EXPERIENCE REPORT

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Recurrent attempts at self-extermination in a patient with multiple psychiatric disorders: obstacles to a good diagnosis

Intentos repetidos de autoexterminio en un paciente con multiples trastornos psiquiátricos: obstáculos para um buen diagnóstico

Tentativas reincidentes de autoextermínio em paciente com múltiplos transtornos psiquiátricos: entraves a um bom diagnóstico

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Abstract

The aim was to report the care of a patient with possible psychiatric disorders and a history of suicide attempts, in addition to evaluating diagnostic and therapeutic methods that can be used. Thus, this is a descriptive, critical-reflective and qualitative study, of the experience report type, carried out in a philanthropic hospital in the city of Caratinga, in the State of Minas Gerais. Data were collected through anamnesis and medical records of a 39-year-old female patient with major depression and bipolar affective disorder, with a history of several attempts at self-extermination. In this sense, the importance of an adequate diagnosis was evidenced in order to improve the patient's quality of life, as well as to avoid failures that harm her psychic condition. In addition, it was identified as essential the follow-up of a professional in the area who can offer appropriate support for the multiple psychiatric disorders reported.

Descriptors: Bipolar Disorder; Mental Disorders; Major Depressive Disorder; Antidepressants; Suicide Attempt.

Resumén

El objetivo fue relatar la atención de un paciente con posibles trastornos psiquiátricos y antecedentes de intentos de suicidio, además de evaluar los métodos diagnósticos y terapéuticos que se pueden utilizar. Así, se trata de un estudio descriptivo, crítico-reflexivo y cualitativo, del tipo relato de experiencia, realizado en un hospital filantrópico de la ciudad de Caratinga, en el Estado de Minas Gerais. Los datos fueron recolectados a través de la anamnesis y prontuario de una paciente de sexo femenino de 39 años con depresión mayor y trastorno afectivo bipolar, con antecedentes de varios intentos de autoexterminio. En ese sentido, se evidenció la importancia de un adecuado diagnóstico para mejorar la calidad de vida de la paciente, así como evitar fallas que perjudiquen su condición psíquica. Además, se identificó como fundamental el seguimiento de un profesional del área que pueda ofrecer un apoyo adecuado para los múltiples trastornos psiquiátricos reportados.

Descriptores: Trastorno Bipolar; Desordenes Mentales; Trantorno Depresivo Mayor; Antidepresivos; Intento de Suicidio.

Resumo

Objetivou-se relatar o atendimento à uma paciente com possíveis transtornos psiquiátricos e histórico de uma sorte de tentativas de suicídio, além de avaliar métodos de diagnósticos e terapêuticas que podem ser empregados. Destarte, trata-se de um estudo descritivo, crítico-reflexivo e qualitativo, do tipo relato de experiência, realizado em um hospital de caráter filantrópico na cidade de Caratinga, no Estado de Minas Gerais. Os dados foram coletados através de anamnese e do prontuário de uma paciente do sexo feminino, de 39 anos, com depressão maior e transtorno afetivo bipolar, com história de diversas tentativas de autoextermínio. Nesse sentido, evidenciou-se a importância de um diagnóstico adequado para que haja melhoria da qualidade de vida da paciente, bem como evitar falhas que prejudiquem sua condição psíquica. Ademais, identificou-se como essencial o acompanhamento de um profissional da área que possa oferecer suporte apropriado para os múltiplos transtornos psiquiátricos relatados.

Descritores: Transtorno Bipolar; Transtornos Mentais; Transtorno Depressivo Maior; Antidepressivos; Tentativa de Suicídio.

Introduction

A mental disorder is a syndrome that is related to clinically significant distress or disability. In this sense, it is worth mentioning that a mental disorder is a dysfunction of the affective and cognitive processes of development, which reflects in disturbances in behavior, perception of reality, reasoning and adaptation to life conditions. Such a disorder can be triggered or worsened by genetic, environmental or psychological factors, such as exposure to trauma, stress and physical and/or sexual aggression during childhood and adolescence[1].

According to data released by the World Health Organization (WHO), about 700 million people have mental or behavioral disorders worldwide, while in Brazil, 23 million citizens suffer from the problem, that is, 12% of the population, with only a minority having treatment, albeit elementary[2].

