiatric Association, 2016). John was brought in by ambulance to the emergency department on an EEA on the 3rd of September 2019. On assessment, John appeared to be suffering a relapse of psychosis on a BG of schizophrenia as demonstrated by the presence of auditory hallucinations and fixed delusions of a persecutory nature.

Predisposing Factors

John's case study indicates that he has a history of eccentricity. Medical notations indicate that the patient's mother was an avid smoker, consuming approximately one pack of cigarettes daily before and during pregnancy. As a child, the patient showed signs of slower developmental skills and was diagnosed as suffering from hyperactivity in early childhood. Records indicate that the patient experienced a turbulent home life because of ongoing conflicts between his parents that resulted in separation, and reconciliation. As the patient matured, he displayed signs of being socially awkward and isolated from her peers. In early adulthood started to display worsening symptoms like talking to himself, and displaying unusual behaviour like staying at the floor for long periods. He was first diagnosed with schizophrenia in 2008. Following that he had multiple presentations to various mental health departments. His brother committed suicide when he was 30 years old. His Maternal uncle was also diagnosed with schizophrenia.

Perpetuating Factors

John has never been accepting of a diagnosis of schizophrenia. He was, however, accepting of Olanzapine in the past and states he had three years on Olanzapine where the AH was still present, although they were not as frequent or intense. Kelvin complains of excessive sedation and poor motivation on this medication and after 3 years, he wanted to return to work so he self ceased his medication. Exposure to suicide, family history of mental illness, drug use, adverse childhood experiences is also contributing to the present illness.

Precipitating Factors.

Following the death of his father, and additional stressors resulting from his mother's added dependency, the patient suffered from a regression of the illness. His hospitalization resulted from local law officials discovering him walking in a motorway while incoherently mumbling to himself. Before this, he made multiple calls to the AFP about concerns of his families welfare, including his 3-year-old niece. John's ED report indicates he had concerns his niece would be raped and murdered.

Protective Factors:

John is currently on Treatment Authority and being treated in Yugaipa Mental health unit. He is adhering to treatment and ward rules. On discharge, John will be followed up by the community team. John is future-focused and wanted to return to work. John enjoys playing the guitar. The social worker is currently helping John in obtaining Centrelink benefits.

John was given the diagnosis of Schizophrenia because the signs and symptoms he presented with met the DSM-5 criteria for schizophrenia, he was having positive symptoms such as delusions, hallucinations and negative symptoms. His condition is in the class of Schizophrenia Spectrum and psychotic disorders F20.9. In Conclusion, The primary component of the patient's episode appears to be related to stress as the primary factor. However, the underlying assumptions would indicate that the combination of outlined biological, emotional, and behavioural was in-place, and waiting for the appropriate stressor to trigger his symptoms. John was diagnosed as suffering from hyperactivity in early childhood. Records indicate that the patient experienced a turbulent home life because of ongoing conflicts between his parents that resulted in separation, and reconciliation. As the patient matured, he displayed signs of being socially awkward and isolated from her peers. In early adulthood started to display worsening symptoms like talking to himself, and displaying unusual behaviour like staying at the floor for long periods. He was first diagnosed with schizophrenia in 2008. Following that he had multiple presentations to various mental health departments. His brother committed suicide when he was 30 years old. His Maternal uncle was also diagnosed with schizophrenia.