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Academic Setbacks Leading to Evolving Psychosis: A Case Study

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Abstract **Case Report**

We present a case of a 22-year-old male with stress-induced psychotic depression triggered by academic failures. Initially, he was presented with depressive illness but later developed psychotic depression. He was started on antidepressants and antipsychotic that led to significant improvement in his symptoms. This highlights the impact of academic failures on mental health and the substantial role in early recognition, treatment, and involvement of secondary care.

Keywords: Severe Depression, Early Psychosis, Psychotic Depression, Academic Failures, Hallucinations, Academic Setbacks, Evolving Psychosis.

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1. INTRODUCTION

Psychotic depression is a severe depression with additional features of psychosis [1]. In vulnerable individuals' psychotic disorders are often triggered by external stressors [2]. Academic failures and family pressures are well-known preceptors of mental health issues [3]. However, their relationship with the onset of psychosis in otherwise well adults is not well reported. This case demonstrates the evolution of depression into psychotic depression. It also highlights the role of early recognition of symptoms, the importance of early intervention, regular follow ups and specialist inputs.

2. CASE PRESENTATION

A 22-year-old Indian male, residing in Qatar, presented to primary care with odd behaviour over the past 4 weeks. He was accompanied by his father. He experienced low mood, slowness in speech, and strange behaviours such as inappropriate smiling and staring into empty spaces. His sleep and appetite were disturbed. His symptoms started after he twice failed to gain admission to a university program of his choice. As a result, he became isolated, and irritable, stopped socializing, and ceased engaging in his usual activities. There was no previous history of depression or psychosis. He had a large family, and all siblings attended reputable institutes that placed extra pressure on him. He reported no suicidal thoughts or Deliberate Self-Harm (DSH) ideas. He reported no hallucinations/ delusions or thought disorders at that time. He was a non-smoker, teetotal with no drug misuse. There was no family history of mental illness.

On examination, he was dressed well, had poor eye contact and his speech was relevant and coherent but low in tone and volume. Occasionally he was smiling inappropriately and appeared to have a low mood with congruent affect of full range. He seemed mildly anxious but did not appear to respond to external stimuli. He was diagnosed with mixed anxiety with depression and started on a low dose of Selective Serotonin Reuptake Inhibitors (SSRIs)- Fluoxetine 10mg and Tricyclic antidepressant (amitriptyline 10mg) at night and referred to the psychiatric team for further management.

On further follow up his mood remained low and sleep disturbances didn't improve with SSRIs. His family reported he had been experiencing paranoid thoughts about a woman following him. He further confided in having auditory hallucinations of hearing a few unrecognised voices talking amongst themselves, for a few weeks too. He did not have any command hallucinations or grandeur delusions. He did not express any ideas of self-harm or suicidality. His Fluoxetine was increased to 20mg, and he was started on risperidone 1mg twice a day. He was followed up every 2-3 weeks to optimise his medications.

His mood improved after increasing Fluoxetine to 40mg. He reported no further auditory hallucinations and paranoid thoughts. TCA were stopped and antipsychotics & SSRIs were slowly tapered down while he was referred for psychotherapy. His depressive symptoms improved, and he started to enjoy his

activities. He later enrolled on a course at a different institute and felt positive about completing it.

3. DISCUSSION

Psychotic depression is a form of severe depression which is characterized by depressive symptoms with one or both of psychotic symptoms of delusions and hallucinations [2]. Patients with psychotic depression exhibit wide array of symptoms including psychomotor impairment, behaviour changes, lack of insight, guilt, suicidal tendencies, and neuropsychiatric deficits. It carries a high risk of suicide [3]. Therefore, it is very important to recognise the complex symptoms of psychotic depression and have early interventions. Delayed treatment in a young individual can lead to lifetime illness with prolonged episodes of psychosis and suicidal tendencies [4].

There are several risk factors that can trigger psychotic depression. It was used to be believed that severe depression is a cause of psychotic depression, but several studies have found only a weak correlation between them [5]. Other risk factors of psychotic depression are family history of psychiatric disorder, previous history of self-harm, childhood trauma, anxiety and first psychosis presentation in young adulthood [6]. There is a high prevalence of depression amongst students due to poor academic performance, self-perceived academic competence, and academic stress [1]. However, there are no documented evidence available associating evolution of psychotic depression by academic failures.

4. CONCLUSION

This case study illustrates the potential association between academic setbacks and the onset of depressive and psychotic disorders in a young adult with no previous history of psychiatric disorder. While there is limited documented data directly linking academic failures to psychosis, this case underscores the importance of early identification of psychotic symptoms, effective treatment, and appropriate referral to secondary care for positive patient outcomes. Moreover, further research is required to establish the direct link between these two.

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