

**Week 4: Complex Case Study Presentation**

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PRAC 6675: PMHNP Care Across the Lifespan I

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

### Subjective:

**CC** "I just got of the hospital; I am feeling better with my medication."

**HPI:** Patient is a 48-year-old Caucasian male presenting for initial psychiatric evaluation. He is currently on Latuda 40 mg po daily, Topamax 100 mg po BID, Trazodone 50 mg at bedtime and Gabapentin 300 TID. Patient reports that he is having marital problems and that he has been arguing with wife frequently. He reports that his alcohol drinking increased due to the marital conflict. Patient was a daily drinker for "a couple of months. He stated, "I was experiencing mood swing before being hospitalized." He also reports symptoms of anxiety including restlessness, racing thoughts, and fatigue and also reports symptoms of depression including guilt, fatigue, loss of interest in daily activities, and decreased energy.

Patient reports that his mom sent the police for wellness check after he did not answer his phone. The patient was later found to have overdosed on his medication and alcohol. The patient was sent to hospital for a 7-day inpatient stay and admitted for a suicide attempt to overdose on medication with alcohol. He currently stays at a residential rehabilitation center.

**Substance Current Use:** Patient was a daily drinker for "a couple of months, and his last drink was June 7, 2023. He denies currently using legal and illegal drugs. On remission for 6 years.

Smokes 5 to 6 cigarettes a day

**Medical History:** GERD, Arthritis, Seizure

- **Current Medications:**

Latuda 40 mg po daily  
Topamax 100 mg po BID  
Trazodone 50 mg at bedtime

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Gabapentin 300 TID  
Keppra 500 mg tablet daily  
Tried medication Abilify, Seroquel

- **Allergies:** Pollen, Ativan, Abilify
- **Reproductive Hx:** He denies having any reproductive issue. Heterosexual and is in a committed relationship with his wife. He has no children.

### ROS:

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

**HEENT:** 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. Hx of GERD

**GENITOURINARY:** Burning on urination, urgency, hesitancy, odor, odd color

**NEUROLOGICAL:** Patient has hx of seizure 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. Patient has Hx of arthritis.

**HEMATOLOGIC:** No anemia, bleeding, or bruising.

**LYMPHATICS:** No enlarged nodes. No history of splenectomy

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

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**Objective:**

**Diagnostic results:**

**Urine Drugs Screening (UDS):** UDS is needed to test patient possible intoxication of illegal drugs because some drugs such as methamphetamine or cocaine can cause substance induced psychosis

**Blood Test:** Patient needs blood work done to rule out any medical condition such as hyperthyroidism or hypothyroidism, anemia that mimic mental health conditions.

**Assessment:**

**Mental Status Examination:** Patient a 48 y/o Caucasian who looks stated age. He is calm and engaged during assessment as evidenced by making eye contact with the assessor. He is dressed casually and is cleaned and groomed. No psychomotor motor activity noted. His mood is depressed looking and his affect is congruent to the mood. His speech is clear and normal in tone and volume. His thought process is coherent and goal oriented. There is no evidence of loose association or flight of ideas. He denies audio/visual hallucination and paranoia. He denies current SI/HI. He is alert and oriented x4. His current and far memory is intact, and his concentration is good. His judgment and insight are fair.

**Diagnostic Impression:**

**Bipolar II Disorder:** Bipolar disorder is a condition that causes individuals to have extreme mood shift from depressive low mood to mania highs. The mood swing affects the individual concentration, energy, and activity level. The constant shift makes it difficult to perform daily activity and impact interpersonal relationships. Bipolar I is defined as manic episodes that last seven days of severe manic symptoms that require hospitalization. Depressive episode symptoms

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selected as primary is because the patient has most symptoms for this condition such as mood swing, irritability, decreased energy and concentration, loss of interest in daily activities and fatigue.

**Major Depressive Disorder MDD:** MDD is a mental health condition that causes individuals to experience persistent low mood that causes changes in their concentration, energy level and affect sleep and appetites. The depressive mood makes it difficult for individuals to function in their daily activities. According to DSM V-TR criteria for MDD, an individual must experience five or more of the following symptoms during the same two weeks period and at least one of the symptoms should be depressed mood or loss of interest or pleasure. MDD symptoms include persistently low or depressed mood, anhedonia, decreased in pleasurable activities, feeling guilt or worthlessness, decreased energy, poor concentration, appetite changes. The reason that MDD is not selected as primary is because the patient reported having mood swing. Mood swing is a defining trait that differentiates bipolar from depression.