Suicide is defined as a deliberate act whose intention is death, consciously and intentionally, performed by the individual himself. When this goal is not achieved, the self-injury caused is termed as a suicide attempt. Suicidal action is closely related to mental disorders, with depression, bipolar mood disorder, dependence on alcohol and other psychoactive drugs being the most relevant. Schizophrenia and some personality-related characteristics are also risk factors[3,4].

For each suicide, 10 to 25 failed attempts are attributed, that is, people who killed themselves had already tried to consummate the act before. According to the WHO, suicide is currently considered a global public health problem, as it is among the three leading causes of death for individuals between 15 and 44 years of age. Brazil is among the ten countries with the most suicides in the world, occupying the eighth position in absolute numbers[4,5].

Thus, the issue of suicide is influenced by several factors preventing early detection and, consequently, its prevention. The stigma and prejudice related to the subject are important aspects, since for centuries of history, for religious, moral and cultural reasons, suicide was considered a great taboo. This situation had consequences, such as the difficulty in seeking help, lack of knowledge and attention on the subject and the erroneous idea that the suicidal act does not occur frequently. In addition, health professionals at all levels of care must be prepared to identify existing risk factors, such as some type of mental disorder, in order to establish measures to reduce risks and, thus, prevent suicide[6].

The present study aims to report the case of a patient with possible psychiatric disorders and a history of a series of self-extermination attempts, as well as to evaluate diagnostic and therapeutic methods that can be used.

Methodology

This is a descriptive, qualitative study, which was elaborated from the experience report collected in a class of the Semiology II discipline, of the Medicine course of a Higher Education Institution, developed in a hospital in the municipality of Caratinga, Minas Gerais Brazil. The class was held in March 2022 and its main purpose was to provide medical care using the following steps: anamnesis, physical examination and medical records consultation. The diagnosis defined from the information collected was major depression and bipolarity, with the patient's psychiatric condition being the main topic addressed in the care. Regarding ethical issues, the present study was exempted from the approval of the Research Ethics Committee, since there was no direct participation of the patient, only the description of the experience report by the academics.

Experience Report

E.A.R., female, 39 years old, born in Vargem Alegre - Minas Gerais, married, unemployed, with three children and with chronic asthma, major depression and bipolar affective disorder. The patient was hospitalized on March 21, 2022, at the proper hospital, due to an asthma attack and was accompanied by her husband. However, when starting the anamnesis, it was noticed that she was not seeking medical help for this reason, but because of her psychiatric condition.

In the history of the current illness, the patient reported having been sexually abused from 4 to 16 years of age by her older brother, becoming pregnant in one of the episodes. After the pregnancy, E.A.R. said that he started with depression and, therefore, was prescribed Escitalopram Oxalate at the time. However, the diagnosis did not improve with medication, but worsened the condition, since even in treatment from 16 to 39 years old, the patient claimed to have attempted 15 suicides and 3 homicides, which were against her own children. She claimed that she did this at times when she felt the saddest, in order to end her suffering and that of the people she loves. Furthermore, E.A.R. told that in 2018, when she attended a referral center for social assistance, she noticed an improvement in her symptoms, since activities that she liked were developed there, this being the only period in which she did not think about suicide.

Subsequently, the patient's condition worsened, when the referral center had to close due to the COVID-19 pandemic. Thus, she had to continue the treatment at home and without pleasurable activities, and the case was aggravated again, a situation in which she tried to commit a homicide against her neighbor. In addition, at all times during the E.A.R. claimed that she had voices inside her head telling her to do everything she did in the aforementioned episodes.

In the past pathological history, E.A.R reported having been diagnosed with Major Depression 23 years ago and Bipolar Affective Disorder 15 years ago. Regarding the systems review, she reported frequent headaches, approximately five times a week, in addition to insomnia and recurrent urinary tract infection. In the medication history, she said that she uses Carbamazepine (1,200mg/day), Haloperidol (5 ampoules of 1ml/day), Fluoxetine (40mg/day) and Amplictil (100mg/day). In addition, in the family history, the patient's husband said that everyone in the family, such as mother, father,

brothers and uncles, has a psychiatric disorder, without knowing the specific name.

