

CASE 8

LITTLE JUDI SCREAMS IN TERROR

Jay and Marti came to the Emergency Room with their 8-year-old daughter Judi. They had been married for twelve years and Judi was their first and only child. Both parents appeared fatigued and there were dark circles under their eyes. They left Judi in the waiting room with her grandmother while they discussed their problem with me.

“Doctor, Judi has this awful problem and we don’t know what to do,” Jay began. “It started a few months ago and we haven’t been able to get a good night’s rest ever since.”

“We always put Judi to bed at 9:00 P.M.,” said Marti. “She is really good about her bedtime and she always goes right to sleep in a few minutes. Usually I just sit quietly in her room or stand outside the bedroom door until she falls asleep.”

“Marti and I usually go to bed at 11:00 P.M.,” Jay continued. “But if it’s going to be a bad night, we’re suddenly awakened around 12:00 A.M. with this blood-curdling scream from Judi’s room. We run into her room expecting the worst but there is nothing in her room except her sitting up in bed screaming.”

“Jay’s right,” Marti confirmed. “We run into Judi’s room and she’s sitting up in bed looking so frightened. Not just a little frightened but she’s shaking with fear. When I hold her, she’s panting, her poor little heart is pounding, and her body is wet with fear. Even when she’s fully awake, I can’t calm her down, no matter what. At first, we thought she was just having nightmares but this is too much for nightmares. There’s never been a nightmare that could strike fear into the heart of a child like this.”

“At first I thought there was a prowler or someone trying to get in the house,” continued Jay. “I put in an alarm system, which we needed anyway, but we never caught anybody. Then I wondered if Judi could be seeing scary things in her room. The most frustrating thing is that Judi has amnesia. She can’t tell us what happened—she doesn’t even remember waking up screaming, and she claims that everything is OK. Marti and I talked about this just being a bad dream, but she won’t tell us what she was dreaming about. She swears that she hasn’t been dreaming at all.”

Judi’s Diagnostic Examination revealed a normal 8-year-old girl with appropriate affect, clear and measured speech, and the ability to answer my questions with ease. There had been no other signs of emotional or behavioral problems other than her nighttime episodes, which she said she did not remember. She and her parents denied any problems with attention, hyperactivity, sadness, anhedonia, elevated mood, or irritability. Overall, Judi’s attitude about the affair was light and unconcerned. When I administered an age-appropriate Cognitive Examination, she performed well on tests of *attention, language, memory, abstract thinking, and sequential thinking.*

CHALLENGE

What’s wrong with Judi? What will you tell the parents about her condition and what treatment will you recommend? Make up your mind and then go on to the Solution to see what happened.

SOLUTION

CASE 9

DR. FRANK STUDIES ASIAN MEDICINE

Twenty-seven-year-old Frank Z, Ph.D., walked into my cubicle in the Emergency Room, exclaiming, “Doctor, I can’t take this any more!”

“Six days ago I was feeling on top of the world,” began Frank breathlessly, “but over the last five days, my heart has been racing and pounding in my chest and I am perspiring all the time, even in a cold room. My hands are shaking uncontrollably and I can’t get my breath. My chest hurts from my heart pounding. I’m so sick to my stomach, I can’t eat, and I feel so dizzy that I think I’m going to faint. My body feels really weak and I haven’t been able to sleep for three days.

“Do you think I’m going to die, Doctor?” Frank whined plaintively. “I’ve started asking everybody I know what could be wrong. I’ve called up my regular doctor a hundred times and finally he told me to go to the Emergency Room and ask to see a psychiatrist. No one wants to talk to me anymore—that hurts my feelings. And I’m really anxious! This whole situation pisses me off no end!”

“Does anything make your condition better or worse?” I asked, when Frank stopped for air.

“Nothing makes me feel any better,” Frank hurried on, “but some things make me feel even worse. Like if I drink just a little coffee or even cola, my heart starts racing harder and I get more agitated. Even eating chocolate makes me feel worse.

“I work as a medical research scientist but I have not been able to go to the university to do my work. I am taking courses in Oriental Medicine at a local Asian college, but I can’t go to school like this!”

Throughout his evaluation, I noticed Frank blinking his eyes compulsively. He looked around the room as if he expected something dangerous and he could only stay seated for a few seconds before rising and pacing the floor.

Frank’s pulse was elevated between 100-120 beats per minute (normal=60-100 bpm) and his blood pressure was elevated at 140/95 millimeters of mercury (normal<120/80 mm Hg).

On his Cognitive Examination, Frank’s *attention* was intact.

His Quality of Speech was loud, rapid, and pressured but he did well on all *language* tests.

In the *memory* section, Frank made errors on the Digit Span test. He could remember the most recent Four Presidents but he failed tests of Free Recall from a Story and Uncued and Cued Delayed Memory.

