P-1259 - SCHIZOPHRENIA IN A WOMAN WITH POLYCYSTIC OVARIAN DISEASE

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Introduction: Empirical evidence suggested systematic differences in clinical features between women and men with schizophrenia. Specifically, high levels of estrogens were suggested to be protective against symptom exacerbations in women with schizophrenia and to contribute to the later age of onset observed in women.
Objective: The objective of the study is to characterize the role of estrogens in schizophrenia gender differences.
Aim: To support a model of schizophrenia in which circulating sex hormones contribute to the developmental pattern and clinical presentation of the illness.
Methods: Based on a case of schizophrenia in a woman with a diagnosis of polycystic ovarian disease, we will discuss the different clinical, epidemiological and experimental data through a studies review.
Results: BM was a 29-year-old, single woman. Since she was 18, BM presented an increasing isolation, persecutory, paranoid delusions and aggression directed toward her neighbors.
On assessment following admission, she exhibited prominent negative symptoms including blunted affect and emotional withdrawal along with auditory hallucinations, mystic delusions, hostility, combativeness and no insight. She met DSM-IV criteria for diagnosis of schizophrenia, undifferentiated type.
Since menarche, BM presented slowly progressing hirsutism and irregular menses that have never been treated. Hormonal studies and pelvic ultrasound confirmed the diagnosis of polycystic ovarian disease.
Conclusion: Hypoestrogenism and long-standing hyperandrogenism , either directly or indirectly, modify symptom expression and account for many of the observed gender differences in schizophrenia.

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