

**Steps to a Better Future:
Quetiapine and Solution-Focused Brief Therapy
With a Bipolar Patient:
A Case Report ***

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Introduction: Quetiapine as a relatively new third-generation antipsychotic demonstrating high level of efficacy in the management of schizophrenic and bipolar patients with good tolerability without significant side effects.

Solution-Focused Brief Therapy (SFBT) is an innovative and pragmatic psychotherapeutic approach designed to work with clients' goals and resources. This makes it applicable to diverse patients and problems. The key emphasis on "what works" in every unique case helps clients recognize and apply realistic and context-appropriate strategies for improving their quality of life.

Case report: Mrs. SYM, a 34-year-old woman, was diagnosed with Bipolar mood disorder (DSM-IV criteria) at the age of 26, and has suffered 10 manic and 2 depressive episodes since.

Her mother committed suicide when the patient was a child.

Married for five years before the disease outset, the patient lost her only child at its age of 10 months in 1994 due to biliar and hepatic malformations.

She changed her behavior for the first time in 1995, becoming depressed for 6 months. Then her condition alternated in a manic episode with inappropriately elevated mood, megalomaniac and paranoid delusions, insomnia, and aggressive behavioral outbursts.

From the treatment outset with different drug combinations, including Zuclopenthixol, Haloperidol, Chlorpromazine, Chlorprotixen, Risperidon, complemented with benzodiazepines and Biperiden, the patient suffered intense extrapyramidal symptoms and other side effects – muscle tension, somnolence, dry mouth, weakness, tremor, vertigo, and low blood pressure symptoms. She quickly became negative towards treatment and used to discontinue taking the prescribed medication soon upon her discharges from psychiatric services. The manic episodes were marked by elevated and unstable mood, aggressive outbursts, inability to stand still, irresistible shouting, and aimless action. They usually included outstanding ideational disturbances with delusions and wide-ranging and unstable content – megalomaniac ideas of extreme intellectual and personal superiority, paraphrenia type thoughts of extra-terrestrial origin and contacts, of prophetic special mission and meaning.

Her chronically deteriorated condition led to her family breakdown and divorce in 1999.

Qualified as a nurse, the patient lost jobs several times, and in March 2002 she was found permanently unable to work with 80 % work capacity loss.

She suffered an exacerbation of her illness in July 2002 with megalomania delusions, insomnia, affective and psychomotor excitement, verbal and physical aggressiveness and irritability. She refused any psychoactive treatment and stayed at home, so her relatives decided a compulsory hospitalization under the Bulgarian health law was necessary.

She had a SFBT first session upon her admission to the hospital, even though the conversation was extremely difficult and dominated by her psychotic experience. Quetiapine was prescribed in doses of up to 800 mg daily.

In the beginning of this hospitalization she was highly negative towards any pharmaceutical treatment. Acutely psychotic, she was also fearing the side effects of previous treatments.

The patient's condition rapidly improved. In one week her mental condition was significantly better with reduced delusions and no behavioral disturbances present on the inpatient ward.

On 23 August 2002 the patient was dismissed from the hospital, and she has not been admitted to an inpatient psychiatric unit since. Compared to this from 1996 till 2002 she was hospitalized 14 times with an average of 2 hospital treatments annually.

The patient had a total of four SFBT sessions, and considerable change in her attitudes were achieved. She decided she needs medical treatment for her condition and chose Quetiapine for it. Elaborating on achievable plans about her future, she defined concrete goals and practical steps towards them. These were detailed and implemented in her real life situation.

Since June 2003 she works as a nurse in London, UK, and Quetiapine 400 mg daily supportive treatment is continued. The patient is in a stable clinical remission with restored ability to work in her professional domain. The last news from SYM is that she is engaged in a stable intimate relationship.

Conclusion:

- The patient's acutely psychotic condition returned to normal in only 7 – 8 days from starting the Quetiapine intake, and a stable treatment remission was achieved.
- Her seriously damaged by the disease personal and social life dramatically changed its course.
- No side effects were felt or observed, and that changed beneficially the patient's compliance attitudes.
- Quetiapine and SFBT complemented very well each other to help better the patient construct her new life.
- SYM remains cooperative and compliant with the medication, taking care of appropriate dose adjustments on her own.