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The relationship between combined antipsychotic use and clinical features in schizophrenia spectrum patients treated in inpatient ward: A retrospective study

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Introduction: The combination of antipsychotics can be seen in up to 70% due to the presence of resistance to treatment, aggression, sleep disorders, and self destructive behavior in psychosis spectrum disorders in clinical practice. More side effects were observed in patients using antipsychotic combinations.

Objectives: The aim of this study is retrospectively investigate the sociodemographic and clinical characteristics differences between antipsychotic combination and monotherapy groups

Methods: The files of 754 cases admitted to the hospital from the first day of January 2013 to the last day of December 2016 were reached. Patients diagnosed as according to DSM-5 "Schizophrenia Spectrum and Other Psychotic Disorders" were included. From the files of these cases, sociodemographic characteristics, disease characteristics and antipsychotic properties (clozapine use, combined antipsychotic and depot antipsychotic use) were used. Pearson chi-square test and student t test were used in data analysis

Results: Age was significantly lower in patients treated with combined antipsychotics than patients receiving monotherapy ($t = 2,264$, $p = 0.026$). Age of onset of psychosis was significantly lower in patients treated with combined antipsychotics ($t = 2,771$, $p = 0.007$). Education level was also found to be lower in this group ($t = 2,333$, $p = 0.02$). The duration of hospitalization was longer in patients treated with combined antipsychotics ($t = 3,069$, $p = 0.002$).

Conclusions: There were statistically significant differences between the patients treated with combined antipsychotics compared to the group treated with monotherapy. These are the differences in the age of onset of psychosis, education level and duration of hospitalization.

Keywords: psychosis; antipsychotic; clozapine; combined antipsychotic

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Case series of delusional parasitosis in an emergency department: Sociodemographic features and clinical outcomes

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Introduction: A delusion of parasitosis is defined as the fixed, false belief of infestation by invisible organisms or fibrous material of unknown origin. The differential diagnosis is true infection, substance use disorder, dementia or other neuropsychiatric disease.

Objectives: Our goal was to characterize delusions of parasitosis, classically named Ekbom syndrome, among individuals attending our emergency department (ED).

Methods: Over a four-year period (2017-2020), we carried out a retrospective case-register study of patients with DSM-5 Ekbom syndrome attending an ED that provides mental health services to an area of nearly 450.000 inhabitants in Sabadell (Barcelona, Spain).

Results: There were 13 eligible patients: 7 were diagnosed for the first time and 6 had multiple episodes. Female-to-male ratio was 1.6:1; average age was 56.9. The most common diagnosis was delusional disorder ($n=5$; 8.5%), followed by schizophrenia ($n=3$; 23.1%) and organic disorders ($n=2$; 15.4%). Origin: Africa ($n=5$; 38.5%), South-America ($n=4$; 30.8%) and Spain ($n=4$; 30.8%). Fifty percent showed poor treatment compliance. Antipsychotics used: risperidone ($n=8$; 61.54%), olanzapine ($n=4$; 30.8%). Five patients received antidepressants. Most patients had previously been seen by other medical specialties (internal medicine, dermatology and hematology). "Match box sign": 7 patients (53.8%). Cerebral atrophy was present on brain scan in 4 patients. After discharge: acute psychiatric unit ($n=7$), outpatient appointments ($n=4$), day hospital ($n=1$) and 1 to a psychogeriatric unit.

Conclusions: Delusions of parasitosis are rare in our emergency department. The typical patient is a postmenopausal woman, a visitor or immigrant to Spain. Effective treatment requires a focus on cultural, gender, and age aspects, with close cooperation between psychiatry and other relevant specialties.

Keywords: Delusional parasitosis; Emergency department; Delusional disorder; Ekbom syndrome

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Historical path of paraphrenia

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Introduction: Paraphrenia is a psychotic disorder characterized by an insidious development of a vivid and exuberant delusional system, accompanied by hallucinations and confabulations, without a personality deterioration. It is considered to be an intermediate entity between the disorganization of schizophrenia and the systematization of a delusional disorder.

Objectives: Develop knowledge about paraphrenia as an individualized diagnostic entity and its historical path through the classical authors' texts.

Methods: Extensive research on the historical path of the paraphrenia diagnostic entity was carried out, as well as the current situation of the term.

Results: In the German psychiatry it was Karl Kahlbaum who first introduced the term of paraphrenia. Later many authors of the German psychiatry delved into this diagnostic entity. Emil Kraepelin described four different subtypes of paraphrenia: paraphrenia systematica, expansiva, confabulans and phantastica. However, other authors such as Kleist or Bleuler, considered paraphrenia