VCOM Psychiatry Online
Case I
“She’s Acting Really Weird!”
Chief Complaint

- Jeannie is a 42 year old who is brought in to the emergency by her friends because “she is acting really weird” and saying that her boyfriend was in her house and he is going to shoot her...
HPI

• Jeannie is a patient at the local opioid treatment program, according to her friends and roommate, and she takes methadone.

• She has been doing well except for feeling really sad. Her sister just died from breast cancer.

• One of the friends asks to tell you something in the hallway…..
More information..

• The roommate tells her that Jeannie has been hanging around with her “druggie” friends and drinking a lot of vodka since her sister died.

• The roommate says that Jeannie has lost a great deal of weight over the last few months and has been irritable.

• She doesn’t agree with her friends that Jeannie is doing well.

• After telling you this, the roommate leaves the ER.
What laboratory tests do you want RIGHT now??

Answer
CBC, LFTs, Urine pregnancy test, Urine drug screen
**What do you do next?**

A. Ask the ward clerk to call the opioid treatment program to ascertain that she is a patient and check on her methadone dose.

B. Add a blood alcohol level to the lab tests.

C. Ask for the old chart

D. Ask for the on call mental health worker in the hospital to come to the ER

E. All of the above
Sorry, this is an incorrect answer
Correct!

All of the above actions are imperative for the appropriate management of this patient and setting.
Further history

Just then, Jeannie’s mother calls on the phone and asks to talk with you. You don’t have a release to talk with her, or even acknowledge that the patient is in the ER. However, you agree to listen and she tells you that Jeannie has had a “drug problem” for years, and that she has “tried everything” but seems to be doing better these days.
The nurse hands you the ER chart

- Admitted 1 year ago after a suicide attempt
  - Overdose OxyContin™, Percocet ™, and buproprion.
  - Sister had been newly diagnosed with cancer
- Admitted 5 years ago for treatment of alcohol withdrawal
  - Sent from the hospital to substance abuse treatment
- Seen in the ER multiple times with “infected tooth” and “kidney stones” requesting pain medication
- You note that she has a primary care physician and ask for her to be paged.
The mental health worker arrives, and gives you more history

• Past Psychiatric History
  – Major Depression, with psychotic features.
  – Seen at the local mental health agency on and off over the last 5 years for depression.
  – Note in chart validates that she is indeed a patient at the opioid treatment program in town.

• Medications
  – The patient has a bottle of Zoloft™ in her pocket.
Jeannie’s doctor calls…more history

• Medical History: Hepatitis C
• Family History
  – Father has schizophrenia.
  – Brother died of a heroin overdose 10 years ago.
• Social History
  – Jeannie has never been married, but has lived with several different men over the years. All were drug abusers.
  – She experienced domestic violence in these relationships.
  – Legal: DUI age 23.
  – Education/Employment: 2 years of college. Currently works as a secretary in a law office.
Initial intake information from chart

- T= 99.4, BP= 160/110, HR=140
- Nurse notes that patient is sure that she hears her boyfriend outside the room, and that he has a gun. She wants to leave.
- The mental health worker is with the patient and has evaluated her. The mental status exam reveals psychosis.
- You perform your own mental status exam
Mental Status Exam

Appearance: Very thin female, talking incessantly.
Attitude: Somewhat defensive
Mood: Patient unsure when questioned
Affect: Irritable, depressed by observation
Speech: Pressured
Thought Process: Displays looseness of association, irrelevancy
Thought Content and Perception: Admits to hearing voices—specifically her boyfriend—saying he will hurt her. Also has felt bugs crawling on her skin all day. She is confused about being in the hospital—how did she get here?? “Please get my boyfriend away from me….I saw him in the hallway…”
“Opioid Program is on the line…”

• Nurse at the program says that Jeannie is indeed a patient and was not at the clinic this AM for her dose, which is 120 mg of methadone daily.

• She has had episodes of drinking and is prescribed Revia™

• She has continued to abuse cocaine, in spite of efforts to treat her depression with counseling

• Rx Zoloft 150 mg/day
From the information you have:

- What are your working diagnoses?
  - Recurrence of depression with psychotic features
  - Alcohol withdrawal
  - Alcohol intoxication
  - Methadone overdose
  - Methadone withdrawal
  - Substance induced psychosis

*Answer*
Answer

• You think it could be all of the above, although you are fairly sure it is not alcohol intoxication or methadone overdose, but may be methadone withdrawal.

• Although you are sure she has psychosis, you are not sure of the etiology.

• You proceed to the physical examination.
Physical Examination

• T= 99.4, BP= 160/110, HR=140
• Appearance: Anxious, thin woman, “Get my boyfriend out of here...he’s going to shoot me..” No odor of alcohol noted
• Skin: Diaphoretic. You note multiple well healed circular areas over arms
• HEENT: Pupils 5-6 mm, Fundi visible and normal without papilledema. Teeth in good repair. Neck supple, no masses, no bruits
PE

- HEENT: Nasal septa with perforation. Mucous membranes well hydrated
- Lungs: Clear to auscultation
- CV: RR without murmur, rub, gallop
- Abdomen: Liver and spleen not palpable. Hyperactive bowel sounds, tender
- GU: Deferred
- Musculoskeletal: Decreased throughout.
• Neurological Exam:
  – Gait not tested, although patient walked into ER without assistance, noted on chart
  – Reflexes increased bilaterally,
  – CN2-12 intact
  – Strength Normal.
  – Visible tremor of tongue
  – You ask her to put out her hands to “stop a train” and note visible tremor of hands.
What are the pertinent points of the physical exam?

