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Važnost prepoznavanja premorbidnih znakova prve psihotične epizode u procjeni rizika od nasilnog ponašanja: prikaz slučaja

/ The Importance of Recognizing Premorbid Signs of a First Psychotic Episode in Assessing the Risk of Violent Behavior: A Case Report

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KLJUČNE RIJEČI / *KEYWORDS*:
forenzička psihijatrija / *forensic psychiatry*
procjena rizika / *risk assessment*
prodromalni simptomi / *prodromal symptoms*
premorbidni simptomi / *premorbid symptoms*
psihotična epizoda / *psychotic episode*

TO LINK TO THIS ARTICLE: https://doi.org/10.24869/spsih.2026.340

Uvod: Prvoj psihotičnoj epizodi često prethodi premorbidno i prodromalno razdoblje obilježeno postupnim promjenama u ponašanju, mišljenju i socijalnom funkcioniranju. Budući da su ti simptomi često nespecifični i prepoznaju se tek retrospektivno, rana identifikacija osoba s rizikom i pravodobna intervencija važan su klinički izazov. Ovim prikazom želi se istaknuti važnost prepoznavanja navedenoga. Prikaz slučaja: Osamnaestogodišnji bolesnik forenzički je psihijatrijski obrađen po nalogu Županijskog državnog odvjetništva u Splitu nakon počinjenja protupravnih djela tijekom prve psihotične epizode. Retrospektivno su

Introduction: The first psychotic episode is often preceded by a premorbid and prodromal period marked by gradual changes in behavior, thinking, and social functioning. Since these symptoms are often nonspecific and only recognized retrospectively, early identification of people at risk and timely intervention are important clinical challenges. This case report aims to highlight the importance of recognizing these features. Case report: An 18-year-old patient underwent a forensic psychiatric evaluation ordered by the County State Attorney's Office in Split after committing criminal offenses during his first psychotic episode. Retrospectively, long-standing premorbid

utvrđena dugogodišnja premorbidna obilježja: hipersenzitivnost, anksioznost s paničnim napadajima, perfekcionizam, socijalno povlačenje i poteškoće u vršnjačkim odnosima. Neposredno prije akutizacije psihotičnog poremećaja dolazi do pogoršanja funkcioniranja uz smetnje koncentracije, izolaciju, psihomotorički nemir, ideje proganjanja i religiozne sumanutosti. Na dan počinjenja djela prvi je put ambulantno psihijatrijski pregledan te mu je postavljena dijagnoza akutnog psihotičnog poremećaja i uvedena antipsihotična terapija. Nekoliko sati kasnije, tijekom psihotične dekompenzacije, nožem je pokušao usmrtiti policijskog službenika koji ga je pokušao legitimirati, zadavši mu više ubodnih rana opasnih za život. U neubrojivom stanju počinio je kaznena djela teškog ubojstva u pokušaju i neovlaštene uporabe tuđih motornih vozila. Nakon privođenja četverodnevno je hospitaliziran u Klinici za psihijatriju, gdje su potvrđene religiozne i grandiozne sumanutosti, ideje proganjanja i halucinatorni doživljaji, uz negativan nalaz urina na psihoaktivne tvari i uredan CT mozga. Sudskopsihijatrijskim vještačenjem utvrđeno je da je u vrijeme počinjenja djela bolovao od akutnog psihotičnog poremećaja nalik na shizofreniju (F23.2) te da je bio neuobrojiv. Zaključak: Ovaj slučaj naglašava važnost prepoznavanja premorbidnih i prodromalnih znakova prve psihotične epizode. Veća osviještenost obitelji, škole i zdravstvenih djelatnika o ranim promjenama u ponašanju i funkcioniranju može omogućiti raniju dijagnostiku, pravodobno liječenje te smanjiti rizik od ozbiljnih posljedica neliječene psihoze, uključujući potencijalna agresivna ponašanja.

characteristics were established: hypersensitivity, anxiety with panic attacks, perfectionism, social withdrawal, and difficulties in peer relationships. Immediately before the acute exacerbation of the psychotic disorder, there was a deterioration in functioning with concentration problems, isolation, psychomotor agitation, ideas of persecution, and religious delusions. On the day of the offense, he underwent his first outpatient psychiatric examination, was diagnosed with an acute psychotic disorder, and started on antipsychotic therapy. Several hours later, during psychotic decompensation, he attempted to kill a police officer who was trying to identify him, stabbing him multiple times and causing life-threatening injuries. While in a state of legal insanity, he committed the criminal offenses of attempted aggravated murder and unauthorized use of another person's motor vehicles. After being taken into custody, he was hospitalized for four days at the Clinic of Psychiatry, where religious and grandiose delusions, persecutory ideas, and hallucinatory experiences were confirmed, with a negative urine test for psychoactive substances and a normal brain CT. Forensic psychiatric evaluation determined that at the time of the offenses he was suffering from an acute schizophrenia-like psychotic disorder (F23.2) and that he was not criminally responsible. Conclusion: This case underscores the importance of recognizing premorbid and prodromal signs of a first psychotic episode. Greater awareness among families, schools, and healthcare professionals about early changes in behavior and functioning can enable earlier diagnosis, timely treatment, and a reduced risk of serious consequences of untreated psychosis, including potential aggressive behavior.