

SHORT REPORT

When schizophrenia is not schizophrenia: A premature diagnosis of mental illness can be serious malpractice.

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Abstract

The number of diagnoses of mental illness has been increasing for years, especially in the wealthy industrialized nations. What continues to be overlooked is the massive influence of the lobby of the psychotherapeutic "industry", which has long and steadily earned good money from hastily misdiagnosed patients. However, this can be a matter of moderate to severe malpractice.

Main findings

In some people with presumed schizophrenia, dementia or depression, inflammation of the brain is the actual cause of the symptoms, a kind of inflammation that is difficult to detect. This knowledge enables new, more effective treatment approaches. In clinical practice, however, this fact is still not taken seriously enough and patients are quickly and easily "psychologized".^{1,8}

Those affected show, for example, antibodies against nerve cells or increased migrated immune cells in the brain. How exactly these cells cross the blood-brain barrier is not yet entirely clear. The realization that a disturbed immune response can trigger mental disorders offers new or rather adequate treatments. For example, some sufferers are helped by a thorough anti-inflammatory therapy until they are symptom-free.^{1,6,8}

Day after day, we see patients like Mr. N., who years ago developed strange symptoms that were immediately attributed to a mental illness. This happened although it goes without saying that no one who felt healthy and agile should suddenly have become "mentally" ill. Why should a person in the midst of a contented life suddenly develop confused thoughts, fixed ideas, delusions, hallucinations, mood swings, etc.?

There are cases like the one in which a patient poured out her heart to a good friend, a friend who does not exist. Later, other voices also spoke to her and about her or asked her to do obscene things on the phone. A telephone that did not exist either. All this made her very afraid. Finally, she asked her family doctor for help and was diagnosed with schizophrenia by a psychologist. A psychiatrist prescribed her neuroleptics as well as supportive psychotherapy and weeks of rehab. During this time, she lost her job and missed the birth of her first grandchild. The hallucinations disappeared as quickly as they had come with treatment, as did the feeling of being overheard and manipulated by others; the confused thinking and talking also disappeared. Other, more severe symptoms, however, remained. The gestures and facial expressions of the people around her still had a secret meaning for her, and she began to believe that her loved ones had been replaced by robots. She was also convinced that she could serve world peace by "guiding the thoughts" and "warming the heart" of Mr. Putin, the president of the Russian Federation. For six years, psychiatrists and psychotherapists treated this patient as a classic case of schizophrenia. She had to be hospitalized five times after the neuroleptics had been reduced due to their severe side effects, including the onset of diabetes and a weight gain of 25 kg.⁹

When we were called in as consulting specialists, we ordered very extensive laboratory tests. Antibodies were found that indicated the common Hashimoto's thyroiditis, an autoimmune disease that causes chronic inflammation of the thyroid gland and is usually benign. In addition, the patient showed abnormal brain activity on an electroencephalogram (EEG). Magnetic resonance imaging (MRI) of the brain revealed no relevant abnormalities, and an analysis of the cerebrospinal fluid (the "brain water") revealed only mildly elevated levels of inflammation. Nevertheless, we directly followed the most obvious thought and had a search for antibodies suggestive of Hashimoto's encephalopathy.¹⁻⁴

The findings were positive, the patient received anti-inflammatory treatment in the department of psychoneuroimmunology of a very good clinic and is still symptom-free under well-tolerated medium-strength anti-inflammatory treatment. It could also have been anti-NMDA receptor encephalitis, PANS, PIMS, Wilson's Disease, non-motor Parkinson's, early-onset dementia, aluminum poisoning, H63D syndrome, possibly soon also long Covid and many other rare but highly relevant conditions which are all but a psychological disorder.¹⁻⁹

Conclusion

Until all organic causes are ruled out, the diagnosis of mental illness can be a life-destroying malpractice. This has to end.

Conflicts of interest

none

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