

INTEGRATIVE APPROACH TO TREATMENT OF A PATIENT WITH PSYCHOTIC DEPRESSION

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SUMMARY

Integrative approach to treatment of psychiatric patients incorporates a variety of therapeutic procedures that overlap and are not mutually exclusive. Their objective is unique: to heal and to restore patients' proper functioning in their family, work and social environments alike. Treatment often requires integration of various therapeutic approaches. In this paper we report the efficacy of an integrative model in the case of a female patient who developed a clinical picture of psychotic depression after giving birth. Taking an individual approach alongside the continuous use of psycho pharmacotherapy enabled us to look for an appropriate model of hospital and ambulatory treatment, namely psychotherapeutic setting. This example proved individual psychotherapy to be a complementary method to psycho pharmacotherapy. This was due to a strong feeling of shame that prevented the patient from opening up and dealing with her inner conflict in the previous group treatment. Integrative and personalised treatment has resulted in a relatively quick recovery and return to her everyday duties.

Key words: integrative psychiatry - psychotic depression

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INTRODUCTION

Integrative approach to treatment of patients suffering from psychiatric diseases and disorders is a modern approach gaining more presence in the last decades in psychiatric treatment. Integrative psychiatry can be perceived as a synthesis of various treatment modalities, each with its own objective. These therapeutic approaches are not mutually exclusive but complementary. They have a common objective, which is healing and restoring a person's (patient's) normal functioning in all the vital areas (i.e. family, work and social environment), and are directed towards personal well-being, as well as towards the well-being of the community.

Integrative psychiatry has its starting point in the principle mind-body unity and is built on the premise that human beings in health and disease are complex systems of dynamically interacting biological, psychological, social, energetic, informational and spiritual processes (Jakovljević 2008).

Integrative treatment can be applied to most mental illnesses. It requires cooperation of different professionals, such as psychiatrists, psychologists, pedagogues, social workers, nurses and, where possible, the person's caretakers (Dosen 2007).

Women are vulnerable to mood changes during pregnancy and the postpartum period (Ross et al. 2004). Apart from biological processes during delivery and in the postpartum period, it is the psychosocial stressors that can greatly affect mood changes in women, thus acting as triggers of mood disorders.

We will present a case of a female patient who psychologically decompensated into psychotic depres-

sion after giving birth. The treatment we used was an integrative approach, but at the same time a personalised one, which resulted in patient's relatively quick recovery and return to the daily duties.

CASE REPORT

A 34-year-old working mother of three visited a psychiatrist for the first time due to disorders that occurred towards the end of the last pregnancy and after delivery. The unplanned pregnancy resulted in birth of a healthy baby. The patient became apathetic, anergic, and withdrew into her house. Ambulatory psychiatric treatment started with St. John's wort and vitamins. Due to progression of depressive symptoms, two months later psychopharmaca were administered (olanzapine 5 mg, paroxetine 30 mg, alprazolam 1.5 mg), which proved to be inadequate and the patient was hospitalized. In the mental status upon admission to the hospital (i.e. a year after delivery) depressive thoughts were noted, ranging to delusions; the patient verbalizes rejecting the baby, feels she has nothing to offer, fears she might hurt it; no feelings for the baby; constantly repeating that she should not have given birth at all. During hospital stay intensive projectivity was noted and firm fixation on the infant, whom she blamed for her mental condition. Feelings of guilt were exaggerated.

Medical analysis (i.e. blood, urine and thyroid hormone lab tests) and EEG results were within normal range. Psycho diagnostics showed a strong anxious-depressive shift with a significant drop in vital energy, increased sensitivity in social contacts, denial of emotional problems, and difficulties in adapting. Severe

depressive episode with psychotic symptoms F 32.2 was diagnosed (American Psychiatric Association 2000, World Health Organization 1999).

During the hospital treatment of one month titration of psycho pharmacotherapy was conducted. Combination of olanzapine (5mg/day), paroxetine (40 mg/day), alprazolam (0.75/day) and promazine (75 mg/day) were effective for anxious and psychotic symptoms, but were proven to be inefficient for depressive symptoms. Hospital treatment was no longer necessary.

Upon hospital discharge, the patient was suggested to continue with the treatment in the daily hospital programme in duration of 6 weeks. The programme involved psychotherapists (i.e. psychiatrists, nurses), a psychologist, a social worker, a defectologist, and a work-occupational therapist. The patient regularly attended the sessions, but was a passive participant and hardly engaged herself in the process. Given the fact that during this programme there were no significant signs of rehabilitation, especially not in the area of function, group therapy was suggested (closed-door group). Over the course of 8 months, the patient was a regular attendant (i.e. once a week). As satisfactory improvement in mental status failed to occur and the possibility of worsening of illness was noted during group therapy, individual psychotherapy was suggested in treatment continuation.

In individual psychotherapy the patient verbalized marital disagreements and cold relationship with her partner that deteriorated before the last pregnancy. The child of unplanned pregnancy was seen as the culprit who prevented her from having a “new” life.

At the beginning of the individual treatment there was a strong feeling of shame, which prevented her from speaking in the group. Individual treatment saw her inner conflict resolved. Due to regular psychopharmacologic monitoring by the chosen psychiatrist and individual psychotherapist (i.e. independent therapists), complete remission of symptoms has been achieved, thus leaving no indications for continuation of individual psychotherapy.

The patient is still under medication treatment. Psycho pharmacotherapy doses have been reduced (olanzapine 2.5 mg/day, paroxetine 20 mg/day), after less than a year from the start of remission. Complete rehabilitation of this patient has proven to be successful. Family (i.e. motherhood, marital relationship) and work functioning are at the level they used to be, with normal social relationships.

DISCUSSION

Depression is a disorder with a high prevalence in psychiatric diseases and disorders all over the world, held responsible for high morbidity in the overall population, as well as for functional failure. Given the fact that every human being is unique, as is one's life, work and interests, the treatment has to be adapted to

the individual, that is – personalised (Cloninger & Svrakic 1997, Mihaljević-Peješ 2008).

Treatment understands (and requires) a holistic approach embracing all aspects of a person, where one must understand that this is not a uniform and universal model of treatment.

Among a large number of antidepressants it is possible to find at least one efficient medication, at which we are guided by the concept of individualized pharmacotherapy (Higginson et al. 2010). Depending on the clinical picture of a disease, we tend to use combinations of medications that vary in pharmacological profile and effect in order to alter the symptoms of depression. However, psycho pharmacotherapy is not always adequate for healing (Karasu 1990). More often than not a person has got their own unresolved conflicts that can trigger depression and cannot be treated by medication only. In such cases we use other treatment modalities (Marie-Cardine & Chambon 1999). Pharmacotherapy and psychotherapy can be systematically matched to the personality structure. In order to achieve a successful rehabilitation, which does not only imply absence (complete disappearance) of symptoms, but also a full recovery in a way that a person reaches a psychophysical balance and the level of prior functioning, the treatment includes a number of experts. These specialists are using their know-how not only to treat the symptoms, but also to contribute do the person's well-being. They all have an integrative role in order to establish mental health of an individual and society as a whole.

CONCLUSION

Treating depression requires a holistic therapeutic approach aimed at the individual. Given the fact that each person is unique, the treatment itself should be personalised. Treatment is a combination of various procedures. Psycho pharmacotherapy, psychotherapy and any other treatment can be efficient. In such treatment various medical and other experts are included, acting as an integrative force.

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