

Organic personality disorder. Case report.

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Introduction

Organic personality disorder is a mental disorder caused by an intrinsic disease which is characterized by persistent alteration of a known behavioral pattern. Changes in emotional stability, motivation, and judgment or impulse control are usually noted. It is broadly classified as a personality change due to a general medical condition.

Objectives

It is intended to evaluate the management of this pathology, addressing its pharmacological and systemic issues involving treatment, due to the biographical impact it represents.

Methods

We present the case of a 35-year-old patient brought to the Emergency Room after starring in an episode of aggressiveness at home towards her husband and children, followed by a self-injurious gesture in the context of control loss. During evaluation, she shows a regressive attitude and little emotional resonance, expressing superficial and frivolous desires, in absence of behavioral criticism.

The family describes a sudden and abrupt change over the past few months in the patient's personality, after giving birth to her second child. They picture her as "distracted, angry, impatient, irritable", neglecting her responsibilities towards the children, especially the newborn, greatly conditioning family coexistence.

Results

A recent neurological hemorrhagic stroke was registered in the previous 6-month clinical history of the patient. Therefore, treatment is established towards incipient organic personality disorder diagnosis. The patient was already taking sertraline 100 mg, aripiprazole 5 mg (recently introduced) and lorazepam when needed. During admission, aripiprazole is removed due to akathisia, gabapentin 300 mg is introduced with the intention of reducing impulsivity, dipotassium clorazepate 5 mg spaced in 3 doses and quetiapine 50 mg before sleeping.

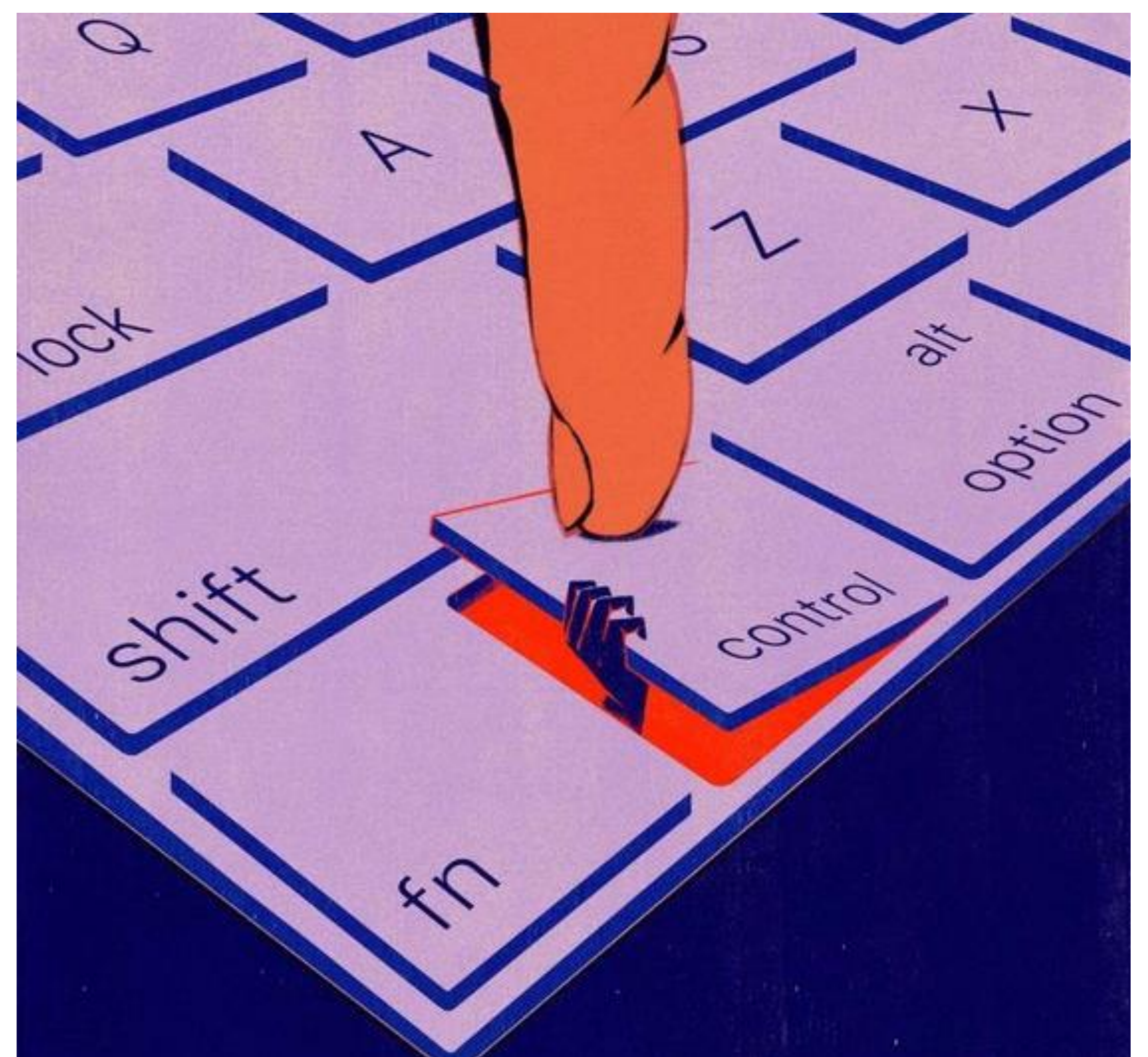
She remains 10 days admitted. A decrease in basal anxiety, good impulse control and behavioral adequacy its observed during this period. Above all, the patient shows special concern for her difficulty in interpersonal relationships and the fact of coming back to her family.

Conclusions

After brain damage, the approach to possible physical impairment, cognitive deficits and their rehabilitation is standardized, ignoring the evaluation of other behavioral changes among the patient.

Impulsivity control is one of the targets. The combination of SSRIs with antiepileptic drugs or gabapentin is the first choice.

It is a persistent and progressive pathology which is underdiagnosed and whose impact on the patient environment could be even greater than those produced by other kind of defects.



References:

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