

**Week (9): Ground Rounds Discussion: Complex Case Study Presentation:**

**Older Adults**

Agnes Streete

College of Nursing-PMHNP, Walden University

PRAC 6675: PMHNP Care Across the Lifespan II

Professor Roel Sepulveda

January 25, 2023

A handwritten signature in black ink, appearing to be the initials 'W' followed by a stylized flourish.

## NRNP/PRAC 6675 & 6675 Comprehensive Focused SOAP

### Week 9 Grand Rounds Discussion: Complex Case Study Presentation: Older Adults

#### Objectives

- Assess the signs and symptoms of post-traumatic Stress Disorder (PTSD) and Major Depressive Disorder (MDD)
- Recognize that PTSD and MDD are the most prevalent disorders among military forces
- Recognize that diagnosis of PTSD and MDD affect an individual's daily life

**Subjective CC** (chief complaint): "I have been sad and isolated. I had two closed friends that I lost during the war years ago."

**HPI:** A.P. is a 67-year-old Caucasian female that is here today for initial psychiatric evaluation and treatment. She states that she had been suffering from depression and anxiety since 1992 after the death of her two friends on the battlefield in Iraq. The client admits that she saw it happened and cannot stop thinking about the incident. She reports having nightmares, terrors, flashbacks, and dreams. The client admits that she has experienced flashbacks and nightmares for long time. She admits that she was called on duty during mass shooting and had to see the bodies of the victims. And that left her with the obsession of excessive hand washing and cleaning her house repeatedly. The client admits that she does not like to watch the news especially on a mass shooting because this triggers her symptoms. She



reports that she had been treated with Sertraline (Zoloft) and Alprazolam (Xanax) years ago. The client also reports having sleep disturbances for a long time which sometimes disturb her focus and concentration. She reports taking Trazodone for sleep. She admits eating well most of the time. The client denies suicidal ideations, homicidal ideation, and auditory, visual, and tactile hallucinations.

**Substance Current Use:** Client drinks 2-3 glasses of wine weekly. She drinks two cups of coffee per day.

**Past Psychiatric History:** The client had been seen a psychiatrist since 2008.

**Caregiver (if applicable):** None

**Hospitalizations:** None

**Medication Trials:** Zoloft, Xanax, and Trazodone

**Psychotherapy or previous Psychiatric Diagnosis:** PTSD, MDD, Anxiety

**Medical History:** Hypertension and hyperlipidemia

- **Current Medications:** Lisinopril 10mg PO daily, Atorvastatin 20mg PO daily, Zoloft 100mg PO daily, and Trazodone 50mg PO daily at bedtime
- **Allergies:** No known allergies
- **Reproductive Hx:** The client has three children. She has two daughters and a son. She is sexually active with current spouse.

**Family Psychiatric and Substance Use Hx:** The client reports no family psychiatric history. It is essential to list family psychiatric, medical, or substance abuse history to rule out genetic related disorders.

**Psychosocial Hx:** The client is married with three adult children. She has master's degree in social work and she is currently retired. She drinks two to three glasses of wine per week and socialized with friends once a month. She reports that she was a good student and reports making good grades through her academic years. She reports that the military gave her a future through education.

ROS:

- **GENERAL:** The client denies weight loss or weight gain. She appears to be in good health.
- **HEENT:** No hearing loss, no vision loss or blurred vision, ears are normal in shape, no discharges or pain, no sore throat or swelling
- **SKIN:** skin is intact, no lesion or rash noted
- **CARDIOVASCULAR:** No chest pain or chest discomfort. No palpitations, swelling to lower extremities
- **RESPIRATORY:** No shortness of breath, cough or dyspnea
- **GASTROINTESTINAL:** No diarrhea, nausea, vomiting or abdominal pain or discomfort
- **GENITOURINARY:** No burning on urination, on incontinence, urgency, or hesitancy



- **NEUROLOGICAL:** Denies headache, seizures, dizziness, numbness or tingling in extremities
- **MUSCULOSKELETAL:** Ambulates without assistance, no back, muscle, or joint pain or stiffness
- **HEMATOLOGIC:** No blood disorder
- **LYMPHATICS:** No inflammation or swelling
- **ENDOCRINOLOGIC:** No endocrine disorder

**Objective:**

**Vital Signs:** BP 128/80, P-82, T-98.6, RR- 17, Ht-5'4", Wt- 145lbs

**Diagnostic results: Test-TSH-result (0.48 mIU/L); T3-result (163ng/dL), T4-result (1.8ng/dL)-**These tests are necessary because hypothyroidism and hyperthyroidism can create a symptoms of depression.

**Vitamin D-** result (20ng/mL)-Low

**Cortisol-**result at 6am the previous day (12ng/DI)- Increased cortisol levels causes symptoms of depression.

**Screenings:**

The Clinician Administered PTSD Scale for DSM-5 (CAPS-5) which is a diagnostic screening to diagnose PTSD (Goetter et al., 2020).).

