

### A CASE OF KRETSCHMER'S SENSITIVE DELUSION RELATED TO COVID-19 PANDEMIC

Sofia Martins<sup>1</sup>  
João Quarenta<sup>1</sup>  
João Felgueiras<sup>1</sup>  
Bruno Ribeiro<sup>1</sup>

<sup>1</sup>Centro Hospitalar do Tâmega e Sousa, Department of Psychiatry and  
Mental Health, Penafiel, Portugal

Dirección de correspondencia:  
Sofia Martins

Departamento de Psiquiatria e Saúde Mental do Centro Hospitalar do  
Tâmega e Sousa  
Avenida do Hospital Padre Américo 210, 4564-007, Penafiel, Portugal  
+351255714000  
sofianevesmartins444@gmail.com

Dear Editor,

The COVID-19 pandemic has already infected more than 182 million people and killed more than 4 million all over the globe. In addition to its direct health effects, lockdowns and other draconian public health measures, along with an expected economic crisis of unprecedented magnitude, unpredictable social effects are being generated. It is now widely accepted that a mental health crisis will follow, and its effects are already being identified<sup>1</sup>.

Besides the mental health impact in epidemiological and public health terms, it is of greatest interest to observe the pandemic's effect in the psychopathological domain.

We present a case report of a patient with a brief psychotic disorder, which pathogeny was an effect of the pandemic, modulating a classic syndrome described more than one century ago by Ernst Kretschmer, that we furtherly discuss.

#### CASE REPORT

A 45-year-old woman, raised in a strict conservative family, with an unremarkable medical history and without any current medication was hospitalized in the Psychiatry Department with a psychotic episode featuring guilt and ruin delusions, auditory hallucinations, severe anxiety and insomnia. Two weeks earlier, the nursing home where she worked as a healthcare auxiliary imposed severe health measures, particularly the mandatory usage of personal protective equipment (PPE). In the first week, she started presenting anxiety and insomnia, which she directly attributed to her fear of not being capable to adequately deliver healthcare. After her colleagues noticed that she was so "blocked and absent" during worktime, she took a sick leave. A few days later, she started having auditory hallucinations in the form of commenting voices, which she thought were her

colleagues talking about her poorly done work, therefore became deeply anguished and told her family that the whole village was infected with COVID-19, and it was her to blame.

Actually, during the mandatory screening before hospital admission, she tested positive for SARS-CoV-2, even though before hospitalization, by the time these delusional beliefs started, she wasn't aware of the infectious diagnosis nor presented any suggestive symptoms.

While being admitted, she was conscient, fully oriented, cooperative; her mood was predominantly anxious; she didn't present speech, behavior or cognition alterations; she lacked insight for her mental health disturbances. She did not present any other depressive or manic symptoms.

Basic tests were performed, including blood alcohol concentration, urinary drug screening and brain computerized tomography – all normal.

As for her psychiatric history, the patient had a depressive episode, a couple of years ago, in the context of minor work-related conflicts (she was being called off by her supervisor several times due to mistakes made in her duties), which resolved after taking the antidepressive therapy prescribed by her general practitioner. She never attended psychiatry or psychology consultations and had no history of substance abuse.

Regarding her premorbid personality, she had cluster C personality traits, featuring recurrent ruminations of doubt and guilt, preoccupations with order, cleanliness, minor details, social expectations, as well as a thought rigidity. She also presented verification behaviors, not clearly egodystonic, partially fulfilling the diagnostic criteria for an Obsessive-Compulsive Disorder. No standardized personality test was carried out.

The patient was discharged after 13 days of hospitalization, under 3mg/day of risperidone, with full resolution of the psychotic symptomatology, and a new screening for SARS-CoV-2, which came out negative.

The discharge diagnosis was a Brief psychotic disorder. Other differential diagnoses were considered such as schizophreniform disorder, psychotic depression, bipolar disorder, late onset schizophrenia, but the rapid onset of the picture, the brief resolution, the absence of dominant affective symptomatology and the absence of negative symptomatology led to assume that it was more likely a brief reactive psychosis.

After 6 months, antipsychotic medication was suspended gradually and she didn't present any recurrence of symptoms.

## DISCUSSION

Taking into consideration the course of the disease and patient's personality, we believe this Brief psychotic disorder case is compatible with a case of Sensitive Delusion of Reference.

In 1918, Ernst Kretschmer in *"Der sensitive Beziehungswahn, ein Beitrag zur Paranoiafrage und zur psychiatrischen Charakterlehre"*, described the Sensitive Delusion of Reference, referring to a delusion that occurs in patients with a specific type of personality, the sensitive Kretschmer character<sup>2</sup>. These individuals are usually hypersensitive, stubborn, with strict moral standards and have trouble dealing with overwhelming events, such as errors or frustrations, retaining them at a conscious level, contrary to the repression that usually occurs in hysteria<sup>2,3</sup>. It's often observed in women (after 35 years old) and can lead to severe depressive episodes<sup>4</sup>.

Usually, the psychotic symptoms are triggered by a "oppressive/humiliating" event, battling with the individual's high moral principles, revealing a sense of insufficiency and failure, and leading to despair<sup>3</sup>. Nevertheless, Kretschmer underlined the "understandable" course of the appearance of symptoms<sup>5</sup>. In this particular case, the trigger was the difficulty the patient had being in accordance with new standards of care, imposed by the place where she worked. She declared that she constantly felt incapable and embarrassed ever since. In opposition to her colleagues, she always had the sense that she didn't put her PPE properly and she wasn't capable of dealing safely with others, which was later reinforced by auditory hallucinations - which made comments in a derogatory tone.

As depicted by this case, Kretschmer advocates that the prognosis of the disease is benign and the symptomatology can disappear completely, particularly if the diagnosis is made at an early stage<sup>3,5</sup>, although a relapse can be expected.

In this case report, we review a classic nosological entity, commonly forgotten, revived by a very current and particular social situation (the COVID-19 pandemic), whose social conditionings can affect mental health<sup>6</sup>.

Furthermore, we try to emphasize the importance of a thorough anamnesis with a complete evaluation of the pre-morbid character, which allowed an early intervention and subsequent better prognosis.

## COMPETING INTERESTS

The authors declare that there is no conflict of interests regarding the publication of this paper.

## REFERENCES

1. World Health Organization. Coronavirus disease (COVID-19) – Situation Report 182. Online; 2020.
2. Kretschmer E. El delirio de relación sensitivo. Madrid: Triacastela. 2000;
3. Telles Correia D. As raízes do sintoma e da perturbação mental. Lidel; 2015.
4. Widakowich C, Van Wettere L, Hubain P, Snacken J. 1938 – Actuality of the kretschmers sensitive delusion of reference in the DSM V era: two case reports. *European Psychiatry*. 2013;28:1.
5. Rasmussen S. Sensitive delusion of reference, sensitiver Beziehungswahn. *Acta Psychiatrica Scandinavica*. 1978;58(5):442-448.
6. Torales, J., O'Higgins, M., Castaldelli-Maia, J. M., & Ventriglio, A. (2020). The outbreak of COVID-19 coronavirus and its impact on global mental health. *International Journal of Social Psychiatry*. <https://doi.org/10.1177/0020764020915212>