Finally, E.A.R. she was referred to the admission line in the psychiatric ward of the hospital, by free will, to be better diagnosed and treated. This is because the drugs used by the patient are not having an effect, as they may be wrongly prescribed. In this way, with the care of an interdisciplinary and longitudinal team, it can be studied and better medicated, in order to minimize the negative effects of its pathology.

Discussion

Suicide

According to the WHO, a person dies by suicide every 40 seconds in the world. Still, there are more than 20 suicide attempts for every death by suicide. In addition, about 6.1 suicides were recorded for every 100,000 inhabitants in Brazil, according to DATASUS data[7].

Indeed, the causality of suicide is multifactorial, being associated with mental illnesses, psychological aspects, social aspects and the individual's health conditions. Thus, it can be highlighted that depression, bipolar disorder, schizophrenia, personality disorder and disorders related to the abusive use of harmful substances are the main mental illnesses that are related to suicidal behavior. Regarding the psychological aspects, recent losses, impulsive and/or aggressive personality, physical or sexual abuse in childhood, unstable mood, helplessness and despair stand out. As for the social aspects, it is clear that: female, being between 15 and 30 years old or over 65 years old, not having children, living in an urban area, being unemployed or retired, are some of the social factors associated with suicide. Health issues are related to chronic pain, disabling diseases, malignant tumors and AIDS[8].

On the other hand, there are “suicide survivors” who need to go through a grieving process that is sometimes more complicated, as they seek to find meanings and justifications for the act that occurred. So, the term postvention is used to designate the strategies and interventions that are used to heal the pain of those who have gone through this troubled period. Thus, the monitoring of these people by health professionals is of paramount importance, associated with psychotherapy and participation in support groups, such as the Suicide Survivors Support Group (GASS), which is offered by the Valorization Center to Life (CVV). In this way, seeking to reduce the period of psychological suffering related to the loss, as well as helping to reduce guilt and suicidal thoughts[9]. Given the above, it is clear that the patient in question is a survivor and needs professional follow-up, so that the suicide attempt does not occur again.

Thus, it is essential to understand some psychiatric disorders that can cause suicidal ideation and that are present in patients with multiple psychiatric disorders. In addition, mental disorders bring great impacts and damages to the lives of their patients, in view of their clinical manifestations. Among them, we find anxiety, insomnia, irritability, memory loss, difficulty concentrating, depression, factors that contribute to the decrease in the quality of life of patients[10]. Thus, it is noted that E.A.R has some characteristics of these clinical manifestations that may be linked to suicidal attempts, such as anxiety, depression and insomnia. Thus, the sooner the disease is diagnosed and treated correctly, the better your prognosis will be.

Multiple psychiatric disorders

At first, in major depressive disorder (MDD) or major depression, the patient suffers alterations in affect, cognition and neurovegetative functions. Therefore, the individual with MDD may present anxious, melancholic, atypical, psychotic, catatonic and mixed characteristics. In view of this, they may present signs and symptoms of other mental disorders, becoming a confounding factor for the diagnosis, or even having another disorder at the same time. In fact, it is considered the biggest cause of disability, in addition to contributing to the emergence of other comorbidities, such as: hypertension, diabetes mellitus, stroke, heart disease, obesity, cancer, cognitive disease and Alzheimer's[11].

Therefore, it is important to understand the possible origin of MDD, so that it can be used as a reference in the clinical investigation of the disease. Therefore, of complex origin, its etiology is multifactorial, involving both genetic and environmental factors. Thus, patients who have first-degree relatives with depression are three times more likely to develop the disease. As for environmental factors, it is noteworthy that events that occur during childhood have consequences for adulthood, such as mistreatment and abuse, which strongly contribute to the development of depression[11]. In this bias, it can be seen that E.A.R had as a probable origin of MDD the recurrent sexual abuse of her brother and her unexpected pregnancy. In addition, in addition to environmental factors, she also has genetic factors related to the pathology, given her family history.

