Week 9 Grand Rounds Discussion: Complex Case Study Presentation

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PRAC 6675: PMHNP Care Across the Lifespan II Practicum

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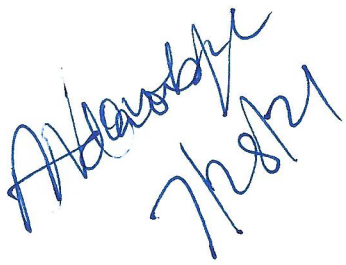

NRNP/PRAC 6665 & 6675 Comprehensive Focused SOAP Psychiatric Evaluation Template

Objectives for the Presentation

After this presentation:

- Objective 1

  The audience will be able to list the diagnostic criteria of major depressive disorder as per the DSM 5 definition.

- Objective 2

  The audience will be able to list one FDA approved pharmacological treatment modality for the management of major depressive disorder.

  Objective 3

  The audience will be able to list one evidence -based psychotherapeutic treatment for the management of MDD.

Subjective:

CC: (Chief complaint): "I feel worthless".

HPI

The patient is a 77 elderly black American complaining of experiencing successive depression episodes, presented to the clinic for follow up . The patient endorsed that his state of mind has been marred in feelings of weakness, mental exhaustion, lack of self-confidence, and suicidal thoughts over the past two months. Pt reports that their depressive episodes have impacted his day-to-day life since he currently observes a general lack of interest in the social world. Pt rated depression of 10/10 during assessment . Pt presents disheveled , malodorous and unkept. Pt endorsed intermittent Si , though denied upon presenting to the clinic. Pt takes Lexapro 75mg PO daily . Pt denied homicidal ideation and hallucinations.

Past Psychiatric History

The patient explains of lacking any pertinent past psychiatric issues besides depression. However, the patient notes of once participating in a mental counseling program for one week to show support to his brother, who suffered severe psychiatric issues when young. Additionally, the patient identifies being a recovering alcoholic. The patient's past alcoholism exposed him to several issues and family conflict since his 75-year-old wife had left him several months to her death. The wife's death pushed him into beginning his alcohol abstinence journey

Current Medications:

Reports that he was started on Lexapro 75mg PO daily a month ago. He is also prescribed Vibryd 10 MG mg cap daily for the next 7 days was prescribed also but discontinued as it did not help him. Synthroid 200mcg q am. .Ibuprofen 600mg q6hrs prn pain.

Psychotherapy: CBT THERAPY WAS REFFERED.

Substance Current Use: HX of alcohol abuse

Medical History:

Arthritis was reported. Hypothyroidism is currently being treated for this patient too.

Family Substance Use and Psychiatric History: Mother - depression . Father had history of alcohol use disorder. Both are deceased.

Social History: Single, widowed, patient has two grown children. He lives alone in his apartment and works at a local Walmart. He reports he joins the adult day center every Tuesday and Thursday for socialization.

Allergies: The client did not report any allergies.

Reproductive Hx: Unremarkable

Review of Systems (ROS)

- **General:** weight gain was reported. Endorsed fatigue.

- **HEENT:** Head: Denies headaches. Eyes: Denies visual loss, double vision, or yellow sclera. Ears: Denies hearing loss, ringing in the ears, or discharge. Nose: Denies sneezing/ congestion. Throat Denies itching or discomfort.

- **Skin:** Denies lesions, rash, itching, or easy bruising.

- **Cardiovascular:** Denies chest pain or discomfort. No edema noted.

- **RESPIRATORY**: Denies shortness of breath, cough, or sputum.

- **GASTROINTESTINAL**: Denies nausea, vomiting, or diarrhea. No abdominal pain reported.

- **GENITOURINARY:** Denies burning on urination.

- **NEUROLOGICAL**: Denies headache, dizziness, syncope, paralysis, ataxia, numbness, or tingling in the extremities. Denies seizures activities

- **MUSCULOSKELETAL**: Endorsed pain at bilateral knees

- **HEMATOLOGIC:** Denies any history of anemia, bleeding, or bruising.

