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NOSOLOGICAL DIFFICULTIES IN CHILD AND ADOLESCENT PSYCHIATRY

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It is exposed difficulties faced by the clinician in daily clinical practice, focusing on diagnosis commitment, undoubtedly committed in some psychopathological processes, for this discussion we will take a case of child schizophrenia.

One case that make us rethink the need of early diagnosis is a 13 year old female patient with multiple family history of mood disorders, substance abuse and personality disorders, who was admitted into a Unit of Child and Adolescent Inpatient twice during year 2013. Followed up by neuropsychology since 8 years old by episodes of hypersomnia without evident organic cause to justifies it, two years later started a clinical presentation compatible with atypical psychosis; low impact of verbalized psychotic symptomatology and concomitant affective disorder that made suspect psychogenic psychosis . After two long-term psychiatric admissions, is finally directed the case as Undifferentiated Schizophrenia and Depressive Disorder concomitantly, responding satisfactorily to treatment with Fluoxetine and Aripiprazole, presenting remission of psychotic symptoms and improvement in the affective symptoms.

This case creates ambivalence in confronting the fear of the clinician to make a diagnosis with significant social stigma to the possibility of not properly treating certain diseases, although sometimes it is difficult to assume that they are present in this vulnerable population.
Conclusions: Often the clinician is faced with bureaucratic demands and family that led him to opt for a diagnostic entity, despite not having enough natural history of the disease to make an accurate diagnosis, particularly relevant fact in child psychopathology taking into account patoplasty of mental illness.

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