Still, we have that bipolar affective disorder (BAD) is characterized by moments of mania/hypomania, depressive and mixed conditions, significantly impacting the lives of patients, their families and society. Usually manifested in youth, it takes time to be diagnosed and treated as expected, and the risk of a suicide attempt in these patients is twice that of the general population. Another important factor to be considered is that patients with bipolar disorder have difficulty perceiving their clinical symptoms, as well as the perception of the mental state of others, which may be indicative of a metacognitive deficit in patients with BAD[12,13]. Therefore, even with a diagnosis confirmed a few years ago, E.A.R did not present typical symptoms of BAD, only depressive symptoms, thus, it is valid to reassess her diagnosis in order to elucidate her pathology.

In addition, the etiology of BAD is related to the inflammatory theory. Since cognitive impairment, metabolic disorders and the risk of cardiovascular disease arising from BAD are associated with inflammatory activity. Comparative studies between healthy patients and patients with BAD show that IL-4, sIL-2R, TNR-a and sTNFR1 are related to the disease and that C-Reactive Protein (CRP) is

elevated during all the stages of the disease, especially in manic episodes. This directly influences the therapeutic process and, therefore, this factor must be taken into account when choosing the medications to be used. As a result, studies are being carried out to analyze the anti-inflammatory effects of drugs already used and their association with the use of anti-inflammatory drugs[14].

Therefore, schizophrenic disorder (SD), of acute or insidious onset, is characterized by a disturbance of reality, with positive and negative symptoms. Since in the positive ones there are hallucinations and delusions, the negative ones include disorganized behaviors and speeches. Most of the time, the disease affects men earlier than women and the family history is very significant for its development[15,16].

Furthermore, ET is a complex disease of heterogeneous etiology. However, its pathophysiology is still not so well accepted, the most accepted concerns dopaminergic dysfunction, resulting from a state of brain dopaminergic hyperactivity. Therefore, following the pathophysiology line of thought, the medications used in the treatment will act by blocking dopaminergic receptors[17]. Still, it is important to point out that, like other mental disorders, schizophrenia is also influenced by hereditary and environmental factors. Finally, it is worth noting that E.A.R is not diagnosed with ET, but the voices in her head and moments of wanting to end her and her children's life can be signs of the pathology.

Diagnostics and therapies

The diagnosis of psychiatric disorders, such as bipolarity, schizophrenia and major depression, is based on the clinic and follows some parameters that identify the symptoms presented in the patient. According to the criteria of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR), bipolar disorders are divided into BAD-I that have one or more manic or mixed episodes, followed by major depressive episodes and BAD-II that also occur. depressive episodes, but accompanied by at least one hypomanic. In the International Classification of Mental Illness and Behavior Disorders (ICD-10)[2], brings as a characteristic of BAD, the occurrence of two or more episodes, with the patient's mood and daily life being profoundly altered, as in cases of hypomania or mania and in depressives[18].

In the past, in addition to difficulties related to the origin of the disease, a barrier is also noted in the diagnosis, as it requires a process of investigation and follow-up on the patient that, if not well accurate, can lead to errors that delay the diagnosis of BAD. Such errors may originate from the vast prevalence of comorbidities (psychiatric or clinical), since most patients are affected by the coexistence of diseases[3,19]. Thus, it is valid to consider that even with a long-term diagnosis of BAD, E.A.R needs further investigation, in order to confirm or not the disease, according to its symptoms.

The diagnosis of schizophrenia is, in many cases, difficult, as it requires longitudinality and is based mainly on the clinical and social history of the patient. In a summary, listing the main supporting markers, which were mentioned above (DSM-V and ICD-10). According to the ICD-10, one or more of the symptoms, such as: echo, insertion, theft or diffusion of thought, delusions of control, influence or passivity, persistent hallucinations, negative symptoms such as marked apathy, lack of speech, significant changes personality, are already considerable findings to close the diagnosis. On the other hand, the DSM-V lists aggressive behaviors, delusions, hallucinations, disorganized speech and points out that at least one of the last three must be present and analyzed in a 6-month phase, whereas the CID provides a 1-month course of follow-up[20]. In view of the above, it is noted that the patient in question has some clinical conditions related to ET, such as hallucinations, which may be an indication of the opening of an investigation process, so that an adequate treatment is carried out.

