



Psychosis and recovery in the integrated approach long acting therapy: the man who collected shards of glass and the frame of a mirror

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Acknowledgement

We warmly thank Chiara Rosciglione* for her contribution to English linguistic framework.

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How to cite this article: Macaluso A, Varia S. Psychosis and recovery in the integrated approach long acting therapy: the man who collected shards of glass and the frame of a mirror. Evidence-based Psychiatric Care 2020;6:192-193. <https://doi.org/10.36180/2421-4469-2020-33>

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Conflict of interest

Alessandra Macaluso declares no conflict of interest.

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Clinical case

Turi, 28 years old, taken over by the Mental Health Center since 2015. He has a positive *child neglect anamnesis*, bilinear familiarity due to mental disorders and he is drug addicted since his adolescence, psychotic onset at the age of 19, several hospitalizations in Compulsory Health Treatment (CHT). By moving from an urban dorm to a psychiatric setting, and up to Long Acting(LA)-therapy, it is possible to trace a significant reading frame of the experience that, piece by piece, from Ego-splitting stitches up a fragile identity which, although cracked, is recognizable and functional. He has been in pharmacological treatment for several years, starting with oral therapy and outpatient treatment for a psychotic syndrome with somatic hallucinations and delusional disorder, confused gender identity and borderline affectivity, followed by a 1st generation depot therapy during the first hospitalization in CHT. Such treatments resulted in a prompt symptomatic defervescence in respect to strong extrapyramidal, metabolic-sexual side effects, poor compliance, scarce self-satisfaction for the plan of care, increasingly at risk of relapse. In March 2019 he informed us it was time to grow up and leave Palermo to become a sous-chef in Germany. Despite all designed bridges, he gives up treatment and, after 3 months, he frays, relapsing into addiction again, he starts traveling between Germany and Holland where he is hospitalized for acute psychotic break down. In September he restarts his nomadic life in Palermo, lucid and paranoiac, he embodies the character of Gollum in search of "My Precious". Thin, diaphanous, he is moved by the reflection of *glass shards*, which he collects from the ground, at the beach and which he silently leaves, to his beloved ones, into drawers or pockets as a footprint and as crumbs of hope. He is always shy, suspicious, repulsive, but capable of camouflaging himself in the critical role when he is in the Emergency Area and every time he is discharged with the assurance he is "not psychiatric, only addicted, he cannot be forced in care, he is free ...".

In November 2019, during a session, he tells to his psychiatrist about his *diamonds*, of his persecutory experience, of his self concealment dangerous behavior built on delusions and hallucinations; this finally brings him to a voluntary hospitalization. The inclusion in treatment, with Aripiprazole Long Acting 400 mg with 3 mg per os of Haloperidol, allows Turi to achieve a psychotic remission. The discharge, with strict follow-up and a social-inclusive plan by the Caritas-ASP-PA project, resulted in full recovery, consisting in reactivation of family relationship and occupational functioning. The LA-therapy continued for 6 months, in May 2020 Turi disappears again during COVID-19 lockdown, losing the take-in charge.

He gives-up again, leaves the house, the Caritas group, his beloved ones; he has only citizenship income and a civil disability card, he gets lost in Ballarò,

suburban and popular quarter where he gets re-addicted with crack, thinking he is in control but it is exactly the opposite! Like a bum, surviving by stealing food and showers, on the wire of continuous hallucination: no more *shards of glass*, but precious 2 € coins. We find him on his 30th birthday, gaunt, bearded, showing off cynicism and defiance as the only safe act of existence.

Turi's mystical attitude compromises any possibility of establishing bonds and care. While we are sharing a cigarette he decides the only way to freedom is saying NO, the CHT was functional to the treatment and to the freedom of determining himself, therefore he delegates the decision to the doctor.

He says goodbye with a fake attempt of escaping, but then he jumps into the ambulance promising he'll go back dreaming around the streets. This is Turi: so alien and also so capable of sparks affection, so sick of dependence, just to keep away from affections. In this last hospitalization LAtherapy is switched to Xeplion 150 mg, this will maybe be meaningful or not³, but it provides a sufficiently integral image of itself: RECOVERY has a completely different meaning in respect to the the Italian word RICOVERO!

Discussion

Psychiatry pursues healing-oriented treatment paths. As in the case of Turi, young patients with psychosis in onset or evolving in chronicity, treated with II generation LAI, reach clinical remission underlying a better adherence, they are protected from serious relapses, underlying a better kinetic profile and obtaining a focus on *global recovery*. The concept of Recovery is a complex process in which the ill person reorganizes it self: self-esteem, self-efficacy and interior locus of control. The LAI-FE project¹, by SOD of Psychiatry in Careggi has followed more than a hundred subjects in LA-Therapy, tested psychometrically in their clinical path, subjective experience of quality of life and attitude to treatment. These items appear as close to

general population comparing to patients treated with LAI and oral therapy, over a two-years observation.

In conclusion, introducing LA-therapy improves adherence, appropriateness, empowerment and existential and healthcare cost savings. The Turi case highlights that adherence is always in a precarious balance in these dual disorders Millennium patients in real word. The main advantages of II Generation LA-Therapy are tolerability, subjective quality of life, easier mono-drugs treatment and lower risk of adverse events in patients using both drugs and neuroleptics^{2,4,5}.

The diagnosis requires high levels of accuracy and focuses the treatment and prognosis which, although complex in psychiatry, must be activated so that patients can be framed in a *history of disease* with remission, recovery/healing and not just in a *history of marginal existences in society and medicine*.

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