VCOM Psychiatry Online
Case Q

“I just don’t know”

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Scenario

- A 44 year old woman is brought to your office by her husband who states that he believes she is “depressed”. He states that he has been out of town on business and upon his return found his wife sleeping most of the day and not going out of the house.
HPI

• This is a 44 year old white female patient who has no significant complaint. Her husband however notes that she has been increasingly lethargic over the last 3 weeks and has been more apathetic with regard to her usual activities. He states that he had been out of town on business and upon his return found that his wife was sleeping most of the day and he believes she had not been out of their home since he had left approximately 1 week ago.
HPI

- She states that she gets to sleep easily however notes that she frequently wakes up at 3-4 am and can’t go back to sleep.
- Appetite is somewhat diminished and she has lost approximately 5 pounds over the last several weeks.
- She denies any changes in her physical status or new medications in the last several months.
Medical History

- The patient has a history of Total Hysterectomy at 37 years old for dysfunctional uterine bleeding.
- You are also able to elicit a history of a very minor episode of “the blues” in her mid 30’s however much less severe symptoms than at present.
- She has no previous history of suicidal ideation or attempts.
- Medical history is otherwise unremarkable.
Psychiatric History

• You ask more questions regarding her previous episode of “the blues” and find that she had not seen a physician at the time thinking that it was related to “hormones” and that it went away fairly rapidly. She did note some sleep disturbance with early morning awakening at that time also. She was never prescribed any psychotropic medication.
Family History

• Mother died at age 47 of suicide although prior to her death was noted to have diagnosis of Bipolar Disorder.

• She has a brother with mild depressive disorder however he has never been treated with psychotropic medications to her knowledge.

• She has one uncle who is ETOH dependant.

• Family history is otherwise unremarkable.
Social History

• The patient was born and raised in a medium sized city in the southeast.
• She finished HS and attended 2 years of Community College
• She has been married x 10 years and has no children.
• She is not currently employed outside the home.
Substance Use History

• The patient uses alcohol socially with first drink at age 17 and current usage approximately 1-3 drinks per week.
• There is no history of ETOH abuse or dependence.
• The patient denies a history of illicit drug use or prescription drug abuse.
Review of Systems

• The patient states that she has had some feelings of fatigue.
• She also worries about having a lot of minor pains. She does identify multiple areas of mild pain unrelieved, improved or exacerbated by anything. The pain is constant and not variable in intensity.
• She complains of occasional dizziness, nausea, heat and cold intolerance and body odor.
• None of the above symptoms reach acute levels nor has she been treated for these symptoms.
Physical Exam

- VSS
- Heart Regular Rate and Rhythm
- Lungs clear to auscultation
- Abdomen soft non-tender on palpation
- Musculoskeletal exam is unremarkable
- General Neurological exam is non-focal and otherwise unremarkable except as noted in mental status.
Mental Status Exam

- The patient is somewhat disheveled in appearance which her husband notes is unusual.
- Speech and Behavior are appropriate.
- She is noted to make poor eye contact.
- Mood is “a little bit down” by her report.
- Affect is blunted but stable and appropriate.
- Thought process is logical and goal directed.
- Thought content contains no delusions and patient denies suicidal or homicidal ideation.
- Perception is unremarkable.
- Memory and cognition is unremarkable although the patient does show little insight into her condition.
What would be included in the Differential Diagnosis?
Differential Diagnosis

**Axis I**  Major Depressive Episode, single episode, 
r/o Major Depressive Disorder, single episode.  
r/o Bipolar Disorder depressed  
r/o Substance induced mood disorder

**Axis II** deferred

**Axis III** s/p Total Abdominal Hysterectomy

**Axis IV** separation from husband

**Axis V** 45
What class of drug would be the most appropriate choice for initial treatment?

a. Benzodiazapine
b. Phenothiazone
c. Monoamine oxidase inhibitor
d. Selective Serotonin reuptake inhibitor
Sorry, this is an incorrect answer
Correct!

Selective Serotonin Reuptake inhibitors are among the most popular medications for first line treatment of major depression. All other choices are inappropriate classes of drugs. Monoamine Oxidase Inhibitors are used to treat depression but are not considered first line agents due to their risk of side effects.
Treatment

• The patient is started on sertraline at 50mg. Per day.

• Her husband is asked to monitor her condition and call 911 or bring her to the emergency room immediately if her condition worsens or she experiences suicidal ideation.

• She is encouraged to engage in social and physical activity during the day and maintain consistent bedtime and wake time.
If the patient experiences side effects from sertraline, which is most common?

a. Blood dyscrasias
b. Extrapyramidal movement disorder
c. Nausea
d. Risk of peptic ulcer disease
Sorry, this is an incorrect answer
Correct!

One of the most common side effects of selective serotonin reuptake inhibitors is nausea. Other choices are unlikely (but not impossible) with this class of drugs.
How long would you explain to the patient that it may take for the medication to work?

a. Several hours.
b. Up to 4-6 weeks
c. 2-3 days
d. Within 24 hours.
Sorry, this is an incorrect answer
Correct!

Studies show that it may take up to 4-6 weeks to achieve maximum effect of antidepressant medications. This period may be somewhat lengthened (6-8 wks.) in the elderly.
Follow up

• The patients husband brings the patient back in 1 week later stating that the medication has not helped and that his wife is making bizarre statements about being dead.

• She has not eaten in 2 days and is drinking very little fluid believing that there are “holes” in her intestines.

• She has also expressed her desire to die to him within the past 24 hours.
The beliefs expressed by the patient are examples of:

a. Unrealistic expectations of treatment
b. Nihilistic delusions
c. Somatic illusions
d. Attempts to gain the attention of her husband.
Sorry, this is an incorrect answer
Correct!

These are unrealistic beliefs (delusions) with nihilistic (associated with death) content. Illusions, in contrast, are perceptual distortions.
You decide to admit the patient. Which would be appropriate treatment choices?

a. Intensive insight oriented psychotherapy only

b. Stop all current medications and start lorazepam

c. Consider electroconvulsive therapy.

d. Intensive homogeneous group therapy only.
Sorry, this is an incorrect answer
The patient has emergent symptoms of depression associated with psychotic thought. Psychotherapy, although often useful in less severe depressions has limited utility for acute stabilization. Benzodiazepines are unlikely to effect improvement in the patients symptoms although they may mask symptoms temporarily. Electroconvulsive therapy is indicated and particularly efficacious for severe depression with psychotic symptoms.
Treatment

• You admit the patient to the hospital with close observation and discuss treatment options with the patient and her family.
• You recommend electroconvulsive therapy due to need for rapid response and efficacy.
• The patient and her husband understand the procedure and are willing to consent.
Treatment

• ECT is administered without complication.
• After the 3rd treatment, the patient shows improvement and the treatments are stopped after 7 treatments.
• The patient’s depressive symptoms appear in full remission.
• She is discharged home with sertraline 100mg. Qd and instructions for follow up in 1 week.
Conclusions

• You see the patient and her husband in your office in 1 week.
• Her affect is full range and stable and she adamantly denies thoughts of death or suicide.
• She denies pain or significant fatigue.
• She does endorse some amnesia surrounding the ECT treatment episodes however feels that this is not functionally impairing.
• She is scheduled for follow up in 1 month.