Depression can be characterized as a mood disorder, but it has many symptomatological phases that can enter into several existing pathologies, which corroborates a diagnosis that requires sensitivity and integrality with the individual. To obtain an accurate diagnosis of major depression, the DSM-IV points out that symptoms such as weakness, fatigue, loss of mood from everyday pleasures, insomnia, difficulty thinking, are present and persistent for at least two weeks consecutive, affecting social and professional functioning and presenting significant emotional distress[21].

Linked to the diagnosis, treatment for mental disorders is necessary, which is based on an association between the pharmacological and the psychosocial. In addition, family support and cognitive behavioral therapy are essential measures for therapy[22]. In this sense, the patient has a basis for the treatment, where her husband, who is her family nucleus, supports and helps in this process.

If BAD is configured as a heterogeneous disorder, both in the way it is treated and in its course, the symptoms presented by the patient may vary over time and so far there is no uniformity regarding treatment, symptoms and side effects. Psychopharmacological treatment aims to restore behavior, control symptoms that manifest acutely and act to prevent recurrence. The medication indicated is the one that has the greatest evidence of action and allows for fewer adverse effects to the patient, with lithium being the first mood stabilizer indicated for manic crises. Despite being the first treatment option for the acute phases of BAD, it has some unfavorable effects, such as endocrine and renal changes[22-24]. Therefore, analyzing E.A.R therapies, she does not use medication for BAD, even though she has been diagnosed with the pathology for years.

Management in the treatment of schizophrenia focuses on a multidisciplinary approach and with drugs grouped into a class known as antipsychotics, which are divided into first generation or typical and second generation or atypical. Drug therapy for the treatment of schizophrenia involves the use of different classes of drugs, and adherence to treatment is an important factor for success. However, several factors contribute to patient non-adherence to drug treatment, among which are: lack of

social support, persistence of psychotic symptoms between crises, readmissions, polymedication, use of licit and illicit drugs and the presence of adverse reactions. medication[25].

Furthermore, haloperidol is considered a typical antipsychotic drug, being an antagonist of D2-type dopaminergic receptors, mainly acting on positive symptoms very effectively. In view of this, one possibility would be, when there are neurological effects caused by haloperidol, to try to switch to an atypical antipsychotic. The effectiveness of haloperidol in the treatment of schizophrenia is already confirmed, as is its risk of parkinsonism, akathisia and dystonia, sedation, orthostatic problems and weight gain[26-29]. Given this, E.A.R uses this medication, even though she is not diagnosed with ET, which makes it possible to analyze what the error, medication or diagnosis is.

Finally, in cases of depression, the use of SSRI class drugs is effective as a first option, as they present significant symptomatological evidence and low side effects. It is recommended that a drug of the same class be used and, if there is no adequate therapeutic response, change it to another drug of the same class and, as a third option, change the class[30].

Thus, it is noted that the patient, as previously reported, has a diagnosis of MDD and BAD, but according to the current literature and elucidated here, her pathologies can be questioned, since the clinical symptoms exposed can, concomitantly, characterize YOU. In addition, the treatments described above also have flaws in practice, especially when analyzing the difficulty of confirming a diagnosis of multiple psychiatric disorders and when noticing a worsening of the recurrent condition.

Final Considerations

According to the analysis of studies and discussions throughout the text, it appears that suicidal ideation is a topic of global importance that should be addressed more frequently, both for the general population and for health professionals. In addition, it was verified the relationship that a good diagnosis has with self-extermination in patients with multiple psychiatric disorders, since errors can interfere with treatments and even worsen some mental conditions. Thus, in the case study in question, the patient has factors that worsen her mental health and, according to the patient's report, the current treatment is not contributing to the stabilization of her mental condition. Thus, psychiatric follow-up is indicated for this patient, also emphasizing the importance of good medication adherence and psychological follow-up in the treatment in question.

