Week 7: Grand Rounds Discussion: Complex Case Study Presentation

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Grand Rounds Discussion: Complex Case Study Presentation

Objectives:

Differentiate between criteria for different mood disorders at the conclusion of this presentation.

Describe treatment recommendations for mood disorders at the conclusion of this presentation.

Recognize the complexity of diagnosing adolescents at the conclusion of this presentation.

Subjective:

CC: "I was recently at the hospital for wanting to hang myself."

HPI: J.H. is a 14-year-old Caucasian female who reports to clinic accompanied by her mother after recent inpatient psychiatric hospitalization for suicidal thoughts with a plan to hang herself. She was hospitalized for 13 days in May of this year. During the hospitalization, she was started on Seroquel 50 mg QHS and Seroquel 25 mg daily. Client was previously evaluated in our clinic and started individual therapy, but she and her mother did not want medications at that time. Client reports she has experienced anxiety since fourth grade, when she was teased and bullied. She has been evaluated four separate times in the emergency room for talking about suicide. In seventh grade, she told a school counselor she wanted to die but didn't have a plan, and the same day told her friend she was going to hang herself, but she did not have a specific date set. Client reports she tried to hang herself last year because she wanted to know what it felt like, but she never told anyone. She reports no issues with sleeping, eating or self-care. Client shared she has anxiety about the future in high school, college, and beyond. She is going to be a sophomore this year. She reports worry is not excessive but does bother her with new activities like ROTC. She states she has panic attacks, and they make her hot and sweaty and avoidant. History of self-harming behaviors with scissors and knives and anything sharp she can find for the past year. Last time she self-harmed was during hospitalization. She thinks she looks fat and does not like herself. She punches and kicks walls at school and at home. When asked about hearing or seeing things that are not real, she reported seeing a truck in the driveway that was not really there.

Past Psychiatric History: Past diagnoses include Anxiety, Depression & Personality Disorder. Four emergency psychiatric evaluations in the emergency room, one inpatient hospital stay for 13 days with a step down to PHP for one week. She has been going to therapy bimonthly for the past eight months. Past reports of low self-esteem, labile mood with impulsivity and intense anger and outbursts.

Substance Use History: Client denies drug or alcohol use. She reports no smoking or vaping. Occasionally, she will have a soda at home on special occasions. Mother states this happens about two times per month.

Family Psychiatric/Substance Use: Mother has attempted suicide. The maternal side of the family has issues but no specific diagnoses. Mom is in therapy for anxiety. Biological father's side of the family was all polysubstance users.

Psychosocial: Client lives with her biological mother and stepfather. She has four siblings; one is her fraternal twin. Her biological father is not in her life and gave up his rights. She was adopted at age four by her stepfather. She just finished her first year of high school. She gets mostly As and has good attendance. She does side jobs like babysitting and yard work and is motivated by money. She loves to buy soccer jerseys. She plays on two soccer teams, one for the high school and one is a community travel team. Denies and legal history. Denies trauma or abuse, although she states that being handcuffed at school when she was suicidal to go to the emergency room was a horrible experience.

Medical History: Born six weeks early, in NICU for first week. Tonsils and adenoids removed at age seven. Last physical October 2021. All vaccinations up to date. Met all developmental milestones.

Current Medications: Seroquel 50 mg QHS and Seroquel 25 mg daily. She has been taking Seroquel for about six weeks and it has helped her mood. She reports being calmer with less anger outbursts and decreased anxiety.

Medication trials: Prozac and Zoloft tried about two years ago, but she did not feel they were helpful.

Allergies: Peaches, pears, cherries, and plums-gets a tingly feeling around her mouth.

Reproductive Hx: LMP two weeks ago. Denies sexual activity in past or present, no other concerns.

ROS: Reviewed systems and client denies any concerns.

GENERAL: No weight loss, fever, chills, weakness, or fatigue.

HEENT: Eyes: No visual loss, blurred vision, double vision, or yellow sclerae. Ears, Nose, Throat: No hearing loss, sneezing, congestion, runny nose, or sore throat.

