

REFRAKTARITY IN A CLINICAL CASE WITH BPD WITH OCD CO-MORBIDITY

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INTRODUCTION

- Studies show that these disorders coexist in 18-25% of cases where 50-60% of them are treated efficiently

OBJECTIVES

- We are going to discuss from our clinical experience a difficult case of a 23 years old patient with a three-year history of the disease

METHODS

- The initial symptoms were disorientation and amnesia and as a result we suspected for an organic condition. The patient took a brain MRI ,which resulted with a sequential lacunar hypersignal in flair positioned on the 4th ventricle ,but according to the neurologist this did not affect the condition of the patient. He was treated for over 2years with various treatment schemes. During this time he displayed therapeutic resistance and he did not remission. The first hospitalization was back in 2015 and at the time he came as a suicidal attempt and was diagnosed with OCD. According to his family, the suicidal attempt was a kind of demonstrative action.

THERAPY

Therapy for 2years
Esram,
Faverin,Prozac,Valp
roate,
Risperidon,Clonaze
pam. Without
remission

During the last
year he was
treated with
Faverin3x1tb,
Clonazepam
2x1tb, Clozapin
2x1tb.

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Olanzapine 30mg.
Faverin 200mg,
Lithium Carbonate
500mg,
Clonazepam
6mg/day. With
partial remission

Actually
Seroquel 400mg,
Lithium Carbonate
750mg ,
Citalopram 20mg,
Clonazepam 4mg.
The situation
remains not good.

RESULTS

- The psychosis was dominated within a few days, in the clinic but we had remaining symptoms such as : obsessive thinking, compulsive behavior ,depersonalization, derealysis, tenseness of confidentiality with other medical staff, ecopraxis, strongly denying the hallucinations and delusions, which excluded a diagnose of skizophrenia and reinforced the theory of a BPD diagnose.

CONCLUSION: He is now being treated with Olanzapine 20mg, Faverine 75mg,Lithium Carbonate 500mg, Lorazepam 5mg, but his condition continues to be not good.