Complex psychiatric comorbidity: Diagnostic and therapeutic challenges.

Sarah Mitchell*

Department of Psychiatry, University of Queensland, Brisbane, Australia

Introduction

Psychiatric comorbidity poses significant diagnostic and therapeutic challenges in clinical practice, often complicating patient assessment, treatment planning, and prognostic outcomes. Understanding the intricate interplay between various mental health conditions, and sometimes physical ailments, is crucial for delivering effective, patient-centered care. This collection of case reports illustrates a diverse array of these complexities, shedding light on the need for nuanced approaches to diagnosis and management across different patient populations.

One compelling case explores the intricate presentation of complex post-traumatic stress disorder (CPTSD) in a patient also diagnosed with bipolar II disorder. This highlights the substantial diagnostic challenges and therapeutic complexities arising from the comorbidity of these conditions, emphasizing a critical need for integrated treatment approaches that specifically address both mood dysregulation and deep-seated trauma symptoms. The report discusses how early traumatic experiences profoundly influenced the patient's clinical trajectory and their response to treatment, stressing the importance of a trauma-informed perspective [1].

Another challenging report details a complex presentation of catatonia in a patient with co-occurring schizophrenia and recurrent depressive disorder. This case illuminates the diagnostic difficulties in distinguishing between severe mood episodes and catatonia within the broader context of a chronic psychotic illness. The discussion focuses on implementing a multidisciplinary approach to treatment, which included both pharmacotherapy and electroconvulsive therapy, underscoring the vital importance of recognizing catatonic symptoms for timely and effective intervention to prevent severe complications [2].

The clinical complexities of diagnosing and managing co-occurring Attention-Deficit/Hyperactivity Disorder (ADHD) and Autism Spectrum Disorder (ASD) are examined in a further report. It vividly illustrates how overlapping symptoms common to both conditions can effectively mask each other, frequently leading to significant diagnostic delays and substantial challenges in tailoring effective interventions. The report clearly underscores the paramount importance of a thorough differential diagnosis and the development of individualized treatment plans that directly address the unique needs arising from this specific comorbidity, highlighting a range of behavioral and pharmacological strategies utilized [3].

A particularly intricate case details the complex presentation of severe anorexia nervosa alongside co-occurring severe obsessive-compulsive disorder (OCD) and major depressive disorder in a young adult. This report powerfully highlights the diagnostic and therapeutic challenges posed by this profound triple comorbidity, particularly examining the problematic interplay of restrictive eating behaviors, pervasive obsessive rituals, and profound mood disturbances. It strongly emphasizes the critical need for an integrated, multi-modal treatment approach that consciously addresses all psychiatric conditions simultaneously to significantly improve outcomes in such highly complex cases [4].

Further complicating the clinical landscape, one case report details the unexpected development of delirium in a patient following successful treatment for psychogenic non-epileptic seizures (PNES). This report thoughtfully explores the potential psychological and neurological mechanisms linking the resolution of PNES with subsequent acute confusion states, suggesting that significant changes in neurobiological pathways or the psychological adjustment to symptom remission might contribute to this adverse outcome. The report emphasizes the undeniable need for vigilant psychiatric monitoring both during and after PNES treatment to proactively identify and effectively manage unexpected complications like delirium [5].

Another insightful case report describes a patient experiencing their very first episode of mania, who was subsequently diagnosed with Bipolar I Disorder, crucially in the presence of previously undiagnosed hydrocephalus. This case explores the potential causal or exacerbating role of the neurological condition on the psychiatric symptoms, highlighting the profound importance of thorough neuroimaging in any atypical or first-episode psychiatric presentations. The report further discusses how actively treating the underlying hydrocephalus might significantly influence both the trajectory and the ongoing management of the bipolar disorder [6].

Diagnostic complexities are further underscored by a case presenting with trauma-related auditory verbal hallucinations and comorbid dissociative identity disorder (DID), which was initially misdi-

***Correspondence to:** Sarah Mitchell, Department of Psychiatry, University of Queensland, Brisbane, Australia. E-mail: sarah.mitchell@uq.edu.au

Received: 04-Jul-2025, Manuscript No. AABMCR-218; **Editor assigned:** 08-Jul-2025, Pre QC No. AABMCR-218 *(PQ)*; **Reviewed:** 28-Jul-2025, QC No. AABMCR-218; **Revised:** 06-Aug-2025, Manuscript No. AABMCR-218 *(R)*; **Published:** 15-Aug-2025, DOI: 10.35841/ bmcr-9.3.218

Citation: Mitchell S. Complex psychiatric comorbidity: Diagnostic and therapeutic challenges. aabmcr. 2025;09(03):218.

agnosed with early psychosis. This highlights the significant challenges when dissociative symptoms overlap considerably with overt psychotic features, particularly within the context of a severe trauma history. The report strongly advocates for a comprehensive trauma-informed approach to assessment and treatment, emphasizing the critical importance of accurately differentiating between true psychosis and trauma-induced dissociative phenomena for the selection of appropriate therapeutic interventions [7].

