

Natureza do trabalho: Resumo Expandido

ACQUIRED IMMUNODEFICIENCY SYNDROME AND SCHIZOPHRENIA

CASE REPORT

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ABSTRACT

Introduction: AIDS' manifestations, since the 80's decade, already make researchers concerned. Cases of schizophrenia concomitant to Acquired Immunodeficiency Syndrome (AIDS) may represent an increase of complications, morbidity and mortality ^[7]. **Case report:** E.P.S., 52-year-old female, from Dourados-MS. Patient diagnosed with non-specified HIV disease (B24) since 2010; after that, presented sudden episodes of auto- and heteroaggressiveness, mood and behavior significantly altered. She was admitted to Neurology division in 2017, due to general malaise and palpitations during the four previous days. Patient underwent diagnostic tests to exclude organic causes, including physical and neurologic examination, cranium Computed Tomography (CT), electrocardiogram (EKG), lumbar puncture, and hemogram. Diagnostic's hypothesis checks B24 and schizophrenia. **Discussion:** diagnostic tests were normostable and within normal limits, and didn't show any significant alteration, showing the condition's cause didn't come from an organic injury secondary to AIDS, but from schizophrenia itself. Differential diagnosis is extremely important, so that psychological manifestations secondary to AIDS don't be mistaken as schizophrenic ones ^[2].

INTRODUCTION

Epidemiologic data show high prevalence of patients who are simultaneously Human Immunodeficiency Virus (HIV) carriers and schizophrenic, between five and seven percent of general population ^[1]. Objective: describe a schizophrenia concomitant to Acquired Immunodeficiency Syndrome (AIDS) case, relating the influence of one condition over another, due to its clinical and epidemiological importance ^[1].

CASE REPORT

E.P.S., 52-year-old female, from Dourados-MS, diagnosed with non-specified HIV disease (B24) since 2010. After HIV diagnosis, has been showing sudden episodes of auto- and heteroaggressiveness, anxiety, mood and behavior significantly altered, coprolalia. Neurologic examination, cranium CT, EKG, lumbar puncture, and hemogram didn't present any alteration. Patient was discharged after three days, and was prescribed risperidone, sertraline and quetiapine.

DISCUSSION AND CONCLUSION

HIV has tropism for central nervous system, and can cause clinical presentations of psychotic disorders ^[2, 3]. Besides, in AIDS stadium, opportunist infections, such as neurotoxoplasmosis, neurosyphilis and neurocryptococosis with neurobehavioral manifestations, may occur ^[3]. A study with schizophrenic patients who were treated by neuroleptics showed such medications implied immunity decrease and infections enhance, what may be aggravated by HIV infection. Hallucinations, delirium and irritability

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may be present ^[4]. Comorbidity of HIV infection and schizophrenia can also be explained in another way: the risk of people with previous psychiatric disorders contract the virus through injectable drugs and risky sexual behavior, once it's established that such disorders, e.g. depression, bipolar affective disorder and schizophrenia may be associated to less impulse control and critical judgment ^[3, 5]. Another study, made in Denmark ^[6], demonstrated HIV-positive people had risk increased between two and four times to develop schizophrenia, and most of these cases happened during the first month after HIV diagnosis. However, there aren't solid data on literature that can explain how previous HIV infection may influence in schizophrenia clinical manifestation. It was verified that patients HIV-positive who made anti-HIV therapy presented significantly lower risk to be diagnosed as schizophrenic than those who hadn't started such treatment. Patients with schizophrenia are more vulnerable to stress related to HIV infection and morbidity, due to difficulty to follow medical recommendations, to decrease of capacity to explain symptoms and longer time to relate them, and to the existence of a tendency of the medical staff to pay less attention to these patient's complaints ^[7]. In short, it can be observed that not only AIDS and schizophrenia can affect one another, but also there are socioeconomic, psychosocial and individual implications on the disease development, and also on its impact on patients' life.

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