References

1. American Psychiatric Association (APA). Manual de Diagnóstico e Estatístico de Transtornos Mentais (trad). 5. ed. São Paulo: Artmed; 2014.
2. Soares PSM, Meucci RD. Epidemiologia dos Transtornos Mentais Comuns entre mulheres na zona rural de Rio Grande, RS, Brasil. Ciência & Saúde Coletiva. 2018;25(8):3087-3095. DOI https://doi.org/10.1590/1413-81232020258.31582018.
3. Lima JMFS, França JKR, Bento TMA. Fatores predisponentes que levam jovens adultos à ideação suicida e ao suicídio no Brasil. Cadernos de Graduação: Ciências biológicas e da saúde [Internet]. 2018 [citado 21 de abril de 2022];5(1):153-166. Disponível em: https://periodicos.set.edu.br/fitsbiosaude/article/view/5804#:~:text=Tristeza%2C%20angústia%2C%20solidão%20e%20desmotivação,em%20jovens%20adultos%20no%20Brasil
4. Oliveira MEC, et al. Série temporal do suicídio no Brasil: o que mudou após o Setembro Amarelo? Rev Eletr Acervo Saúde. 2020;48(Sup):1-10. https://doi.org/10.25248/reas.e3191.2020
5. Ramos KA, et al. Prevalência de suicídio e tentativa de suicídio no Brasil. Rev Eletr Acervo Saúde. 2019;32:1-7. https://doi.org/10.25248/reas.e1244.2019
6. Associação Brasileira de Psiquiatria (ABP). Suicídio: informando para prevenir [Internet]. Brasília (DF): ABP. 2014 [acesso em 24 abr 2022]. Disponível em: suicidio_informado_para_prevenir_abp_2014.pdf
7. Silva DA, Marcolan JF. Tentativa de suicídio e suicídio no Brasil: análise epidemiológica. Medicina (Ribeirão Preto) [Internet]. 2021 [citado 21 de abril de 2022];54(4):e-181793. Disponível em: https://www.revistas.usp.br/rmrp/article/view/181793
8. Barbosa BA, Teixeira FAFC. Perfil epidemiológico e psicossocial do suicídio no Brasil. RSD [Internet]. 8 de maio de 2021 [citado em 21 de abril de 2022];10(5):e32410515097. Disponível em: https://rsdjournal.org/index.php/rsd/article/view/15097
9. Ruckert MLT, Frizzo RP, Rigoli MM. Suicídio: a importância de novos estudos de posvenção no Brasil. Rev. bras.ter. cogn. 2019;15(2):85-91. http://dx.doi.org/10.5935/1808-5687.20190013.
10. Hiany N, Vieira MA, Gusmão RO, Barbosa S. Perfil Epidemiológico dos Transtornos Mentais na População Adulta no Brasil: uma revisão integrativa. REAID [Internet]. 2020 [citado 21abr.2022];86(24). Disponível em: http://www.revistaenfermagematual.com.br/index.php/revista/article/view/676
11. Corrêa PHR. O estudo da depressão maior em modelos animais: uma revisão da literatura. (Trabalho de Conclusão de Curso – Graduação em Biomedicina, Instituto de Ciências Básicas da Saúde, Universidade Federal do Rio Grande do Sul [Internet]. 2020 ácesso em 24 abr 2022]. Disponível em: https://www.lume.ufrgs.br/handle/10183/232280
12. Rosa ACF, Leão ER. Pain in the bipolar disorder: prevalence, characteristics and relationship with suicide risk. Rev. Latino-Am. Enfermagem. 2021;29:e 3463. http://dx.doi.org/10.1590/1518-8345.4737.3463.
13. Silva RA, Tancini MB, Cheniaux E, Mograbi DC. Metacognição no transtorno bipolar: uma revisão sistemática. J. bras. Psiquiatr. 2020;69(2). https://doi.org/10.1590/0047-2085000000264

