

## Complexity of Pain Diagnosis and Treatment after Traumatic Injury in Patient with Schizophrenia and Drug Addiction: A case report

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**Categories:** Anesthesiology, Pain Management, Psychiatry

**Keywords:** pain, schizophrenia, drug addiction

### How to cite this abstract

Nenov R (August 03, 2021) Complexity of Pain Diagnosis and Treatment after Traumatic Injury in Patient with Schizophrenia and Drug Addiction: A case report. Cureus 13(8): a577

## Abstract

The schizophrenic disorders are characterized by fundamental distortions of thinking and perception, and affects that are inappropriate or blunted. There is evidence that comorbidity with physical diseases leads to excess mortality in schizophrenic patients. Individuals with psychotic disorders are also significantly more likely to report traumatic life events histories than controls. Non-cancer chronic pain conditions seem to occur in elevated rates among patients with schizophrenia and bipolar disorder.

This case report presents a 36-year-old man suffering from schizophrenia, comorbid drug addiction and post-traumatic pain syndrome after a gunshot injury (2014), having assumed an unfavorable chronic course.

The differential diagnostic considerations related to the pain symptoms are of great importance because of the underlying mental condition and the co-existing coanesthesia (a disorder of body perception or body hallucinations, projected in different parts of the body and experienced as a burning pain).

With regard to the present comorbid addictive disorder, there are indications for a shift of addiction to analgesics which however, is difficult to address therapeutically. There is also a somatic (cardiac) comorbidity which is aggravating.

The symptoms of the individual disorders are overlapping and require an accurate consideration in order to establish an adequate therapy and to avoid unnecessary repetitive physical examinations.

The treatment is multidimensional in accordance to the complexity of the biological, psychological and social factors involved. Recognition and treatment of pain symptoms in patient with schizophrenia could be difficult by intrinsic barriers of the illness.

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Published 08/03/2021

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