Week 9: Complex Case Study

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NRNP 6675: PMHNP Care Across the Lifespan II

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

Subjective:

CC (chief complaint): "The Vyvanse is working well."

HPI:

Pt was re-started on Vyvanse at last visit 2 weeks ago after self-stopping this medication for approximately 1 month, reporting at that time that it "stopped working." Regarding the effectiveness of Vyvanse now she reports that "taking the break helped tremendously and helped me reset my attitude. I also ran out of Vitamin D at that time, so a lot of things might have contributed to that. Anyway, right now I am very pleased with it. It's working well." She reports she is having no difficulty with focus or concentration at work.

She also reported increased depression and anxiety at her visit two weeks ago but denies this today. She reports that her Prozac continues to be effective for her anxiety and depression stating that her mood is "great now. It was just that period when I thought the Vyvanse wasn't working." She agrees this may have also been related to seasonal mood changes. Pt denies other symptoms and reports no major current stressors. She also reports no problems with sleep or appetite stating, "I'm still overweight, so it can't be too bad." She demonstrates positivity, humor, and good insight stating that she has not had a binge eating episode since before her last visit and continues to work hard on self-care.

She reports she is working with a personal trainer three mornings a week, goes to the gym 7 days a week to exercise, and does yoga. "I don't want life to pass me by. I don't want to sit and watch TV." Despite this, she continues to struggle with weight loss. Pt has been looking into hyperbaric chamber therapy at North Idaho Physical Therapy in Post Falls. She had a bad respiratory infection prior to Covid, and then had Covid shortly after. "My breathing hasn't really returned to normal since then. I get winded easily." She is hoping to improve her respiratory function and was told she might experience improvement in 2-5 sessions. She has read that it also has the potential to improve her depression. She is enthusiastic about this therapy. She also reports she is focusing on greater water intake.

She shared today that her adult children were at her home this weekend watching football, and she talked about how they speak to her "like I'm an old lady." She states they pointed out that she is approaching 70 years old. "I don't feel that old." She stated that she is embarrassed to report she was recently "scammed through Facebook marketplace." She listed an item and was corresponding with a man to buy the item. He told her he accidentally sent her $600 although the item only cost $300. "He asked me to send him the $300 back, so I did. I was getting the Zelle messages and everything. He was good."

Regarding her obesity, she reports today that her previous medical provider left the practice and does not take Medicare at his new location, so she needed to establish with a new primary medicine doctor. She reports this new medical provider ordered lab work and there were no problems with diabetes or her thyroid, and her cholesterol is

WNL. She said that her new PCP is supportive of her remaining on Vyvanse as he thinks it can help somewhat with weight control. He recently started her on metformin to aid in weight control. If this is not effective, he wants her to trial Ozempic. He also wanted her to do a sleep study, as did her previous provider. She stated, "I don't want to go down the CPAP sleep study thing like my other doctor wanted to. I just don't want to do that." Discussed at length the correlation between sleep apnea and mood, focus, concentration, and fatigue symptoms. Pt remained resistant to any evaluation for sleep apnea.

Substance Current Use: None

Medical History: Obesity, Hyperlipidemia

- **Current Medications**:
  Vyvanse 50 mg 1 capsule by mouth daily
  Fluoxetine 40 mg 1 capsule by mouth daily
  Metformin 500mg 1 tablet by mouth twice daily
  Vitamin D 50,000 IU by mouth once weekly
- **Allergies**: NKDA
- **Reproductive Hx**: G1 P1 A0

ROS:

- GENERAL: Denies recent illness, fatigue, or pain
- HEENT: No abnormalities noted, no complaints of head, eye, ear, nose, or throat problems
- SKIN: WNL for ethnicity, no open wounds, rashes, or redness
- CARDIOVASCULAR: Denies any chest pain, pressure, or palpitations
- RESPIRATORY: Positive for shortness of breath with exertion
- GASTROINTESTINAL: Negative for constipation or diarrhea. Pt denies binge eating episodes, denies problems with appetite
- GENITOURINARY: Deferred
- NEUROLOGICAL: Denies tremors, memory problems, headaches, or dizziness
- MUSCULOSKELETAL: Pt denies pain or problems with joints or muscles
- HEMATOLOGIC: Denies any anemia, increased bruising, or excessive bleeding
- LYMPHATICS: Denies swollen lymph nodes
- ENDOCRINOLOGIC: Denies diabetes, denies problems with thyroid