14. MELO, M. C. A. Transtorno afetivo bipolar: alterações do sono e do ritmo, relações clínicas e funcionais e repercussões prognósticas. 2018. 141 f. Tese (Doutorado em Ciências Médicas) – Faculdade de Medicina, Universidade Federal do Ceará, Fortaleza, 2018. Disponível em: https://repositorio.ufc.br/handle/riufc/37247
15. Alves de Oliveira Souza R, Glécias Marçal R, Voltarelli A, Carqueijeiro Ferreira IC, Sakman R. Esquizofrenia paranoide: o auxílio da religiosidade como benefício para qualidade de vida. Glob Acad Nurs. 2021;2(Sup.2):e170. https://doi.org/10.5935/2675-5602.20200170
16. Dalapícola Camatta F, Mariani Silva C. Esquizofrenia e transtorno de personalidade: como as duas patologias podem se confundir. HP. 2022;2.https://doi.org/10.51249/hp02.2022.702.
17. Antunes Neto JM, Nalesso AM. Papel do estresse oxidativo na etiologia da esquizofrenia: revisão sistemática / Role of oxidative stress in the etiology of schizophrenia: systematic review. Brazilian Journal of Development [Internet]. 31 ago 2021 [citado 7 maio 2022];7(8):85916-35. Disponível em: https://doi.org/10.34117/bjdv7n8-683.
18. Bosaipo NB, Borges VF, Jurena MF. Transtorno bipolar: uma revisão dos aspectos conceituais e clínicos. Medicina (Ribeirão Preto, Online). 2017;50(Supl.1):72-84 http://dx.doi.org/10.11606/issn.2176-7262.v50isupl1.p72-84
19. Pereira LL, Dias ACG, Collares LA, Penteado RV. Transtorno bipolar: Reflexões sobre diagnóstico e tratamento. Perspectiva [Internet]. 2010 [acesso em 24 abr 2022];34(128):151-166. Disponível em: https://www.uricer.edu.br/site/pdfs/perspectiva/128_144.pdf
20. Queirós T, Coelho F, Linhares L, Telles-Correia D. Schizophrenia: What non-Psychiatrist Physicians Need to know. Acta Med Port. 2019;32(1):70-77. https://doi.org/10.20344/amp.10768
21. Leite GF, Alves BR, Santos EEF. Perfil psicológico de pessoas com depressão maior a ótica do psicodiagnóstico. Braz. J. of Develop [Internet]. 2020 [acesso em 24 abr 2022];6(7):50443-50449. Disponível em: https://www.brazilianjournals.com/index.php/BRJD/article/view/13792/11539
22. Santin A, Ceresér K, Rosa A. Adesão ao tratamento no transtorno bipolar. Rev Psiq Clín [Internet]. 2005 ácesso em 22 abr 2022];32(1):105-9. Disponível em: https://www.scielo.br/j/rpc/a/5Dgr3g3y9RbM3zfdGQ9Fgvf/?lang=pt&format=pdf
23. Lacerda ALT, Soares JC, Tohen MT. O papel dos antipsicóticos atípicos no tratamento do transtorno bipolar: revisão de literatura. Braz. J. Psychiatry. 2022;24(1). https://doi.org/10.1590/S1516-44462002000100010
24. Rosa AR, et al. Tratamento farmacológico do transtorno bipolar. In: KAPCZINSKI, F.; QUEVEDO, J. (Orgs.).. Transtorno Bipolar: Teoria e Clínica. Porto Alegre: Artmed; 2009.
25. Nicolino OS, Vedana KGG, Miasso AI, Cardoso L, Galera SAF. Esquizofrenia: adesão ao tratamento e crenças sobre o transtorno e terapêutica medicamentosa. Rev. esc. enferm. USP. 2011;45(3). https://doi.org/10.1590/S0080-62342011000300023
26. Brunton LL, Chabner BA, Knollman BC. Goodman and Gilman's the pharmacological basis of therapeutics. 12. ed. New York: McGraw-Hill; 2011
27. DR Weinberger, P Harrison. Schizophrenia. 3. Ed. New Jersey: Wiley-Blackwell; 2011.
28. Adams CE, Bergman H, Irving CB, Lawrie S. Haloperidol versus placebo for schizophrenia. Cochrane Database Syst Rev. 2013;15(11):CD003082. doi: 10.1002/14651858.CD003082.pub3
29. Tardy M, Huhn M, Kissling W, Engel RR, Leucht S. Haloperidol versus low-potency first-generation antipsychotic drugs for schizophrenia. Cochrane Database Syst. Rev. 2014;9:CD009268
30. Neves ALA. Tratamento farmacológico da depressão. (dissertação). Faculdade de Ciências da Saúde da Universidade Fernando Pessoa – Porto [Internet]. 2015 [acesso em 24 abr 2022]. Disponível em: https://bdigital.ufp.pt/bitstream/10284/5309/1/PPG_17718.pdf