



## Delusions and Psychosis in A 23-Year-Old Male: A Case Report

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### Abstract

*This case report presents a 23-year-old male with a six-month history of persistent delusions, emotional instability, and mild perceptual disturbances consistent with a primary psychotic disorder. The patient exhibited referential, persecutory, and somatic delusions without overt hallucinations. A comprehensive mental status examination revealed intact memory and cognitive function but significant emotional instability and limited social engagement. The patient was diagnosed with a primary psychotic disorder, likely schizophrenia or delusional disorder. Management included initiation of risperidone, cognitive behavioral therapy (CBT), and psychoeducation. At the three-month follow-up, the patient demonstrated a 50% reduction in delusional thinking and significant improvement in emotional stability, with no notable side effects from treatment. This case highlights the importance of early diagnosis, a multidisciplinary treatment approach, and the role of psychoeducation in managing psychotic disorders. It also underscores the need for longitudinal follow-up to ensure sustained recovery and functional improvement.*

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### Introduction

Psychosis is a severe mental health condition characterized by impaired thought processes, emotional dysregulation, and delusions [1]. It affects approximately 3% of the population, with onset typically occurring in late adolescence or early adulthood [2]. Early diagnosis and intervention are critical to improving long-term outcomes, as delays in treatment are associated with poorer prognosis and increased risk of chronic disability [3]. This case report highlights

the challenges and considerations in managing a young adult with psychosis and delusions, emphasizing the importance of a multidisciplinary approach. The absence of overt hallucinations in this case is particularly noteworthy, as it suggests a presentation more consistent with delusional disorder rather than schizophrenia.

### Case Presentation

A 23-year-old male presented with a six-month history

of persistent delusions, emotional instability, and psychotic behavior. There was no prior history of psychiatric hospitalization, but the patient reported a gradual onset of symptoms, including referential, persecutory, and somatic delusions. He denied hallucinations but described occasional illusions and heightened creative thinking. Based on DSM-5 criteria, the patient was diagnosed with a primary psychotic disorder, likely schizophrenia or delusional disorder [1].

### Mental Status Examination (MSE)

**Consciousness and Orientation:** Fully conscious and oriented to time, place, person, and situation.

**Attention and Thought Process:** Attention was intact, with coherent but limited logical thinking. The patient's thought content revealed prominent delusions, including referential and persecutory themes [1].

**Perceptual Disturbances:** No overt hallucinations were observed, though illusions were noted. **Memory and Cognitive Function:** Memory and intellectual functioning were intact.

**Mood and Emotional State:** Predominantly sad mood with emotional instability. **Behavioral Symptoms:** Mild functional impairment in daily activities.

**Motor and Speech:** Mild psychomotor instability with rapid but coherent speech. **Insight and Judgment:** Preserved insight into his condition.

**Suicidal Risk:** No active suicidal ideation, though a history of self-harm was reported. **Investigations**  
**Diagnosis:** Based on DSM-5 criteria, the patient was diagnosed with a primary psychotic disorder, likely schizophrenia or delusional disorder [1]. The absence of mood episodes and substance use supported this diagnosis.

**Differential Diagnosis:** Other potential diagnoses included bipolar disorder with psychotic features and substance-induced psychosis, though these were ruled out based on clinical history and presentation.

### Treatment

The patient was initiated on a comprehensive management plan:

- **Pharmacological Treatment:** Risperidone was chosen as the initial antipsychotic due to its

efficacy and tolerability profile [3]. Mood stabilizers were considered but deferred pending further assessment.

- **Psychotherapy:** Cognitive-behavioral therapy (CBT) was initiated to address delusional beliefs [4]. Psychoeducation was provided to enhance the patient's understanding of his condition.
- **Supportive Care:** Regular psychiatric follow-up was scheduled to monitor symptom progression and treatment efficacy. Family counseling was offered to provide support and education.

### Outcome and Follow-Up

At the three-month follow-up, the patient showed significant improvement in delusional thinking and emotional stability. He reported a 50% reduction in delusional thinking and better engagement in daily activities and social interactions. No significant side effects from risperidone were observed. Continued psychotherapy and monitoring were recommended to ensure long-term stability.

### Discussion

This case highlights the challenges of diagnosing and managing psychotic disorders in young adults. The patient's presentation, characterized by delusions and emotional instability, underscores the need for a thorough clinical evaluation and a tailored treatment approach. The patient's response to risperidone aligns with findings from a meta-analysis of antipsychotic efficacy, while the use of CBT is supported by evidence demonstrating its effectiveness in reducing psychotic symptoms [3-4]. Early intervention in first-episode psychosis has been shown to improve outcomes, as demonstrated in the RAISE trial [2]. However, the absence of overt hallucinations in this case is noteworthy, as it suggests a presentation more consistent with delusional disorder rather than schizophrenia. Longitudinal follow-up is necessary to confirm the diagnosis and adjust the treatment plan as needed. This case underscores the importance of a multidisciplinary approach, including pharmacological treatment, psychotherapy, and supportive care, in managing psychotic disorders [5].

**Limitations:** This case report is limited by its focus on a single patient and the relatively short follow-up period. Further studies with larger sample sizes and

longer follow-up periods are needed to confirm these findings.

### Learning Points

**Early Diagnosis is Critical:** Early identification and intervention in psychotic disorders can significantly improve long-term outcomes.

**Multidisciplinary Approach:** A combination of pharmacological treatment, psychotherapy, and supportive care is essential for managing psychotic disorders.

**Patient and Family Education:** Psychoeducation and family counseling play a crucial role in enhancing treatment adherence and patient outcomes.

**Longitudinal Follow-Up:** Regular monitoring is necessary to assess treatment efficacy and adjust the management plan as needed.

### Conclusion

This case report illustrates the importance of early diagnosis and a comprehensive, multidisciplinary approach in managing young adults with psychosis and delusions. The patient's positive response to treatment underscores the value of timely intervention and ongoing support in improving outcomes for individuals with psychotic disorders. This case highlights the need for increased awareness of psychotic disorders in young adults and the importance of early intervention to prevent chronic disability.

### Disclosures

**Ethics Approval and Consent to Participate:** This case report is exempt from IRB approval as per the policies as it involves retrospective analysis of anonymized patient data and does not constitute human subject's research. Written informed consent was obtained from the patient.

**Consent for Publication:** Written informed consent was obtained from the patient for the publication of this case report.

**Availability of Data and Materials:** Data sharing does not apply to this article as no datasets were generated or analyzed during the current study.

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### Appendices

The patient expressed gratitude for the support received and reported feeling more in control of his symptoms. He emphasized the importance of psychoeducation in helping him understand his condition and adhere to treatment.

**Authors' Contributions:** All authors have participated directly in the planning and execution of the work and have approved the final version of the manuscript.

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