The complex management of suicidality in a pregnant patient diagnosed with borderline personality disorder (BPD) and a history of childhood trauma is addressed in another critical clinical case report. It highlights the unique and profound challenges of providing psychiatric care during pregnancy, necessitating a careful balance between the vital maternal mental health needs and fetal well-being, especially concerning medication choices and psychological interventions. The report powerfully underscores the absolute importance of a coordinated, multidisciplinary care team to effectively manage high-risk presentations within this uniquely vulnerable patient population [8].

Further intricacies are revealed in a case report exploring the significant challenges of treating severe opioid use disorder (OUD) in a patient concurrently diagnosed with schizoaffective disorder. This highlights the profound complexities arising from the often-detrimental interaction of psychotic and mood symptoms with substance use, which demonstrably impacts treatment engagement, medication adherence, and overall prognosis. The report strongly emphasizes the undeniable necessity of integrated psychiatric and addiction services, coupled with tailored pharmacotherapy and comprehensive psychosocial support, to address this dual diagnosis effectively and ultimately improve long-term recovery outcomes [9].

Finally, an exceedingly rare and complex combination of early-onset schizophrenia, anorexia nervosa, and psychogenic polydipsia in a 13-year-old girl is presented. This case highlights profound diagnostic and management challenges, illustrating how these severe psychiatric conditions can intricately intertwine in early adolescence, leading to a complex clinical picture that regrettably defies standard treatment protocols. It underscores the critical need for a highly specialized, multidisciplinary approach to both assessment and intervention to effectively address the severe physical and mental health risks consistently associated with such extreme comorbidities [10].

Conclusion

The presented case reports highlight the profound diagnostic and therapeutic complexities inherent in psychiatric practice, particularly when managing comorbid conditions. They reveal a spectrum of challenges, from distinguishing overlapping symptoms in neurodevelopmental disorders like ADHD and Autism Spectrum Disorder, to navigating the intricate interplay of trauma-related conditions such as Complex Post-Traumatic Stress Disorder (CPTSD) with bipolar II disorder. Several cases underscore the difficulties in identifying and treating severe presentations, including catatonia co-occurring with schizophrenia and recurrent depressive disorder, or the challenging triple comorbidity of anorexia nervosa, obsessive-compulsive disorder, and major depressive disorder. Unique scenarios like the development of delirium post-treatment for psychogenic non-epileptic seizures, or first-episode mania linked to undiagnosed hydrocephalus, emphasize the necessity for thorough neurological and psychological assessment. The reports also address high-risk situations, such as managing suicidality in pregnant patients with borderline personality disorder and childhood trauma, or treating severe opioid use disorder alongside schizoaffective disorder. A particularly rare case illustrates the extreme complexity of early-onset schizophrenia with comorbid anorexia nervosa and psychogenic polydipsia in an adolescent. Consistently, these cases advocate for integrated, multidisciplinary, and trauma-informed treatment approaches, stressing personalized care to effectively address the multifaceted needs of patients with complex psychiatric presentations and improve long-term outcomes.

References

1. Radosław JM, Karolina M, Aleksandra K. Complex post-traumatic stress disorder in a patient with bipolar II disorder: a case report. *Psychiatr Pol.* 2023;57:549-562.

2. Yanan S, Wenjuan C, *Fang Z. A challenging case of catatonia in a patient with schizophrenia and recurrent depressive disorder. Front Psychiatry.* 2023;14:1118671.

3. Yu Y, Xiaoping H, Lin Z. Exploring co-occurring attention-deficit/hyperactivity disorder and autism spectrum disorder in clinical practice: *A case report. Front Psychiatry.* 2022;13:951563.

4. Ryo T, Takamitsu K, Takuya T. A Case of Severe Anorexia Nervosa with Concurrent Severe Obsessive-Compulsive *Disorder and Major Depressive Disorder in a Young Adult. J Clin Med.* 2022;11:2797.

5. Yuqi L, Fan D, *Ruixin S. A case of delirium after successful treatment of psychogenic nonepileptic seizures. Front Psychiatry.* 2023;14:1150821.

6. Ijaz K, Abdul H, Salman H. First Episode Mania in a Patient with Bipolar I Disorder Associated with Hydrocephalus: *A Case Report. Cureus.* 2023;15:e35821.

Citation: *Mitchell S. Complex psychiatric comorbidity: Diagnostic and therapeutic challenges. aabmcr. 2025;09(03):218.*

7. Marielle KLMT, Nienke DNNEVDH, Joost FBL. Trauma-related auditory verbal hallucinations and comorbid dissociative identity disorder in a patient with an early psychotic diagnosis: a case report. *BMC Psychiatry.* 2021;21:201.

8. Julia LG, Victoria AM, Melissa AG. Managing suicidality in a pregnant patient with borderline personality disorder and a history of childhood trauma: *A clinical case report. J Affect Disord Rep.* 2021;4:100114.

9. Andrew JF, Katherine EL, Michael KK. A case of severe opioid use disorder in a patient with schizoaffective disorder: *Treatment considerations and challenges. J Subst Abuse Treat.* 2020;122:108151.

10. Jinyoung N, Haesuk K, Young SK. A Rare Case of Comorbid Early Onset Schizophrenia, Anorexia Nervosa, and *Psychogenic Polydipsia in a* 13-Year-Old Girl: A Diagnostic and Management Challenge. Psychiatry Investig. 2020;17:609-612.