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Case report- Psychosis due to iatrogenic causes, cerebral palsy or spontaneous

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Ms M is a 42 year old woman with cerebral palsy affecting her mobility and speech. She was independent in the community and working. She also had unrelated chronic asthma and after an exacerbation was prescribed prednisone. She then developed psychosis gradually over four weeks. The prednisone was stopped and she was prescribed an antipsychotic. She then developed extrapyramidal reaction causing torticollis and limb spasm. The antipsychotic was ceased and she was prescribed Bzotropine. She did not improve and remained hospitalised. She had Botulinum toxin injections to the neck and later leg as well as extensive physiotherapy with gradual improvement. There was some improvement but not to previous mobility levels. About two months later, she again gradually developed psychosis with auditory and visual hallucinations. She had extensive investigations but there were no obvious causes. Management of the psychosis with medications has been difficult and she required admission to psychiatric unit to have these monitored. Was the psychosis due to triggered by prednisone, related to her CP and immature brain or was it spontaneous and unrelated?

Biography

Brian Zeman is a medical specialist in Rehabilitation Medicine practising in Sydney. He completed his medical degree at UNSW and then specialist training with the ACRM becoming one of the first four graduates. The ACRM later became a Faculty in the RACP. He has presented papers overseas on various subjects and is involved in medical student teaching as Lecturer. As well he is Clinical Supervisor for specialist training in rehabilitation medicine. He has interests in neurological rehabilitation, burns rehabilitation and medicolegal reports.

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