

PS2.005

Dementia vs. mental illness

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Background and Aim: A 85-year-old woman comes in our consultation room for a first visit in our primary care health centre. She comes in accompanied by her daughter. She has recently moved to her daughter's house because she has been having conflicts with her neighbours for the last four months. They have blamed her for being noisy, knocking at doors and walls at ungodly hours and shouting around. Her previous doctor has diagnosed her "senility with low degree cognitive impairment". **Method:** Patient's physical examination does not show any abnormalities. Patient is oriented in time, place and person. There are no focal neurological signs. She scores 28 points at the Minimental test (MEC-30) and 8 points at the Clock Drawing test. Nevertheless, despite having changed her address, she expresses persistent ideas of being « closely watched and disturbed by her neighbours ». Cranial -CT and biochemical analyses performed by her previous doctor do not show any abnormalities. Her daughter explains that her mother has always been a very suspicious person. Moreover, her daughter explains that patient's brothers and sisters, though not diagnosed of any psychiatric disorder, had also presented in the past this kind of behaviours.

Results: Considering patient's clinical picture, the information provided by her daughter and absence of remarkable findings in biochemical tests and physical and neurological examination, it is decided to refer the patient to the Mental Health Primary Care Unit, where she is finally diagnosed with schizophrenic disorder.

Conclusions: Considering patient's age, it is reasonable to consider diagnose of senil dementia as a first option. Nevertheless, provided patient's clinical manifestations (with presentation of at least two positive symptoms such as hallucinations and deliriums) and the information obtained from her relative -patient's personality and more than likely positive family history of psychiatric disorder-, we can not exclude from our differential diagnose other clinical entities, such as schizophrenic disorder. It is important to correctly and comprehensively evaluate clinical pictures presenting with behaviour disturbances, regardless of patient's age. As we have exposed in this case, not always the most prevalent disease needs to be the first diagnostic option.