Paranoid Delusion secondary to a TBI. A case study

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Introduction

Traumatic Brain Injury (TBI) can result in serious and disabling neuropsychiatric disorders. The diagnosis of a psychotic disorder due to a TBI (PDTBI) is made in presence of hallucinations or delusions with the evidence that the psychosis is a direct consequence of TBI. The PDTBI is often difficult to diagnose.

Methods

We report a case of 38 years old male, admitted in the Process of Psychosocial Rehabilitation of CAEM for persecutory delusions, depressed mood and suicidal ideation. In 2010 he had a car accident with a mild head trauma with no alteration of consciousness, and a spinal cord injury. Since then, he reported cognitive impairment, very depressed mood, change of personality and he became suspicious with persecutory delusions in the context of work. He had no delusional troubles before the accident, but anxiety problems were documented in childhood. Two year post accident the patient was neuropsychological assessed. The results of the first neuropsychological assessment were severe learning and executive functions impairment.

In our Rehabilitation Unit, we assessed a considerable post-Traumatic Amnesia (about 15 days), and we made a second neuropsychological assessment (two years later). We use a cognitive battery including verbal memory, processing speed, mental flexibility, verbal fluency, motor co-ordination, planning ability and intelligence, using the Weschler Adult Intelligence Scale (WAIS-III), The Rey's Auditory Verbal Learning Test (RAVLT), Trail making Test A and B, Wisconsin Card Sorting Test (WCST) and Word Fluency (FAS test), and the results were better than results after the TBI, as we expect in the cognitive progression after TBI.

We found some characteristics associated with PDTBI: psychosis immediately after head trauma, marked positive symptoms without prominent negative symptoms and cognitive impairments that improve years post accident.

He received a rehabilitation program based in individual and group therapy to work the insight, cognitive rehabilitation and metacognition group.

Results

At four weeks after the admission the patient showed partial insight and started considering that these ideas could be a part of the disease. Depressive symptoms also improved and he had no suicidal ideation.

Conclusions

The assessment of the progression of cognitive impairment should allow clinicians to obtain a more comprehensive approach in the diagnoses and the treatment of these patients. In this case, the cognitive impairment and the change of personality were a very important characteristic to make the differential diagnose.

The case showed the difficulty of differential diagnosis between late onset delusional disorder and psychosis secondary to TBI.

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