

PROFESSIONAL CARE IN THE LIFESPAN I: A CASE PRESENTATION

Case Report

The patient is a 45-year-old female with a history of bipolar disorder, currently on lithium carbonate. She presents with symptoms of mania, including decreased need for sleep, increased energy, and racing thoughts.

Her medical history is significant for bipolar disorder, hypertension, and hypothyroidism. She is currently on lithium carbonate, aripiprazole, and levothyroxine.

**Week 4 Case Presentation**

The patient's symptoms have been exacerbated by a recent stressor, leading to a hospital admission. She is currently on lithium carbonate, aripiprazole, and levothyroxine. Her current lithium level is 0.8 mEq/L, which is below the therapeutic range. She is also on aripiprazole 15 mg daily and levothyroxine 50 mcg daily. Her symptoms include decreased need for sleep, increased energy, and racing thoughts.

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PRAC 6675: PMHNP Care Across the Lifespan I

Prof Deb A York

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LA

## NRNP/PRAC 6665 & 6675 Comprehensive Focused SOAP Psychiatric Evaluation

### Subjective:

**CC (chief complaint):** "I have been having racing thoughts, difficulty with my job because I am more restless, I keep forgetting things, I lose things, easily irritable, and cannot focus for long periods which is affecting my performance."

**HPI:** The patient is a 29-year-old African American male presenting for mental health evaluation. This is following having trouble concentrating at work. The patient states that he has been having racing thoughts, difficulty focusing on work for long and is becoming more irritable. Additionally, the patient states that he is feeling more restless, forgetfulness, losing things, and his performance at work has been affected which exacerbates his problem. The patient states that he was diagnosed with Attention Deficiency and Hyperactivity Disorder (ADHD) at the age of 11 and was prescribed Concerta. The patient is however not compliant with the prescription.

**Substance Current Use:** The patient does not take any substances.

**Medical History:** The patient was diagnosed with ADHD at the age of 11 years.

- **Current Medications:** The patient was prescribed with Concerta from the age of 11 but has not been fully compliant with the prescription.
- **Allergies:** The patient did not state to having any allergies.
- **Reproductive Hx:** The patient is sexually active and has a girlfriend with who they are exclusive.

### ROS:

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- **GENERAL:** The patient general appearance I okay with no issues related to weight loss, fever, or chills. However, the patient has been experiencing insomnia and is always fatigued during the day.
- **HEENT:** The patient does not have any issues with the eyes, ears, mouth, nose, and throat.
- **SKIN:** The patient's skin does not have issues. There is no evidence of itchiness, rashes, nor are there rough or dry patches.
- **CARDIOVASCULAR:** The patient does not complain of any chest pains, chest pressure or discomfort. There were no palpitations or edema.
- **RESPIRATORY:** The patient does not complain of having shortness of breath, sputum, or cough.
- **GASTROINTESTINAL:** The patient was not experiencing anorexia, diarrhea, nausea, or vomiting.
- **GENITOURINARY:** The patient did not complain of having urination problems. The urine color and odor were normal.
- **NEUROLOGICAL:** The patient did not complain of having a headache, experiencing dizziness, paralysis, ataxia, numbness syncope, or tingling's in the extremities. The patient's bowel movement and bladder control were normal.
- **MUSCULOSKELETAL:** Th patient did not have muscle, back or joint pains. He did not complain of stiffness in any of the areas.
- **HEMATOLOGIC:** The patient did not have bleeding, anemia, or bruising.
- **LYMPHATICS:** The patient did not have enlarged nodes and neither did he have a history of splenectomy.

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- ENDOCRINOLOGIC: The patient did not complain of having cold or heat intolerance.

No polydipsia or polyuria.

### Objective:

**Diagnostic results:** The patient only received an interview/evaluation; no further tests were done considering that he had previously been diagnosed with ADHD and he was not taking the required medication.

### Assessment:

**Mental Status Examination:** The patient is a 29-year-old male who looks his stated age. He was cooperative throughout the session and consented for PMHNP student and supervisor to coordinate the visit. He was well dressed and appropriate for the occasion. The patient did not show any abnormal motor activity. He spoke clearly, was coherent, and within the normal tone and volume. The patient's thought process is goal oriented and logical. The patient does not have any indication of looseness of association or flight of ideas. The patients denied having visual or auditory hallucination. There was no indication of having delusional thinking. The patient does not have suicidal or homicidal ideation. The patient was oriented to place and time and his memory was intact however he was having a problem remembering some things. The patient's concentration was good. The patient had a good insight.