**Schizoaffective Disorder Bipolar Type:** Schizoaffective disorder is a mental condition that causes individuals to have combination of symptoms of schizophrenia such as delusion or hallucination, and mood disorder such as mania or depression. Schizoaffective disorder bipolar type indicates presence of mania episode or major depression. Schizoaffective disorder is severe illness that negatively affects individual functional level thus, causing them to require assistance with their daily living. According to DSM V-TR diagnostic criteria two of the following schizophrenia symptoms must be present for a period of one month; symptoms include delusion, delusion, disorganized speech, disorganized behavior, or catatonic and negative symptoms (diminished emotional expression). The individual must also be experiencing symptoms of major mood episode either mania or depressive such as euphoria or elevated mood and energy, easily

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severe illness that negatively affects individual functional level thus, causing them to require assistance with their daily living. According to DSM V-TR diagnostic criteria two of the following schizophrenia symptoms must be present for a period of one month; symptoms include delusion, delusion, disorganized speech, disorganized behavior, or catatonic and negative symptoms (diminished emotional expression). The individual must also be experiencing symptoms of major mood episodes either mania or depressive such as euphoria or elevated mood and energy, easily irritated, hyperverbal, involving in risky behavior. Depressive symptoms include depressed mood, loss of interest in activities, sleep, and appetite disturbance, decreased energy and concentration. The reason that schizoaffective disorder is not selected is because patients did not report experiencing psychosis symptoms such as hallucination and delusion. The presence of psychotic symptoms are the main criteria for the diagnosis of schizoaffective disorder in addition to symptoms of mood disorders.

### Reflections:

My interview was a bit over the place as I realized that I did not follow the interview components. If I have to do the session again, I will conduct more organized interview questions to obtain more information. I did not have the opportunity to have a follow up with the patient. If I have to do a follow up for this patient, I will assess the patient for any symptoms of depression or mania. If no reported symptoms, the patient can continue with his current medication regimen but if has symptoms of depression or mania, I would increase Latuda to 60 mg. This patient is a complex case as he also has substance abuse disorder which can impact his mental stabilization due to possible relapse. He also has history suicidal attempt by overdose. I would make sure that the patient completes his program at the residential rehabilitation center to help with his addiction. I would put him on naltrexone 50 mg po to decrease the alcohol cravings after he

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leaves the residential center. The patient's social determinant is a financial problem since he is not working due to his mental condition and his mom is his support system. The patient will be referred to social services to help him with receiving disability assistance.

### Case Formulation and Treatment Plan:

After doing the assessment, this patient will need to be on medication regimen and psychotherapy. The prognosis for this patient is low as he is dealing with marital difficulties and substance abuse disorder which negatively impacts his mental health recovery if both issues are not treated simultaneously. As a result, he needs marriage counseling and group therapy to help him overcome alcohol addiction. Group therapy has been found to help individuals with addiction problems to abstain due to the benefit of getting peer support from the group as well as developing social skills such as communication skills and knowing that they are not alone.

Group therapy provides opportunities to learn new life perspectives and increase their self-worth. For medication management, the patient will start on Latuda 40 mg po to control his mood and trazodone 50 mg to help him sleep. The reason that Latuda was selected is because it is atypical antipsychotic medication that is used to control depressive symptoms of bipolar and is approved to treat patients with either bipolar or schizophrenia. In addition, some studies have found Latuda to be effective in the treatment of bipolar depression. The patient will be educated on the side effects of Latuda such as nausea, drowsiness, and uncontrollable body movement and serious side effects that include suicidal ideation, agitation, irritability and abnormal behavior and should call provider or 911.

Alternative treatment for this patient. Monotherapy mood stabilizer such as Valproic acid or Lithium may be prescribed to control his bipolar depressive symptoms however if monotherapy

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mood stabilizer is not enough then adding an antipsychotic medication such as Olanzapine, Seroquel or Risperdal may be added to the mood stabilizer to control symptoms of bipolar depression.


### Plan

1. Continue Latuda 40 mg po once a day for mood stabilization.
2. Gabapentin 300 mg po TID for decreased cravings and mood stabilization.
3. Continue topiramate 200 mg for seizures and alcohol craving.
4. Continue Trazodone 50 mg po HS for Sleep and Keppra 500mg for control of seizure activity,
5. Participate in weekly group therapy to help alcohol addiction. Participate in marriage counseling if your spouse agrees to it.
6. Provided education and obtained informed consent for risks/benefits and potential side effects of meds.

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## 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: Grace Fomuning PM HMP 

Date: 6/21/23

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