

CASE PRESENTATION

By Dr. Martina Kabenge
Mmed Psychiatry III

Biodata

- Name: RK
- Age: 30
- Sex: M
- Address: Kiwatule
- Tribe: Ankole
- Occupation: CID
- Religion: Anglican
- Education: Bachelors
- Marital status: Engaged
- Date of readmission : 14/6/2023

Presenting complaints

- Sudden collapse
- Suicide attempt
- Feeling extremely sad

History of PC

- Readmission
- Experienced an anger outburst after altercation with father, causing him to relapse.
- Took crystal meth worth 200,000ugx, and collapsed while in the city centre.
- Was taken to a clinic and BP was 200/120mmhg, was stabilized and sent home.
- Experienced abnormal behaviour characterized by voices others didn't and paranoid behaviour.
- Tried to end his life by slitting wrists, lower limbs and back as he would rather die than be condemned by other people we couldn't see.
- Excessive sadness, social withdraw, low appetite and reduced sleep, felt worthless (dissapointment to family members)

History of PC

- No symptoms of talking too much, having thoughts of having special powers, reckless behaviour characterized by excessive spending.
- He reported feelings of excessive worry after his previous d/c, he was afraid of relating with people and their attitude towards him. (Self isolated)
- No thoughts of external control.
- no History of abnormal jerking movements of limbs, frothing or tongue biting .

Past Psychiatry History

- 3rd admission to Hospital (both had been for substance use disorder). Using opioids (pethidine, heroine) ,stimulants (crystal meth , cocaine , alcohol).
- Naltrexone implant – April 2023
- He was being managed for Major depressive disorder on Fluoxetine since March.
- He also had a diagnosis of Anti social Personality Disorder
- Positive family history of substance use disorder and Depression.

Past Medical History

- Not DM or Hypertensive
- HIV negative

Past Surgical history

- No history of head trauma.
- No history of blood transfusion

Family History

- 1st born of 3 siblings
- Parents are both alive and well. Poor relationship with parents. Mother has an AUD.
- Stays with parents at the moment.

Personal and social History

- Normal childhood, premorbid had a good relationship with family members.
- Premorbid personality: Charming, manipulative , impulsive with dangerous behaviour , disregard for others emotions (mainly family members), unstable relationships , mood would change rapidly, short tempered, paranoid
- Work: CID office) had been off duty for 6 months stayed on pay roll)
- Forensic: None
- Not married, no children
- No contribution to home
- Always argues with family members in the house, he feels controlled

MSE

- Appearance & Behaviour: adult male, looks age, red eyes, had cuts on his arms, legs and neck area, fairly kempt, restless
- Speech: Increased tone volume, coherent
- Mood: Irritable congruent affect
- Suicide : SAD PERSONS Scale 10
- Thought: preoccupied with thoughts of wanting die and paranoid delusions.
- Perception: Auditory hallucinations
- Cognition: Oriented in time place and person. He was uncooperative and couldn't continue the MSE.

Physical examination

- General exam: Restless, well nourished, had needle scars and fresh cuts on body, no pallor, no jaundice, moderately dehydrated.
- Vitals: BP 160/110mmhg, HR- 102bpm, Temp- 36.9 celcius
- CNS: Alert,oriented in time place and person, GCS -15/15

Summary

- A 30 year old male with SUD, Major depressive disorder & ASPD re-admitted after suicide attempt, intoxication with stimulants (Crystal meth) , abnormal behaviour characterized by auditory hallucinations.
- Has been on fluoxetine as well as had a naltrexone implant.
- On MSE, he had cuts on his body, was irritable , restless with a bp of 160/110mmhg

Problem list

- Crystal meth intoxication
- Major depressive Disorder with high suicide risk
- Psychosis secondary to substance use
- High Blood Pressure (effects of stimulant)
- Stimulant use D/o
- Opioid use d/o
- ASPD (Multiple personality disorder (Borderline traits))

Investigations

- CBC - normal
- RFTS- normal
- LFTS - normal
- Urine drug screen – positive for amphetamines
- Social investigations
 - Collateral history – mother reported not knowing what he had ingested.

Management

- Tabs Clonidine 0.1mg bd x 5/7
- Tabs Haldol 5mg bd x 1/52
- Tabs fluoxetine 20mg od
- Relapse prevention strategies
- Individual and group psychotherapy

Flow up

- Follow up 15/6/2023

- He was calm and cooperative
- Mood was sad congruent affect
- He reports no thoughts of wanting to end life.
- Slept better
- Was able to eat
- Continue with group sessions and music therapy

Follow up

- 28/7/2023

- Discharged
- Continued to come for follow up and group sessions
- Mood improved over the period but would fluctuate during the period of admission.

- 4/8/2023

- Came for review
- Looked disheveled, red eyes, irritable.
- Didn't report use of crystal meth

- 20/8/2023

- Patient was found dead. (cause of death overdose on Heroine and Pethidine).

MAY HIS SOUL REST IN ETERNAL PEACE