CASE 6
SAM AND DAVE MAKE A PACT

Purposeful deaths of two or more people together, usually called suicide pacts or double suicides, are not mental health disorders. Nevertheless, suicide pacts cause concern and make headlines when they do occur. It is often difficult to reconstruct the underlying story after the event, so good clinical detective work is necessary wherever a suicide pact is suspected. This is a story of such a case where the participants were identified and treated before any mortality resulted.

Sam and Dave presented to the Emergency Room at 4:00 A.M. with suicidal ideation. The emergency nurse suspected substance use and urine was collected for a toxicology screen. Then both men were directed to my office. I looked at them over my desk and inquired, "So, why are we here together this morning?"

Sam replied for both of them. "You see, doctor, Dave and I are partners—he's all I've got—and we made a suicide pact a month ago. We were both living on my disability, we didn't have jobs, and my place was a dump. We were hopeless and really depressed. So, we decided we would make an antidepression plan. We put all our eggs in one basket and decided that we'd do everything we could to make our life bearable for a month. Then, if we still felt bad at the end of the month, we would both kill ourselves. Life is just too short to be unhappy, right? Well, tomorrow is our last day. But we are both really depressed and we were worried that we would jump the gun and do it too soon. We spent all our money and we don't have any friends or family, so we came in here."

I was curious to hear Dave's story. "How about you, Dave? Is that about the way you see things?"

"Uh. Yeah," was Dave's soft reply. "It's like Sam says." I asked Sam to leave so that I could speak to him alone in the hall. Dave initially objected, pulling closer to Sam, but Sam just stood up and walked out of the room and I followed.

Sam and I sat down in the hall to talk quietly. In his Diagnostic Examination, I found that Sam was a gaunt 60-year-old man who had worked in the distant past in retail stores and now subsisted on disability income. Sam's face was florid and he wore brightly colored, flamboyant clothes. Sam's pupils were dilated and he appeared agitated. Sam said he did not sleep much and did not eat much. He endorsed problems with pounding heart, excessive perspiration, nausea, poor attention, impulsivity, and hyperactivity. Sam said he felt like he was "on top of the world!" and he endorsed emotions of anxiety and irritability. His mood was expansive and his manner was very sociable. He denied the presence of hallucinations in any modality but he said that he might have had experienced something like them before.

On his Cognitive Examination of *attention*, Sam was distractible and he failed a Vigilance test where he had to hold up a finger whenever the numeral "5" was read to him.

In *language* tests, Sam's Quality of Speech was poor—his speech was loud and rapid and it was difficult to inject a word into his monologue. Sam was hoarse (dysarthric) and he slurred his words. His other *language* tests were normal.

In tests of *memory*, Sam failed Digit Span, Uncued Delayed Memory, and Cued Delayed Memory for six words after one minute.

In tests of *abstract thinking*, Sam could do Simple Arithmetic but his Proverb Interpretations were irrelevant. For example, in response to, "There's no use crying over spilt milk," Sam said, "Life is too short to be crying. The hell with the bastards!" In response to "Rome wasn't built in a day," Sam said, "The hell with the Romans! They're just a bunch of generals who want to push people around." Sam was similarly deficient in Set Analysis.

In tests of *sequential thinking*, Sam accurately followed a Four-Step Sequential Command and he did well on Serial Sevens subtraction. However, after failing the Arithmetic Story Problem he refused further testing.

When I walked back into my office, 18-year-old Dave was sitting silently and his thin body was hunched down in his chair. A baseball cap was pulled down over his eyes and he seemed lost in the folds of a gray sweatshirt that was much too big for him. He wore no socks and the large holes in his tennis shoes revealed his toes beneath.

"Are you depressed, Dave?" I asked.

"I guess I am if Sam said so. Do you have anything to eat?" he added. "I'm really hungry. Sam says that soon we'll go to Mexico. He says Mexico is warm all the time and food is really cheap." Dave declined further participation in his Diagnostic Examination.

On his Cognitive Examination of *attention*, Dave's Orientation and Basic Verbal Comprehension were good but he could not understand the instructions for the Vigilance test. In the *language* section, Dave's production of speech was

minimal and his voice was just a whisper. He did adequately on the Verbal Registration and Immediate Repetition test but he became confused on a task of Object and Part Naming.

In *memory* testing, Dave could remember only three of seven digits on the Digit Span test. He could not name Four Presidents nor could he understand the instructions on the Category Recall and Free Recall from a Story tests. After one minute, Dave could not even remember that I had given him any words to recall on the test of Cued Delayed Memory. Subsequently, Dave said he was too fatigued to continue testing.

At that moment, a technician arrived with two charts and the drug screens, which showed alcohol and cocaine in Sam's urine, apparently the consequences of his "antidepression plan."

CHALLENGE

Your challenge in this case is to envision a scenario that fits all the available information and makes sense. See if you can develop a diagnostic solution for each party that explains all you have heard. You will find that neurophysiological, psychological, and social factors all play a role.

CASE 7
ROGER GOES THROUGH THE ROOF

I arrived to work at a large Eastern medical center for my late night shift. As I walked through the door, I noticed that the emergency psych nurse was wearing a grim expression. When I approached, she just shook her head and led me by the arm into the Emergency Room. I soon noticed a muffled screaming and a sound like the sky was falling. This commotion seemed to move around until I heard it coming in my direction. In the corner of the room, the ceiling began to quiver and bounce, accompanied by unintelligible epithets from above. This disturbance continued across the ceiling and exited at the opposite corner of the room. It felt like a moose was in the attic.

The nurse explained, "A 21-year-old black man named Roger came in tonight with an elevated heart rate of 115 beats per minute (normal=60-100 bpm), a high blood pressure of 155/85 millimeters of mercury (normal<120/80 mm Hg), and muscle rigidity. He looked intoxicated—his speech was hoarse and slurred and he was weaving around like he was drunk. Also, his eyes looked weird, shifting back and forth real fast.

"This man was really tall and skinny," she continued. "He looked like a basketball player. And he was fast. Roger seemed agitated, so we put him in an observation room and managed to give him an intramuscular injection of the benzodiazepine lorazepam (Ativan), but it was ineffective. Ten minutes later, Roger became belligerent and potentially assaultive, so we gave him another intramuscular injection of benzodiazepine together with an intramuscular injection of the atypical antipsychotic risperidone (Risperdal) but that didn't quiet him down, either. After that, Roger became so agitated that he broke away from us and started running through the Emergency Room. We called Security but when Roger saw them coming, he jumped straight up into the air until his head and shoulders went through the suspended ceiling. He pulled himself up into the space between the suspended ceiling and the top of the room, and he has been crawling around up there ever since, screaming his head off. There was blood on the tiles where he cut himself on the sharp ceiling wires but that didn't seem to bother him. When we get him down it'll be your turn. What do you think we should do?"

Roger was not available to do a Diagnostic Examination or Cognitive Examination.

CHALLENGE

Put yourself into the unenviable position of the Emergency Room clinician. Try to determine Roger's diagnosis, noting which previous treatments did not work, and then devise a treatment strategy that will quiet the patient.