A handwritten signature in black ink, appearing to be 'CW', located in the bottom right corner of the page.

The Beck Depression Inventory II is a 21-item diagnostic tool to assess depressed clients. The greater the scores, the severity of the depression (Goetter et al., 2020).

**Assessment:**

**Mental Status Examination:** A.P. is a 67-year-old Caucasian female who appears appropriately according to her age. She is alert and oriented to person, place, time, and event. She is attentive, cooperative, and keeps eye contact during the interview. She is well groomed and dressed appropriately for the weather and event. Her thought process is goal-oriented and rational. She denies suicidal and homicidal ideations. She denies auditory and visual hallucinations.

**Diagnostic Impression:**

**Post-Traumatic Stress Disorder (PTSD):** PTSD is a psychiatric disorder that develops after experiencing severe emotional or mental distress such as violent assault, military combat, natural disaster or other fearful events (McCance & Huether, 2019). The client re-experiences the trauma through nightmares, dreams, and flashbacks which make life difficult. The clinical manifestations include nightmares, avoidance of the events that bring back the memories of the trauma, anxiety, depression, and agitation (McCance & Huether, 2019). The client experienced nightmares, dreams, and terrors. She is afraid to watch the news that relates to shooting. PTSD is an accepted diagnosis for the client.

**Major Depressive Disorder:** is a psychiatric disorder that has clinical manifestations of persistent depressed mood and loss of pleasure or interest in life,



usually with other symptoms such as feelings of guilt, sleep disturbances, decreased concentration, fatigue and suicidal ideation (Wheeler, 2020). According to the American Psychiatric Association (APA), the symptoms of depression must be present for at least two weeks before a person can be diagnosed with depression (APA, 2013). The client reports difficulty sleeping which include loss of concentration. The diagnosis of MDD is a rational diagnosis.

**Obsessive Compulsive Disorder (OCD):** OCD is a psychiatric disorder characterized by obsessions and compulsions that are difficult to control and interfere with daily activities (Baldrige & Piotrowski, 2022). The clinical manifestations of OCD include fear of germs; need to arrange things in a particular manner, agitation, impulsivity, anxiety, panic, and guilt (McCance & Huether, 2019). OCD is a necessary diagnosis for the client due to her repeated hand washing and cleaning of her house multiple times a day.

### **Reflections:**

PTSD and depression are the psychiatric disorders that affect individuals who are affected by war (McCance & Huether, 2019). As a provider, it is important to find support group and resources to assist people with PTSD. While the client is encouraged to seek treatment, it is essential to emphasize that helping people with mental health problems is necessary. Some individuals developed severe depression due to devastating life experiences. Clinician assists with multiple therapeutic options. Through therapies, medications, and support groups, individuals with

A handwritten signature in black ink, consisting of stylized cursive letters, likely 'EC'.


mental health disorders have therapeutic outcome.

### **Case Formulation and Treatment Plan:**

The client will be treated with Prazosin 1mg at bedtime and ~~Rexulti (Brexpiprazole)~~  
~~1mg PO daily~~. Zoloft will be increased from 100mg to 150mg PO daily. Continue  
Trazodone 100mg PO at night. The client is referred to psychotherapy. In  
psychotherapy, the client will find coping mechanisms for symptoms relief (Wheeler,  
2020). The client has been given emergency numbers which include 911 and the  
patient's crisis line in 1-800-715-4225. The client was instructed to go to the nearest  
emergency room or call 911 she becomes suicidal or homicidal. Follow-up in two  
weeks or as needed.

### **Discussion Questions**

1. What is essential to consider when prescribing medications for older adults?
2. Do you think her passed mental health disorders were treated properly?
3. What other medications can be prescribed to effectively treat this patient?

 *Shawna-BC*  
1/25/2023

## References

- American Psychiatric Association. (2013). Diagnostic and Statistical Manual of Mental Disorders, fifth edition DSM-5 American Psychiatric Association.
- Baldrige, I. C., & Piotrowski, N. A. (2022). Demystifying Obsessive-Compulsive Disorder. Retrieved January 21, 2023 from <https://www.imhm.org>.  
Magill's Medical Guide.
- Goetter, E. M., Hoepfner, S. S., Khan, A. J., Charney, M. E., Wieman, S., Venners, M. R.,...&Simon, N. M. (2020). Combat-Related Posttraumatic Stress Disorder And Major Depression in U. S. Veterans: The Role of Deployment Cycle Adversity and Social Support. *Journal of Traumatic Stress, 33*(3) 276-284  
<https://doi.org/10.1002/jts.22496>.
- McCance, K. L & Huether, S. E. (2019). Pathophysiology: The biologic basis for disease In adults and children (8<sup>th</sup> ed.). St Louis, Mosby/Elsevier.
- Wheeler, K. (ED.). (2020). Psychotherapy for the advanced practice psychiatric nurse: A How-to-guide for evidence-based practice (3<sup>rd</sup> ed.). Springer Publishing.