Objective:

Diagnostic results:

Vital Signs: Ht 66" Wt. 226lb. BMI 36.5 BP 126/82 HR 84 RR 18 Pain 0/10
Labs: Self-reported WNL at recent PCP evaluation

Assessment:

Mental Status Examination:

Patient is a 66yo Caucasian Female dressed appropriately for the weather and setting

in slacks, snow boots, sweater, and coat. She is alert and fully oriented to time, person, place, and situation. She is cooperative, pleasant, with lively affect and mildly rapid speech. Her mood is euthymic, thought process is linear, thought content and perception appropriate. No evidence of psychosis or delusions. Her judgment is intact, and her insight is good.

Diagnostic Impression:
296.35 (F33.41) Major Depressive Disorder, Recurrent episode, In partial remission
300.02 (F41.1) Generalized Anxiety Disorder
314.01 (F90.2) Attention-Deficit/Hyperactivity Disorder, Combined presentation
307.51 (F50.81) Binge-Eating Disorder

Reflections:
This patient has a long history of mental health diagnosis and psychiatric care. She possesses many strengths which contribute to her stable presentation, including good insight, motivation, sense of humor, and persistence. Although the patient was feeling that her Vyvanse had stopped working about 6 weeks ago, after self-stopping this medication for a month and restarting, she now reports renewed efficacy. Some researchers suggest that severity of ADHD symptoms is often situationally dependent, suggesting that symptoms are more prominent when patients are performing either boring or very difficult tasks (Adler & Alperin et al., 2017). This phenomenon may explain this perceived ineffectiveness. However, lisdexamphetamine has been found to be the most effective ADHD medication in recent a systematic review and meta-analysis, a finding the authors report is supported by other prior meta-analyses (Adler & Lynch et al., 2017; Stuhec at al., 2019). Additionally, this medication is likely helping to reduce binge-eating episodes.

Regarding the patient's obesity and binge-eating disorder, I believe that fluoxetine is also contributing to the control of her binge eating behaviors. A recent meta-analysis found that fluoxetine reduced the frequency of binge eating episodes significantly, while also demonstrating the greatest reduction in Hamilton Rating Scale for Depression scores (Duan et al., 2022).

Finally, I feel that lisdexamphetamine is likely contributing to improved mood for this patient. A recent systematic review supports the finding that lisdexamphetamine when prescribed to treat ADHD also results in improved emotional behavior in study subjects (Surman & Walsh, 2022).

Case Formulation and Treatment Plan:
Patient has long history of mental health diagnosis and treatment. Her reported symptoms and history are congruent with her diagnoses. If I were to explore any differential diagnosis in this case, I would monitor for hypomania symptoms congruent with a diagnosis of type 2 bipolar disorder. However, as this patient has tolerated long-term use of an SSRI and have no history of hospital admissions, this diagnosis is not likely. In addition, as the patient does not engage in purging behaviors, she does not meet criteria for bulimia nervosa, a disorder characterized by episodes of binge eating

followed by compensatory purging behaviors, however according to the Diagnostic and Statistical Manual of Mental Disorders 5, patients with bipolar disorder experience comorbid eating disorders at a rate of about 14%, most commonly binge eating disorder (American Psychiatric Association, 2013). Compensatory purging behaviors can include not only self-induced vomiting, but also misuse of laxatives, diuretics, or other medications, extreme exercise, or fasting (American Psychiatric Association, 2013). This patient should be monitored for these behaviors.

Since this patient is prescribed a controlled substance, the prescription monitoring program site for Idaho was reviewed. This patient has no substance abuse history, and review shows no prescribing of other controlled substances or other prescribers. It is important to evaluate whether a patient is a risk for abuse or diversion.

Plan:
Continue Vyvanse 50mg once daily in the morning.
Continue fluoxetine 40mg daily.
Return to clinic in 3 months or sooner if needed.

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