- Elevated VS: BP, HR
- Lesions on skin: Consistent with skin excoriations seen in stimulant intoxication, ie “coke bugs” with perception of crawling feelings on skin.
- Nasal perforation
- Enlarged pupils
- Hypereflexia, tongue and hand tremor
Laboratory results

- Blood alcohol level 0
- UDS: + for methadone, cocaine, cannabis
- CBC, LFT's normal
- Urine Pregnancy Test: negative
What do you do next...

a. Arrange for the patient to be admitted to the hospital for detoxification from cocaine.

b. Administer Narcan™

c. Give the methadone dose, 120 mg

d. Attempt to call the mother for a more thorough substance abuse history.

e. Move the patient to a quiet room and ask the medical student to take a substance abuse history.
Sorry, this is an incorrect answer
Actually, both answers b and e are correct. The patient should be given her usual dose of methadone due to possible withdrawal symptoms and should also be moved to an area with minimal environmental stimulation to proceed with work up.
What is your working diagnosis?
Diagnostic possibilities

- Recurrence of depression with psychotic features.....a good possibility
- Alcohol withdrawal...less likely, but still possible with a BAL of 0.
- Alcohol intoxication...Take this off the list with her BAL 0
- Methadone overdose....not consistent with symptoms. Pupils should be pinpoint, patient would be somnolent, not irritable.
- Methadone withdrawal...you have taken care of this by administering methadone
- Substance induced psychosis...a good possibility
Substance Abuse History

- **Tobacco**: Smoking since age 15 years, currently 1. Wants to quit but it calms her nerves. Last use 2 hours ago
- **Marijuana**: Smoking since age 13 years, smoking daily for 6 months. Last use today
- **Cocaine**: Snorted at least 2 times a week since age 35. Last use today—uses it because of her depression
Substance Abuse History

• **Methamphetamine**: Tried once “years ago” while living in California

• **Heroin**: Tried a few times “years ago”.

• **Alcohol**: Drinking since age 15 years. Admits to heavy, daily drinking from 20-39 years old. Currently binge drinks when cannot get cocaine. Last drink 2 weeks ago—corroborated by her friend who has just come in the room.
Substance Abuse History

• Prescription Drugs
  – First use (Hydrocodone) age 34 years after a motor vehicle accident
  – “Helped with my depression” and so began to purchase on the street—preferred hydromorphone. Use PO, snorted, IV.
  – Has been in treatment at “methadone clinic” for 2 years and denies illicit opioid use.
  – Consistently has urine drug screens positive for cocaine at the clinic and “can’t get take home dosages because of it”
Does this patient meet criteria for Substance Dependence or abuse from the information you have?

Answer
DSM-IV Substance Dependence

Meets 3 criteria for over 1 year

• Tolerance (increased use to achieve same effect)
• Substance withdrawal signs or symptoms
• Using more drug than intended
• Unsuccessful attempts to cut down on use
• Excessive time related to drug use (obtaining, hangover)
• Impaired social or work activities due to drug use
• Use despite physical or psychological consequences
DSM-IV Substance Abuse

1 or more criteria for over 1 year

- Role Impairement (e.g. failed work or home obligations)
- Hazardous use (e.g. Driving while intoxicated, under the influence)
- Legal problems related to drug use
- Social or interpersonal problems due to drug use.
Answer

You don’t really know about dependence, but you can diagnose abuse. And, it doesn’t really matter right now because the patient’s main problem is not her drug use. It’s her psychosis
What additional Diagnoses do you now add to your list?
Diagnosis

- Tobacco abuse
- Cannabis abuse
- Alcohol abuse, binge drinking
- History of Depression
- Prescription drug abuse
- History of domestic violence
- Cocaine abuse
- Hepatitis C
List the Psychiatric Diagnosis by Axis
• Axis 1: Cocaine abuse, cannabis abuse, Tobacco abuse, prescription drug abuse, alcohol abuse
• Axis 2: Deferred
• Axis 3: Hepatitis C
• Axis 4: Housing problems
• Axis 5: ??
The patient is becoming more agitated….

What is the most likely diagnosis in this patient?

**Answer**
Drug induced psychosis due to cocaine or cannabis or major depressive episode with psychosis.
What is the treatment of stimulant induced psychosis?

- Quiet environment, decreased stimuli, time
- Benzodiazepines (Diazepam 5-10mg po X1, then 5 mg q 6 hours) if indicated. Avoid antipsychotic medications.
- IV fluids if indicated
- Referral to treatment for the drug of abuse and avoidance of further use of the chemical

Link to NIDA:
The ER becomes very, very busy

- Mental Health counselor is keeping a close eye on the patient
- The patient appears to be calmer after just 2 hours
- The patient’s mother arrives to transport her to her home.
- The patient agrees to leave with her mother
Your patient 4 hours after admission

- Patient is now oriented to person, place, and time
- You carefully interview her about suicidal ideation or intent, she denies suicidal plan
- Her mother arrives to take her home
- The patient is discharged to the Opioid Treatment Program
- The mental health counselor communicates with the Opioid Treatment Program.
What is your diagnosis now?

- Psychosis secondary to depression?
  - Probably not, resolved quickly
- Methadone withdrawal?
  - This can cause elevation of VS, but is unlikely with just one dose missed
- Alcohol withdrawal?
  - Would have progressed without treatment
- Substance Induced psychosis?
  - Given her VS, exam, substance abuse history, and resolution of symptoms, this is most likely
Summary

• Jeannie is a woman with major depression and a long history of poly drug abuse. She is stable in Opioid Treatment with methadone for prescription drug abuse. She has experienced a brief episode of psychosis which resolved spontaneously, etiology most likely cannabis or cocaine induced. She also has a diagnosis of tobacco abuse, alcohol abuse with binge drinking, domestic violence and Hepatitis C. <her acute problem is psychosis, which you addressed in the Emergency Room. She is referred back to her primary care physician and the Opioid Treatment Program.