SKIN: No rash or itching.

CARDIOVASCULAR: No chest pain, chest pressure, or chest discomfort. No palpitations or edema.

RESPIRATORY: No shortness of breath, cough, or sputum.

GASTROINTESTINAL: No anorexia, nausea, vomiting, or diarrhea. No abdominal pain or blood.

GENITOURINARY: No burning on urination, urgency, hesitancy, odor, odd color

NEUROLOGICAL: No headache, dizziness, syncope, paralysis, ataxia, numbness, or tingling in the extremities. No change in bowel or bladder control.

MUSCULOSKELETAL: No muscle, back pain, joint pain, or stiffness.

HEMATOLOGIC: No anemia, bleeding, or bruising.

LYMPHATICS: No enlarged nodes. No history of splenectomy.

ENDOCRINOLOGIC: No reports of sweating, cold or heat intolerance, polyuria, or polydipsia.

Objective:

Diagnostic results:

- No Physical exam performed due to absence of complaints related to chief complaint, HPI, and history. No labs or other diagnostics ordered.
- Assessed for suicide risk. Asked about suicidal thoughts, plans, and behaviors (current and past) as detailed in the above HPI.

Assessment:

Mental Status Examination: Client is a 14-year-old Caucasian female who looks her stated age. She is dressed modestly and appropriately for the weather. She is clean and well-groomed and carries herself with confidence. She is cooperative with provider and speaks clearly, and articulates well with average tone and volume. No signs of abnormal motor activity. Thought process is logical and goal-directed, no disorganized behavior or speech noted. Her mood is euthymic with appropriate affect. She denies any auditory hallucinations but thinks she saw a truck once in the driveway when there wasn't one. There is no evidence of any delusional thinking. No current suicidal, homicidal, or self-injurious thoughts; last time was 6-8 weeks ago. She is alert and oriented with good recall and memory. No issues with concentration. She is insightful about mental illness and willing to receive treatment.

Diagnostic Impression:

1. **Unspecified Mood Disorder with Anxious Distress:** Client has changes in mood, suicidal thoughts, self-injury, low self-esteem, and irritable mood. She does not have a reduced need for sleep, so she does not meet the full criteria for Bipolar d/o (American Psychiatric Association, 2022). Conversely, she does not experience vegetative symptoms indicative of depression, so she does not meet full criteria in that category (American Psychiatric Association, 2022). The DSM-5 states that an unspecified choice is appropriate if they don't meet the criteria for a full mood or depressive disorder. I added anxious distress due to the nature of her symptoms, including worrying and feeling like she may lose control and hit things (American Psychiatric Association, 2022). Anxious distress is a major characteristic used with bipolar disorders and major depressive disorders and a higher risk for suicide (Aguirre, 2021). Typically in teens, unipolar depression is diagnosed before bipolar

depression. According to Aguirre (2021), childhood trauma is also related to impulse control impairment. Even though they denied trauma or abuse, her biological father was not in her life, and her stepfather adopted her; this may have increased her risk.

2. **Generalized Anxiety Disorder:** Anxiety disorders can also have similar criteria to other disorders. Irritability and angry outbursts are both expressions of anxiety (Garcia & O'Neil, 2021). The DSM-5 criteria that she meets includes excessive worry, for more than six months, difficulty controlling the worry, irritability, and impairment in school functioning when she wants to skip activities (American Psychiatric Association, 2022). This disturbance is not attributable to another physiological reason or substance, but it may be due to another psychiatric condition. I will keep this as a possible diagnosis for now.

3. **Borderline Personality Disorder:** Because of the nature of teens and this period of their lives being in chaos, it is difficult to use this diagnosis. However, according to the American Psychiatric Association (2022), this client meets some criteria, including low self-esteem and poor self-image, suicidal behavior and self-mutilation, irritability and anxiety, and difficulty controlling anger. There was no report of instability in her current relationships, so she does not fully meet the criteria which include five out of the nine criteria; she only meets four of those. The personality inventory for DSM-5 brief form for children 11-17 years old should be given to the client for further assessment.

