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DUAL MOOD STABILIZER TREATMENT IN A SEVERE, ECT-RESISTANT SCHIZOAFFECTIVE DISORDER: A CASE REPORT

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OBJECTIVE: Schizoaffective disorder is associated with recurrent hospitalizations and functional decline, and a subset of patients remains treatment-resistant despite adequate antipsychotic trials and electroconvulsive therapy(ECT).When standard strategies fail, evidence guiding subsequent options is limited.We present a severe case in which clinical improvement emerged after dual mood stabilizer therapy following insufficient response to antipsychotic optimization and adequately administered ECT.

CASE: A 43-year-old patient with schizoaffective disorder and multiple prior hospitalizations was admitted from the emergency setting due to severe psychomotor agitation, grandiosity, persecutory delusions, and medication refusal.Intramuscular haloperidol (20 mg/day) with biperiden(10 mg/day) was initiated.Quetiapine extended-release was started and titrated to 750 mg/day, and clonazepam was added.Despite treatment, the patient remained verbally aggressive, intermittently refused medication, and required seclusion. Subsequent optimization with oral risperidone(4 mg/day) followed by paliperidone long-acting injectable showed no improvement.Cranial magnetic resonance imaging was normal, and electroencephalography was planned.In a previous admission, the patient had undergone 12 sessions of ECT with adequate seizure duration but without sufficient clinical response.Given persistent symptom severity and significant impairment in self-care and caregiving, valproic acid was titrated to 1500 mg/day; due to insufficient response, lithium was added and titrated to 600 mg/day based on serum levels.Marked clinical improvement emerged following combined lithium and valproate therapy, with only mild residual psychotic themes.The patient was discharged with family collaboration and close outpatient follow-up.Over three months, functional recovery remained stable, and the family reported high satisfaction with stability.Written informed consent for publication was obtained.

DISCUSSION: This case suggests that dual mood stabilizer therapy may be associated with meaningful improvement in selected treatment-resistant schizoaffective presentations where antipsychotic strategies and adequately administered ECT have been insufficient.While findings from a single case cannot be generalized, this approach may warrant consideration in refractory cases characterized by severe agitation and functional deterioration.

Keywords: Schizoaffective disorder, treatment resistance, dual mood stabilizer therapy