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### Impact of Political Rhetoric on Mental Health: A Case Report of First-Episode Psychosis After the 2017 US Presidential Inauguration

**To the Editor:** Counotte et al<sup>1</sup> showed an altered autonomic stress response due to social stressors. Social stressors such as marginalization and social defeat are known to cause mental distress.<sup>1</sup> The 2016 US presidential campaign was a tumultuous period, with messages that included frightening scenarios, and a source of anxiety for immigrants. Shy<sup>2</sup> described the sudden influx of foreign-born patients to the emergency department the day after the election, all of whom were apprehensive about possible deportation. This case report describes a woman with no prior psychiatric history who presented with new-onset psychosis following the 2017 presidential inauguration.

**Case report.** Ms A, a 71-year-old Hispanic-American woman, lives alone but has a life partner, is employed as a certified nursing assistant, and practices the Catholic faith. She is originally from South America but has lived in the United States for over 15 years and is a US citizen. She was admitted to the inpatient psychiatric unit in an acutely psychotic state a week following the 2017 presidential inauguration. Ms A's place of employment had called the sheriff's department to request a welfare check, as she had missed 4 days of work, which was highly uncharacteristic of her. She presented to the hospital with manic symptoms of pressured, rapid speech alternating between English and Spanish and delusions of being from a different "galaxy" with powers to heal the sick and read people's minds and endorsed command auditory hallucinations and visual hallucinations of "spirits." She was agitated, difficult to redirect, aggressive to staff, and intermittently placed her hands on other patients in an attempt to "heal" them. She denied use of alcohol or recreational drugs; her medical history was significant for hypothyroidism and hypertension, which were well controlled on medications. She had no family psychiatric history or prior psychiatric treatment and was visibly upset that she was in a psychiatric facility.

Results of a routine blood and urine workup were negative. She declined a Montreal Cognitive Assessment<sup>3</sup> screen and radiologic studies. Collateral information obtained from Ms A's close friend and partner corroborated her report of no prior psychiatric treatment and described the patient as a "hard-working woman who loves her job and her pets." They indicated that Ms A's anxiety about being deported began during the presidential campaign period, and despite being a US citizen, she was convinced she would be deported. Following the inauguration, there was a drastic deterioration in Ms

A's behavior: she stopped eating, began to stay up all night for several days at a time, and eventually stopped going to work. She was diagnosed with brief psychotic disorder (*DSM-5* criteria). Ms A was resistant to medications at admission; however, after evaluation by the treatment review committee, medication was approved despite her objection. Olanzapine and valproate were initiated with a good response, and Ms A was discharged on the twelfth day of hospitalization.

The exact mechanism by which social stress can affect the molecular targets involved in psychosis such as the dopaminergic system are not fully understood; however, continued daily social stress may result in excessive dopamine release in the striatum, which in turn could lead to negative affective and psychotic symptoms.<sup>4</sup> Social adversity is associated with psychosis and negative emotional processes that could contribute to the occurrence and persistence of psychotic symptoms.<sup>5</sup>

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