4. **Disruptive Mood Dysregulation Disorder (DMDD):** Due to the nature of her suicidal thoughts and attempt, I wanted to diagnose her with a mood or depressive disorder. She is not experiencing vegetative symptoms, and did not like the effects of the two antidepressants she took so I thought about her irritability and wanted to look at DMDD. A key symptom of DMDD is irritability. For a diagnosis of DMDD, the outbursts should occur three times per week. Those with chronic irritability are at a higher risk for self-harm and suicide (Demirgören, 2019). I am unsure if I can use this diagnosis because I don't believe her outbursts are three times per week. I also think there is another diagnosis that is a better fit.

Reflection: When the client came to us, she was initially diagnosed with unspecified anxiety disorder and unspecified depressive disorder. At first glance, those are fine to use until we get to know a client. However, I wanted to do more research and felt a more bipolar vibe with borderline personality traits. It bothers me that the diagnostic criteria are the same for adults and children. I have worked with many teens, and diagnosing these disorders is challenging. My preceptor was also surprised that the client came to us on Seroquel and that they were happy with it so far. I think there is some information missing, and if I spent more time with the client and her mother, a more thorough evaluation would clear up some ambiguities and details. We were reluctant to change her medication because they are both happy with the results thus far. Her mother was asked to leave at one point during the appointment, but the client begged for her to stay. I find that when teens are alone with the provider, we get a different presentation than when

the parent is present. They speak freer and often talk about subjects like drug use or sex. We did not push the issue with our client and allowed her mother to stay.

Case Formulation and Treatment Plan:

Case Formulation: The client presents with symptoms of self-mutilating behavior, decreased self-esteem, labile mood, intense anger/outbursts, and recent suicidal thoughts/plan with past attempt. The following plan aims to address these concerns.

Treatment Plan:

Health Promotion Activity: Healthy lifestyle choices, such as stress reduction, exercise, good nutrition, avoidance of drugs and alcohol, and proper sleep hygiene, is essential to staying well (Garcia & O'Neil, 2021). Helping with planning and cooking meals and staying involved with sports; she is on two soccer teams, will continue to challenge her self-esteem and help her confidence and self-image.

Medication Management: Continue taking Seroquel 50 mg QHS and 25 mg daily as this has been helping her mood lability and self-harming. Second-generation antipsychotics are recommended for borderline personality disorder and mood disorders (Guilé et al., 2018).

Patient Education: Discuss side effects of Seroquel, including sleepiness, feeling dizzy, headaches, and weight gain. Discuss medication compliance and the possibility of increased suicidal thoughts, and do not stop taking the medication suddenly (Stahl, 2013). Have client and parent repeat back for understanding.

Labs: Obtain baseline labs, EKG, and current height/weight to the nature of Seroquel and the metabolic issues associated with atypical antipsychotics.

Psychotherapy: Continue with current therapy. Cognitive-behavioral therapy (CBT) can help improve symptoms of depression and anxiety such as low self-esteem, self-injury, and excessive worrying. Dialectic-behavioral therapy (DBT) is useful for self-mutilating behavior, and family therapy could be useful if available in the area; we currently do not offer this in our clinic.

Crisis: Crisis hotline numbers should be easily accessible, programmed into cell phones, or listed by home phones. This was discussed with client and parent, and they verbalized understanding. Numbers were provided. Also discussed mother locking up all medications for the family's safety and she reported she already does this.

Opportunity for Questions: The client and her mother asked questions and answers were given. Treatment plan was reviewed, and they verbalized understanding. It is essential to have treatment goals to improve functioning, offer support, and prevent the needing a higher level of care.

Next Session: Return to meet with provider in one month unless she needs an appointment sooner, then she can call the clinic and request an earlier appointment or leave a message to speak with the provider.

Questions for Discussion:

1. Based on information presented, what medication might you have started the patient on if she was not currently on Seroquel, and why?

2. Why are some clinicians reluctant to diagnose borderline personality (BPD) in adolescents?

3. Low self-esteem is common among teens; what suggestions do you have for helping clients with these beliefs about themselves?

References

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