- **LYMPHATICS:** No enlarged nodes.

PSYCHIATRIC: Reports Major Depressive Disorder (MDD) . Reports being hospitalized for detox about 2 weeks ago.

- **ENDOCRINOLOGIC:** endorsed hypothyroidism. Denies any diabetes.
- **ALLERGIES:** NKDA
- **Food:** No food allergies.
- No Environmental and Seasonal Allergies.
- No Latex Allergy.

Objective:

Physical Assessment:

- **Vital Signs:** Reviewed and stable
- **General:** He is alert and oriented and appears disheveled.
- **Appearance:** Normal appearance. He is well-developed not diaphoretic.

HENT

Head: Normocephalic.

Eyes: General: eyes . Right eye: No discharge. Left eye: No discharge.

Conjunctiva sclera: Conjunctivae normal. Nose: reports no discharge.

Neck: Full range of motion.

Trachea: No tracheal deviation.

Cardiovascular: Rate and Rhythm: Normal rate.

Pulmonary: No respiratory distress.

Musculoskeletal: Normal range of motion. Pain at knees reported . Pain is chronic and dull most times.

Skin: General: Skin is warm and dry. Brown color

Neurological: he is alert and oriented to person, place, and time.

Psychiatric: Attention and Perception: appears attentive and alert and oriented. Focused during assessment

Mood and Affect: Affect is flat and depressed. Intermittent eye contact and Sad . affect and mood congruent.

Speech: Speech is clear. Monosyllabic.

Behavior: Behavior is calm.

Diagnostic results:

Due to his hx of alcohol abuse, UDS will be ordered . CBC, chemistry profile , thyroid function tests, and B12 level to rule out metabolic causes or unidentified conditions especially as pt. has some metabolic diagnosis. Since pt. has been on different psychotic medications , an EKG will be updated to check for possible side effects of use of psych medications. Brief Patient Health Questionnaire (BPHQ) is a simple, quick and reliable instrument, which facilitates rapid and accurate diagnosis of depression in the primary care setting (Kochhar PH et al.,2007). Patient had a score of 27/27 during assessment.

Assessments

Objective observations notable includes his bad physical appearance. The patient is significantly overweight for someone his age, is untidy and unhygienic. Besides, the patient's facial expression exhibits an angry, disengaged, and shy individual during the interaction. In this case, the patient exhibits anger-like tendencies when faced with sensitive questions, especially his family's medical history. The patient's disengagement and shyness are notable from his ability to avoid contact since he repeatedly looks at the ground while making abnormal leg

movements, such as drawing circles with his legs. Additionally, the patient points out on facing increased suicidal thoughts due to his hopelessness.

Mental Status Examination:

Pt present with a flat affect, sad , withdrawn and depressed . Pt is awake , alert and orientated to place , time and place. Speech is monosyllabic, eye contact is intermittent. Pt endorsed intermittent suicidal ideations without any plan. Limited insight to illness is noted. Impulse control is WNL. No delusions or hallucinations were reported.

Diagnostic Impressions:

- **Major Depressive Disorder**

  Firstly, major depressive disorder is the highest-ranking priority in the differential diagnosis and assessment of the patient. Major depressive disorder occurs when individuals face repetitive depressive moods and loss of interest in social activities (Otte et al., 2016). Major depressive disorder pushes one into total withdrawal from social life and deterioration in their mental health. Studies label that loss of friends, family members can elicit growth in depression for older adults (Jho et al., 2016). In this context, the patient is old and has recently lost his wife. He blames himself for her death since she had left due to his alcohol problems. Additionally, the patient's closest family members(his children) live out of state, leaving the patient prone to boredom which could elicit depressive conditions. Besides, depression is associated with genetic factors, an element

noticeable from the patient's family history and experiences. As a result, due to the patient's withdrawal from social activities, lack of proximity to family members, and underlying genetic factors, major depressive disorder is likely his underlying psychiatric condition. On another note, as per DSM-5 diagnostic criteria, the patient's symptoms of depressed moods, loss of interest in activities, lack of energy, feeling of worthlessness, and suicidality, also mirror an individual who is severely depressed.

