



CASE REPORT

Management of Schizophrenia in 35-Year-Old Female: A Clinical Case Report

Ms. Vaishnavi Dongare

Clinical Instructor, Department of Obstetrics and Gynecological Nursing, Bhausaheb Mulak College of Nursing, Nagpur, India

Received Date:
09-September-2025
Revised Date:
25-October-2025
Accepted Date:
29-October -2025
Published Date:
03-November-2025

Corresponding Author:

Ms. Vaishnavi Dongare, Clinical Instructor, Department of Obstetrics and Gynecological Nursing, Bhausaheb Mulak College of Nursing, Nagpur, India.

Citation:

Ms. Vaishnavi Dongare (2025). Management of Schizophrenia in 35-Year-Old Female: A Clinical Case Report. Euro J Case Rep Clin Imag. 2025; Oct, e11, 1-4.

Copyrights

© Ms. Vaishnavi Dongare, 2025
This article is licensed under the Creative Commons Attribution-Non-Commercial-4.0-International-License-(CCBY-NC) (<https://europeanjournalofcasereports.com/blogpage/copyright-policy>). Usage and distribution for commercial purposes require written permission.

Abstract

Background: Schizophrenia is a serious mental disorder in which people interpret reality abnormally. Schizophrenia may result in some combination of hallucination, delusions, and extremely disorder thinking and behaviour that impairs daily functioning and cannot be disabling. **Aim:** The intent of this case report is to define the top practice for a person detected with schizophrenia who has been denoted to a public mental health facility for treatment. **Method:** Knowledge used to write this case description was gathered from PubMed outlets, search hand, searching college and personal libraries looking for research techniques and case report texts, engaging in or writing many case reports with experience. **Objective:** To identify the schizophrenia symptoms early to provide treatment and prevent potential complication. **Result:** The patient was received psychopharmacological treatment antipsychotic drug olanzapine, Risperidone along with antidepressant sertraline and psychosocial therapy, coping strategies, family therapy, yoga, CBT, meditation. After that symptoms was minimized. **Conclusion:** A positive outcome gets by the patient not only with the help of therapeutic management but also the family coping and support even. later on, due to proper psychopharmacological treatment, patient shown positive feedback and slowly all the aims are achieved which were planned in period. Finally, the patient got discharged from the hospital and now she is continuing his on follow up.

Keywords: Schizophrenia, Hallucination, Mental Disorder.

Introduction:

Schizophrenia is a chronic mental condition with a complex genetic and neurobiological basis that affects early brain development and manifests as a mix of psychotic symptoms such as hallucinations, delusions, and disorganization, as well as motivational and cognitive dysfunctions. Schizophrenia affects both men and women in equal numbers. Although schizophrenia is not as common as other mental illnesses, it may be quite debilitating, as it affects about 7-8 people out of every 1000. Schizophrenia is a term used to describe a mental condition that manifests itself in a variety of ways, including changes in perception, thought, and sense of self, psychomotor slowness, and antisocial behaviour [1].

In the United States, schizophrenia affects between 0.6 percent and 1.9 percent of the population. Furthermore, according to a claims study, the annual prevalence of diagnosed schizophrenia in the United States is 5.1 per 1,000 people. Males and females appear to have the same prevalence of the illness; however, males develop symptoms at a younger age than girls. Men are more likely than women to have their first episode of schizophrenia in their early twenties, while women are more likely to have their first episode in their late twenties or early thirties [2].

Case History:

A case selected from AVBR Hospital Sawangi [Meghe], Wardha where lack of mental health services for the remote population, or Acharya Vinobha Bhave Rural Hospital provided psychiatric health facilities for all the needy people.

Patient Information:

A 35yr old female patient got admitted in psychiatric ward, Acharya Vinobha Bhave Rural Hospital with the complaints by the verbalization of patient sleep disturbance, loss of appetite,

seeing people not seen by others and hearing voices not heard by others, aggressions. As per relative of patient her daughter and husband the patient was apparently asymptomatic 1 and half year ago gradually increased in 5-6 months then patient started to showing a symptoms muttering to self and smiling to self, aggression, suspiciousness, seeing people and heard voices not seen and heard by others, decreased sleep and appetite, wondering behaviours, death wish are present. All necessary investigation like history collection, physical examination mental status examination blood investigation was done and Doctor Diagnose here as a Schizophrenia. She was admitted in ward for further evaluation and treatment.

Precipitating factors: His older and younger brother passes away by doing suicide 2yr ago by hanging and one was murder by someone [reason unknown]

Predisposing Factor: Genetic predisposition

Perpetuating Factors: The patient is poor compliance to medication

Past Psychiatric History: Patient does not taken any medical treatment for these symptoms upto yet, though they visited multiple faith healers in last 1yr and after that they come to AVBR hospital. Patient is not having any past and present medical history apart to this. Patient was completely alright prior to presentation of above clinical manifestations. No any history of surgical intervention. And also no any medical history present.

Diagnostic Assessment:

Physical Examination: lack of social interaction, facial expression is sad.