### Diagnostic Impression

#### Attention Deficiency and Hyperactivity Disorder (ADHD)

ADHD is an attention and impulse control disorder where the patient is not able to organize themselves or stay on task. Some of the symptoms of this condition in adults include lack of

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attention to detail, poor organizational skills, inability to focus or priorities tasks, and continually losing and misplacing things. Other symptoms were forgetfulness, restlessness, and edginess. According to American Psychiatric Association (2022), ADHD presents itself at a younger age and does not go away with adulthood. There is no possible treatment for the condition, only management of the symptoms. In this case, the patient was diagnosed with the condition when he was 11. He was prescribed medication which he has not been fully compliant. Consequently, it is the primary diagnosis as the condition never goes away. With improper use of medication, it is only plausible that the symptoms would be more apparent than when taking the medication consistently (Prakash et al., 2021).

### **Mood disorder**

Mood disorder is the condition where a patient exhibits signs of mood changes and increased irritability. There may be symptoms of extreme sadness or a feeling of emptiness. In order to diagnose a patient with this condition, an interview is conducted followed by a thyroid test to rule out other medical conditions that could be causing the patient to exhibit the symptoms (Kalin, 2020). Among the common symptoms with mood disorder include intense and persistent sadness, elation, anger, irritability or other emotions, a change in sleep pattern, or level of activity, and finally a significant impairment of normal functioning such as work. The case here indicates all three symptoms that warrant the diagnosis.

### **Impulse-control disorder**

This is a disorder that interferes with one's ability to control their actions and reactions. The disorder impacts three areas of human function. These include behavioral symptoms, cognitive symptoms, and social and emotional symptoms. In this case the patient was exhibiting cognitive symptoms where he had trouble with organization, and poor concentration and focus on tasks.

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Additionally, the patient indicated to having social and emotional symptoms where here was a shift in mood and the patient stated to experiencing racing thoughts (Boralingaiah et al., 2022).

### Reflections:

I do agree on my preceptor's diagnosis as the symptoms the patient was experiencing were as a result of ADHD and a lack of proper use of medication. I also agree with the education intervention which would be effective at deterring the patient from neglecting to take the medication. One thing I learnt from this case is the effective way of interviewing patients to get them to open up and provide all the necessary information for proper diagnosis. The patients need to feel comfortable and their opinion valued which is effective at empowering them and giving them autonomy in matters of their health.

When it comes to mental health, one cannot just dictate to the patient what they need to do to get better because some of these conditions are life long and can only be managed. Therefore, the patient needs to understand why they need to use the medication and not dictated to them the medication. This is because, in this case for instance, after using the medication for a long time, the patient may have felt that they were good and no longer needed the medication which is why h stopped taking them. However, educating them about their condition and why the medications are necessary enabled the patient to understand the need of adherence to the prescription (Tan, 2020).

One thing I would however do differently for the case is to order a thyroid test. This is essential at ruling out and physical health condition. In this case, diagnosis of mood disorder was based on the interview, however ordering the test would have ruled out other medical conditions. This is

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also essential at ensuring that there is no misdiagnosis based on the patient's past medical history (Yadav et al., 2021).

### Case Formulation and Treatment Plan:

Considering that the main issue was ADHD, the patient was restarted on Concerta 18 mg XR PO QD. This would help with managing the ADHD symptoms. In addition to the medication, the patient received education on taking medication and where they are essential to follow the prescription. Following the education, the patient agreed to taking the medication as instructed. A follow up session was set up where the patient would come for a review after a month of taking the medication consistently. The patient was also instructed to report at any ER if he experienced any adverse effects from taking the medication. The patient was also informed of the side effects of the medication and told to call the emergency number 911 if he experienced side effects that could not wait until he got to the ER.

### Objectives

1. Understand the various signs and symptoms of three related mental health disorders.

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2. Review the various symptoms needed to make diagnostics for the three mental health disorders.
3. Review the essential patient information needed to make diagnosis and provide intervention for the diagnoses.

### Discussion Questions

1. Based on the information presented about the patient, do you agree with the preceptor's diagnosis?
2. What other interventions do you think were necessary for the case?
3. Are there any ethical considerations you would consider for this case?

### PRECEPTOR VERIFICATION:

I confirm the patient used for this assignment is a patient that was seen and managed by the student at their Meditrek approved clinical site during this quarter course of learning.

Preceptor signature: Ayuk Lawrence

Date: 10-20-23

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