Alcohol Abuse Syndrome

Secondly, alcohol abuse syndrome should be in differential diagnosis and assessment for this patient. Alcohol abuse syndrome is a condition that arouses physical and emotional disturbances (Jesse et al., 2016). In this case, assessment of alcoholic withdrawal syndrome is essential for the patient since he is a recovering alcoholic. The Alcohol abuse syndrome elicits physical and emotional challenges such as agitation, anxiety, and depression, which the patient exhibits. Researchers Jesse et al. (2016) note that alcoholic withdrawal syndrome is expected in the first to three days after alcohol abstinence, although it can last for several weeks for severe circumstances. Such insights showcase that despite the patient being a recovering alcoholic, he may still be going through alcohol withdrawal syndrome since he is just a few weeks post detox. Pt may have also relapsed from his abstinence even though he continues to deny recent intake. Presentations and odor depict possible use within 24 hrs of assessment..

- **Bipolar Disorder**

Additionally, bipolar disorder is the ranking priority in the differential diagnosis and assessment of the patient. Bipolar disorder represents an experience of episodic mood swings that vary from emotional lows to highs (Bobo, 2017). Bipolar disorder's emotional highs make individuals exhibit hyper mania traits, whereas its emotional lows promote depression. In this case, the patient's examination of their behavioral response mirrors bipolar disorder traits since their emotional awareness varies across the different sets of questions (Bobo, 2017). However, bipolar disorder is not ideal for explaining the patient's condition since his depressive state is continuous and unipolar.

Plan

For the patient's treatment, there lies a need to provide him with a psychotherapy treatment program through cognitive behavioral therapy (CBT). CBT serves as a psychotherapeutic treatment that trains patients to control and change their thought patterns due to underlying influence on brain emotions (Fenn and Byrne, 2013). The CBT program is a non-pharmacological intervention that helps patients overcome their major depression disorder for enhanced mental wellbeing. In the CBT program, the patient shall also be exposed to health promotion and patient education initiatives. A suitable health promotion for the patient is participating in a lifestyle changing program that can alleviate their emotional status. The lifestyle changing program should incorporate exercise, social support, and nutrition initiatives. Besides, the CBT program shall include patient education initiatives on mental distraction and

relaxation techniques. The education programs help patients learn measures needed to control their depressive thoughts, emotions, and maladaptive behaviors.

Additionally, the patient should be provided with amoxapine 50 mg tablets for consumption four times daily for a two-week duration for the pharmacological treatment. An increase above the 200 mg daily consumption should only be made if the patient shows minimal signs of improvement in the two weeks trial. On another note, the patient's CBT program should last for a minimum of 20 weeks, during which the PMNP shall manage and follow up the underlying process. In the 20-week therapy program, the patient should have a session with the doctor twice a week for a 30-60 minute duration. In the sessions, the doctor shall have an opportunity to monitor their patient's progress and implement changes if there are areas of concern.

Reflection Notes

In the assessment session, I noted the patient exhibited high levels of reluctance to trust me since I was not his regular healthcare professional. The patient's reaction created a challenging interaction environment since he initially showed minimal trust towards me. As a healthcare provider, if allowed to conduct the session again, I would focus on the client's needs to create an environment where qualitative trust can be established. Additionally, since I was able to conduct a follow-up on the CBT program and examine the treatment interventions, I can conclude that they were successful. The patient's progress in recovering from the major depressive disorder is visible from his re-engagement in social activities and enhanced

wellbeing. However, despite the positive changes, the patient needs to complete his CBT program and maintain close contact with the therapist for permanent and long-term gains against his major depressive disorder.

3 Questions for Colleagues

- Question 1: identify a pharmacological treatment for MDD , proffer the advantages , side effects and disadvantage of this treatment.
- Question 2: identify other diagnostic tools applicable to this patient and pts with MDD.
- Question 3: What other safety considerations do we need while treating with patients with MDD.

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