Mental status examination: Mental status examination was done and finding of Patient was facial expression was anxious and sad,

mannerism present, eye to eye contact was initiated but not maintained, Speech reaction time was delay reaction, mood and affect are impaired. From of thought was not understandable, stream of thought are thought block, racy thought, flight of ideas, delusion of persecutory is present, ideas are death wishes are present. Disorder of perception in this 2nd person auditory and visual hallucination is present, she was well oriented of time, place and person. Memory, abstract, intelligence, judgement are intact. Insight was III.

Data Extraction: Data extracted from PUB MED, Medline, and Cochrane database library.

Psycho Pharmacologic Interventions: The patient is on following treatment regimen which is antipsychotics are prescribed from the date of admission tab olanzapine 10mg x HS tab clonazepam 0.5mg x SOS along with antidepressant tab sertraline 50mg x HS.

Tab olanzapine 10mg x HS: Tab olanzapine is belonging to atypical antipsychotic drug. Which is used to treat Schizophrenia and bipolar disorder. It is available in both tablet and injection form [3].

Tab clozapine 0.5mg x SOS: Tab Clozapine is belonging to atypical antipsychotic drug. It is mainly used to treat schizophrenia. It may help to reduce the rate of suicidal behaviour. It is available in both tablet and injection form [4].

Tab sertraline 50mg HS: Tab Sertraline is an anti-depressant drug belongs to selective serotonin reuptake inhibitor [SSRI] class. It is most effective for panic disorder, anxiety disorder, obsessive compulsive disorder [OCD] [5].

Scientific Discussion and Strength and Associated Limitations Regarding the Case Report

This is a pure case of a schizophrenia. The 35-year-old female admitted in an AVBRH hospital

with the typical symptoms of muttering to self and smiling to self, aggression, suspiciousness, seeing people and heard voices not seen and heard by others, decreased sleep and appetite, wondering behaviours, death wish. The plan of care completely based on interventions were includes a various management that were pharmacological management, medical management, nursing management as well as the therapeutic management. Since from the first day of hospitalization, plan of action was planned with rationale; and according to the planning the implementation also done with positive outcomes. A positive outcome gets by the patient not only with the help of therapeutic management but also the family coping and support even. Due to proper Psycho pharmacological treatment, patient shown positive feedback and slowly all the aims are achieved. Finally, the patient got discharged from the hospital after one month now she is continuing his follow up.

Prognosis:

The prognosis is the first and foremost dependant on early and successful treatment of schizophrenia. As well as the prognosis also depend upon the severity of the disease condition but also the socioeconomic background of the family and meanwhile family coping. Treatment regimen, later on the patient given a positive outcome and finally she discharged from the hospital while staying in hospital near about 1 month. During the hospitalization of a patient, as family were not able to afford the cost of treatment regimen, family approached for the fund and some Yojana; from these sources the family got little bit of help.

Discussion:

Schizophrenia is thought to develop as a result of a combination of hereditary and environmental causes. Many people who write about schizophrenia are optimistic, in contrast to how the condition is depicted in the media and perceived by the general population. Regardless of the goal of the research or comment on

schizophrenia, most professionals agree that a cause will be discovered and that progress in the treatment of individuals who suffer from the illness will continue [6].

Acknowledgement:

I am thankful to all mental health department of nursing DMIMS Sawangi Meghe wardha. I am also immensely grateful to the editor and publishers for their comments and contribution for the success.

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

Funding: This research received no external funding.

Data Availability Statement: No new data were created or analyzed in this study. Data sharing is not applicable to this article.

Conflicts of Interest: The author declare no conflict of interest.

References:

1. What Is Schizophrenia? [Internet]. [cited 2021 Jun 22]. Available from: <https://www.psychiatry.org/patients-families/schizophrenia/what-is-schizophrenia>
2. Schizophrenia: Overview and Treatment Options [Internet]. [cited 2021 Jun 22]. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4159061/>
3. Olanzapine. In: Wikipedia [Internet]. 2021 [cited 2021 Jun 22]. Available from: <https://en.wikipedia.org/w/index.php?title=Olanzapine&oldid=1029015486>
4. Clozapine - Wikipedia [Internet]. [cited 2021 Jun 22]. Available from: <https://en.wikipedia.org/wiki/Clozapine>
5. Sertraline - Wikipedia [Internet]. [cited 2021 Jun 22]. Available from: <https://en.wikipedia.org/wiki/Sertraline>
6. Tamminga CA, Medoff DR. The biology of schizophrenia. *Dialogues Clin Neurosci*. 2000 Dec;2[4]:339–48.



Submit your manuscript to the
European Journal of Case Reports and Clinical Images
and benefit from:

- + Convenient online submission
- + Rigorous peer review
- + Immediate publication on acceptance
- + Open access: articles freely available online
- + High visibility within the field
- + Retaining the copyright to your article

Submit your manuscript at

<https://europeanjournalofcasereports.com/>

&

Email: submission@europeanjournalofcasereports.com