In *abstract thinking* tests, Frank failed a test of Judgment.

In *sequential thinking* assessment, Frank omitted the last step in a Four-Step Sequential Command and he failed a test of Serial Sevens subtraction.

Frank denied taking any medications other than aspirin. He said that he had stopped all drinking and smoking a year ago after becoming interested in Asian Medicine. Frank denied abusing drugs. He was taking multivitamins, ginseng extract, and a chelated mineral supplement “to improve my health.”

CHALLENGE

Frank’s symptoms overlap the spectrum of anxiety disorders and mood disorders. Use your best diagnostic logic to find the best diagnosis and eliminate the wrong ones, then decide how you would treat Frank.

SOLUTION

CASE 10
JOHNNIE WANTS TO KILL HIS FRIENDS

I was called to see 13-year-old Johnnie Columbine in the pediatric Emergency Room of a large hospital. His mother began the interview.

"This morning, Johnnie took a knife from our kitchen drawer and told me that he was hearing voices telling him to go to school and kill all his classmates. He also threatened to kill himself. When I tried to intervene, Johnnie cut me so deep that I had to go to the doctor." She showed me a bandage on her left arm.

Johnnie's father continued. "Before last week, Johnnie was just an angry boy. Sometimes he would clear up for a couple of months, then he was back to being sullen all the time. We couldn't get him interested in school or any other activities. Usually I could get him out of his funk with a joke, but after an hour he would be as sullen as ever.

"At home, Johnnie argued constantly with me, his mother, and his sister. He was always hard to get along with because he would never admit when he was wrong and he would never stop talking. You see, Johnnie overate when stressed, and he became quite overweight, but he couldn't stand to be teased about it. Unfortunately, his feelings were easily hurt—then he would pick fights at school and get in trouble."

"We never used to have any problem getting Johnnie to bed," Johnnie's mother noted, "but it was always hard to get him up in the morning. He usually slept most of the day on weekends, too. Despite all this sleep, Johnnie seemed to be tired all the time—he spent most of his time on the couch and seemed almost paralyzed. We thought that tiredness might be why Johnnie had problems concentrating in classes. He would simply get distracted and zone out for 10-20 minutes at a time. Johnnie was always a procrastinator and handed in assignments late, but sometimes he worked around the clock on a project that interested him. We couldn't calm him down. One day he was caught shoplifting candy from a neighborhood store and that was the last straw.

"We were sick of his bad behavior," said Johnnie's mother. "So a month ago, I took him to see another therapist. This one said Johnnie was depressed—that had never occurred to us before because we never saw him being sad. The therapist called a psychiatrist she worked with to get him medications, but we thought that this specialist was outrageously expensive. We called our family physician and he was nice enough to phone in a prescription for an antidepressant without charging us anything. Unfortunately, it made Johnnie worse and we discontinued it after about a week. That was two weeks ago.

"This last week was the worst ever. Johnnie flew into rages, had tantrums, and broke things. He was sent home from school three days in a row for arguing with his teachers in the classroom and fighting with other kids out on the playground. At home, he stayed up all night watching television. He started getting physical and hitting his sister. When we confronted him about it, he threatened to kill himself if we didn't let him do whatever he wanted. Then he cut me and that's what brought us here."

Johnnie came to me with a screen for prescription drugs and abused substances in the blood, which was negative.

In his Diagnostic Examination, Johnnie denied problems with exercise, appetite, and weight. He did not seem tired and he ran around my cubicle while we talked. When I asked him about his sleep, he laughed and said that he purposely kept himself up at night to have more fun watching his favorite shows. Johnnie denied any physical symptoms and he laughingly told me that he didn't need a doctor because he knew what was best for him. Johnnie's mood was animated, optimistic, and sometimes inappropriate, and he endorsed feelings of irritability and anger.

On his Cognitive Examination of *attention*, Johnnie was alert and oriented but he failed a Vigilance test requiring him to raise a finger whenever the numeral "5" was read.

Johnnie did well on all tests of *language*, but his Quality of Speech was very rapid and he interrupted the clinician frequently.

In tests of *memory*, Johnnie could only remember four of the seven numbers in the Digit Span test of working memory. He easily remembered the last Four Presidents but this is not a sensitive test of distant memory in schoolchildren who should be able to remember recent presidents. Johnnie failed tests of Uncued and Cued Delayed Memory.

In *abstract thinking* tasks, Johnnie failed Proverb Interpretation because his replies consisted of other proverbs and sayings. For example, for "Don't cry over spilt milk," he said, "Don't worry, be happy." For "Rome wasn't built in a day," Johnnie said, "While the cat's away the mice will play," and laughed. Johnnie could not understand the instructions for Set Analysis but he explained at length why it was a good thing to tell the truth on a test of Insight.