

EARLY-ONSET PSYCHOSIS FOLLOWING METHYLPHENIDATE USE IN A PATIENT WITH ADHD DIAGNOSIS

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OBJECTIVE: Methylphenidate is widely used in the treatment of Attention-deficit and hyperactivity disorder (ADHD). However, it is known to cause psychotic symptoms even at therapeutic doses. Furthermore, diagnostic confusion can arise due to the overlap in symptoms between ADHD and schizophrenia. This case report discusses a patient who was previously diagnosed with ADHD, treated with methylphenidate, and subsequently experienced recurrent psychotic episodes. Written and verbal informed consent was obtained from the patient.

CASE: A 27-year-old male patient was admitted to our inpatient unit with hallucinations, delusions, and disorganized behavior. Upon admission, he presented with irritability and euphoria. The patient's first psychiatric consultation occurred in 2012, at a child psychiatry clinic, due to hyperactivity and inappropriate behaviors. He was diagnosed with ADHD and started on methylphenidate. However, he never achieved full remission. In 2015, he experienced his first psychotic episode and was diagnosed with atypical psychosis. Since 2016, he has had four psychiatric hospitalizations due to recurrent psychotic episodes

and was treated with various antipsychotics, both as an inpatient and outpatient. In 2024, he was admitted to our unit again due to a psychotic episode.

DISCUSSION: Studies have shown that ADHD is the most frequent comorbid condition in children and adolescents with schizophrenia. The neuropsychological changes hypothesized for these two disorders partially overlap, leading to diagnostic confusion in early stages. Methylphenidate, a commonly used medication in ADHD treatment, requires careful consideration. Its effects on the brain are similar to those of cocaine, as it rapidly penetrates the brain and stimulates dopamine release. Dopamine plays a significant role in the development of psychosis. In summary, ADHD should be diagnosed with caution, particularly in childhood, and medication choices should be made with sensitivity. For mild to moderate cases, alternative medication options should be considered before initiating psychostimulants.

Keywords: Methylphenidate, psychosis, schizophrenia, ADHD