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Letter to the Editor

Homeless, nameless and helpless: John Doe syndrome in treatment resistant schizophrenia

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Dear editor, we read with interest an article in your journal regarding first episode psychosis in homeless youngsters (Lévesque and Abdel-Baki, 2020), that reminded us a patient:

A white man, in his forties was found inside a bin bag, surrounded by garbage (Diogenes syndrome). No family, friends, bystander or outreach worker was available to confirm his identity. After contact with municipal authorities, the public health services issued a warrant for compulsory psychiatric observation.

He was brought to the general hospital in mutism, with Spanish obsolete banknotes under his soiled clothes, suggestive of two decades of street life. He was involuntary admitted and CT brain scan, chest radiography, ECG, blood work and urine drug tests were regardless. He was transferred to our ward.

Contacts with shelters were useless. Photographs were published in newspapers (Dias Coelho, 2019) but no one claimed to know him. The police took fingerprints but no match was found among available data bases.

After three weeks of daily aripiprazole (30 mg) and olanzapine (20 mg) the patient started talking in Portuguese, assuming "António" (sic) is his given name, but refusing to disclose a surname. The patient has been claiming to be registered in non-existing cities (neologisms) such as "Amajasta, (…) Rasachapa, (…) Marafata"(sic). Mood has been euthymic with flat affect. We found grandiose delusions: he has been claiming to be a NATO marshal in the USA, and suggested us to check his credentials with the CIA and the FBI. We found also auto reference: the patient has been complaining of being under vigilance by government's surveillance cameras (Truman syndrome). We found no signs of hallucinations. EEG was normal. Neuropsychological Evaluation revealed attention and memory deficit with impairment at frontal lobe performance. After three months the patient was changed to haloperidol (up to 30 mg) plus clozapine (up to 400 mg). Because of iatrogenic Parkinsonism and sialorrhea he tolerated no higher doses. After six months he was sent for ECT, but treatment was suspended before the third session, because of postictal bradycardia with trigeminy arrhythmia. Therefore the patient has been on different combinations of clozapine plus sodium valproate, paliperidone and/or amisulpride. After 500 days the patient remains unidentified. We tried a transition to a psychiatric rehabilitation ward, but our request was denied because he is still under the law of involuntary treatment. When we asked the court to change the patient status to voluntary treatment we also got a negative response: no anonymous patient can sign the informed consent, so therefore the patient shall remain in involuntary treatment until identification is confirmed by competent authorities.

We admit such disintegration of identity, in this treatment-resistant patient, may be, at least partially explained, by severe schizophrenia psychopathology:

1) Positive Symptoms: the patient may know who he is, but he refuses to confirm his identity, because of persecutory delusions.
2) Negative Symptoms: the patient may know who he is but couldn't care less about disclosing his identity, because of apathy.
3) Depressive Symptoms: the patient is not sure about who he is, and therefore is not confident enough to share his identity.
4) Cognitive Symptoms: the patient has no idea about who he is, and therefore he is not able to assume his identity anymore.

Trying to compare this patient with similar cases, we made a twenty year retrospective study (1999–2019). During this period we searched for all nameless patients discharged from our institution and we found 20 nameless patients. Every year, from 1999 to 2019, our institution received for admission an average number around 2000 acute psychiatric patients. Therefore we estimate that the discharge of a nameless patient from our hospital is quite rare (0.1%).

Among our 20 nameless patients, 15 were men and 5 were women. The date of birth was registered in only 5 cases (25%) so we could not calculate the mean age of our sample. WHO ICD-9 diagnosis was attributed to 8 cases (40%), all of them "298.9 Unspecified Psychosis". Post discharge destination was not registered in 13 patients (65%). Three patients (15%) were transferred to a general hospital emergency room, for medical or surgical treatment. Two patients (10%) were hurriedly discharged to the street, still nameless, homeless again. Two patients (10%) were foreign citizens, and therefore repatriated, after months staying at our hospital. The remaining patient (5%) is our António, and he is still here with us.

Few populations bear a greater psychiatric burden than homeless people but the role of psychiatrists in caring for the homeless remains neglected (Koh, 2020). Homeless patients with schizophrenia represent a challenge to all medical specialties, because of their high prevalence of comorbidities (Gama Marques and Bento, 2020).

Patients unidentified at the time of admission (John Doe syndrome) to urban emergency departments are a group about little is known. More than half (59%) of these patients have a neuropsychiatric disorder, and almost all (92%) are identified before discharge (Claps and Berk, 1992). While not common, it is certainly not rare to see unidentified patients in the psychiatric emergency (Parks et al., 1989).

There are many negative implications of not identifying patients, not only for the patients themselves but also for providers, who will be deprived of devoting as much time to other patients. These unidentified patients may also represent a financial burden, as they are kept in the ward for longer than needed lengths of time.

John Doe syndrome, whenever present in homeless patients with schizophrenia, is probably the end-of-the line of psychiatry care, and we applaud any effort to prevent this kind of catastrophic outcome. Acknowledging that we are dealing with one critically important issue of contemporaneous psychiatry, we truly regret for not proposing any specific solution.

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Nevertheless, we would like to invite all readers to join us in the discussion about potential solutions for this wicked problem. We believe there is an impending need for a systematic review of the scientific literature dedicated to the topic. We hope that will contribute to the guidance to how one may improve the plight of the John Doe syndrome patients.

Contributors

The authors certify that all authors have seen and approved the final version of the manuscript being submitted. The authors also warrant that the article is the authors' original work, hasn't received prior publication and isn't under consideration for publication elsewhere.

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References

Claps, P.J., Berk, W.A., 1992. The John Doe syndrome: diagnosis and outcome of patients unidentified at the time of emergency department admission. Am. J. Emerg. Med. 10 (3), 217–218. https://doi.org/10.1016/0735-6757(92)90212-G May.

Dias Coelho, B., 2019. Sem abrigo homem em estado psicótico salvo de morte iminente. Jornal I. 25 Feb. https://ionline.sapo.pt/artigo/647910/sem-abrigo-homem-em-estado-psicotico-salvo-de-morte-iminente-?seccao=Portugal. (Accessed 15 August 2020). .

Gama Marques, J., Bento, A., 2020. Marontology: comorbidities of homeless people living with schizophrenia. Acta Medica Port. 33 (4), 292. https://doi.org/10.20344/amp.13561 Apr 1.

Koh, K.A., 2020. Psychiatry on the streets—caring for homeless patients. JAMA Psychiatry 77 (5), 445–446. https://doi.org/10.1001/jamapsychiatry.2019.4706.

Lévesque, I.S., Abdel-Baki, A., 2020. Homeless youth with first-episode psychosis: a 2-year outcome study. Schizophr. Res. 216, 460–469. https://doi.org/10.1016/j.schres.2019.10.031 Feb.

Parks, J., Hillard, J.R., Gillig, P.M., 1989. Jane and John Doe in the psychiatric emergency service. Psychiatr Q 60 (4), 297–302. https://doi.org/10.1007/BF01064353.

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