Melinda Chiu
Psychiatry Rotation H&P 3

Name: Ms. AD (5538889)
Sex: Female
Race: Caucasion
Date: 02/21/2020
Location: Elmhurst Hospital, Queens, NY
DOB: XX/XX/1989
Source of Referral: Brought in by EMS (BIBEMS), which was activated by sister

CC: Pt was brought in by police after sister had called 911, for suspected Adderall abuse.
HPI: 30yo female, domiciled with adult sister, employed as a high school algebra teacher, no significant Past Medical History (PMH), Past Psychological History (PPH) of self-reported ADHD, depression, anxiety, alcohol use disorder (DUI in 2015, subsequently received help from AA, reports being sober for the past 5 years), past cocaine use, with no history of inpatient admissions, self-injurous behavior, nor suicide attempts. Patient reports seeing an outpatient therapist, and currently taking Adderall, Lamictal, and Neurontin. Patient was BIBEMS, which was activated by sister due to reported disruptive behavior at home.

In CPEP, the patient was noted to appear disheveled, agitated, and irritable. Today, patient is noted to be calm and cooperative, appropriate speech, euthymic mood, constricted affect, appropriately groomed, good eye contact, logical and linear thought process with no delusional content. Upon inquiring about patient's admission, she admits to a verbal altercation with her sister regarding patient's recent changes in behavior/mood. Patient reported having been abusing her Adderall medication for ADHD over the past 2 months (without her family, nor significant other's knowledge) after a recent breakup which led her to taking excess Adderall to "cope" and to "focus on other things". Admits that it makes her "more on the edge", with poor sleep, palpitations, weight loss, and past facial twitching. Patient admits that sister was trying to "help", but also described her as "vindictive", and experienced frustration on patients' recent changes in behavior/mood. Reports that sister claimed that their father had a heart attack (believable since father is known to have HTN, however she later learned was a lie), in order to agitate the patient, then ran into a bedroom. Pt admits banging on the bedroom door when trying to "find out the truth" about her father's condition, then the sister had called 911. Patient reports subsequently taking more Adderall with intentions of "needing to concentrate" to drive to her father, leaving the house, driving away, and that the police had to search for her.

Pt admits past abuse of Methylphenidate (Concerta) when she was younger for an unspecified number of months, and stopping after she realized her behavior changes. Patient denies having paranoid thoughts, racing thoughts, auditory/visual hallucinations (AH/VH), changes in self-care, suicidal/homicidal ideations (SI/HI), or recent illicit drug use.

Past Medical History	none
Past Psychiatric History	ADHD x 7 years, Depression, Anxiety Alcohol use disorder (reports being sober for the past 5 years)
Surgical History	none
Medications	Dextroamphetamine-Amphetamine (Adderall) 30mg PO QID for ADHD Lamotrigine (Lamictal) 200mg PO QD for Depressed mood Gabapentin (Neurontin) 600mg PO Q12 hours for Anxiety
Allergies	NKDA
Family History	Mother (Anxiety), Father (HTN), Sister (Depression)
Social History	Pt currently lives in a house with her adult sister. Highest level of education is a Masters in mathematics. Patient teaches 12th grade high school students Algebra II. Pt admits to having a bad breakup in October 2019, and currently has a girlfriend x 4 months. Describes enjoying doing yoga in her free time. Pt is part of an Alcoholics Anonymous group, sober for 5 years and regularly speaks to her sponsor. Past 6-pack-year cigarette smoker. Denies illicit drug use.

Review of Systems

- General – Admits to fatigue, recent loss of appetite, weight loss and poor sleep. Denies fever, chills, night sweats, or weakness.
- Skin, Hair, Nails – Admits to dryness of skin and hair, likely due to soap on the unit. Denies changes in texture, excessive sweating, discolorations, pigmentations, moles/rashes, pruritis, or changes in hair distribution.
- Head – Denies headache and vertigo.
- Eyes – Admits to 20/20 vision, last eye exam in the past year. Unsure about eye pressure. Denies photophobia, visual disturbances, lacrimation, or pruritus.
- Ears – Denies pain, tinnitus, discharge, muffled hearing, nor hearing aids.
- Nose/Sinuses – Admits to mild stuffy nose x 7 days. Denies difficulty breathing, rhinorrhea or epistasis.
- Mouth/throat – Last dental visit was over a year ago. Denies sore throat, mouth ulcers, bleeding gums, sore tongue, voice changes, or use of dentures.
- Neck – Denies stiffness/decreased ROM, localized swelling/lumps.
- Breast – Denies lumps, pain, or nipple discharge.
- Pulmonary System – Denies SOB, wheezing, hemoptysis, cyanosis, orthopnea, DOE, PND.

- Cardiovascular System – Admits to feeling palpitations. Denies chest pain, HTN, irregular heartbeat, edema of ankles/feet, syncope, or known heart murmur.
- GI System – Admits to poor appetite, and regular bowel movements. Denies intolerance to specific foods, nausea, vomiting, dysphagia, pyrosis, flatulence, eructations, abdominal pain, diarrhea, jaundice, hemorrhoids, constipation, rectal bleeding, or blood in stool.
- GU System – Denies urinary frequency or urgency, oliguria, polyuria, dysuria, nocturia, incontinence, or flank pain.
- Sexual History – monogamous relationship with girlfriend of 4 months, denies use of protection, but admits that they both had blood work done. Denies history of STIs.
- Nervous System - Denies numbness, tingling, migraines, seizures, LOC, ataxia, loss of strength, change in cognition/mental status/memory, or weakness.
- Musculoskeletal – Denies muscle/joint pain, deformity, swelling, redness, or arthritis.
- Peripheral Vascular System – Denies intermittent claudication, coldness/trophic changes, varicose veins, peripheral edema, or color change.
- Hematologic System – Denies anemia, easy bruising/bleeding, lymph node enlargement, blood transfusions, or history of DVT/PE.
- Endocrine System – Denies polyuria, polydipsia, polyphagia, heat/cold intolerance, goiter, excessive sweating, or hirsutism.
- Psychiatric – Admits to ADHD, depression, anxiety, alcohol use disorder (reports being sober for the past 5 years), past cocaine use, with no history of inpatient admissions. Patient sees an outpatient psychotherapist, and currently takes Adderall, Lamictal, and Neurontin. Denies auditory/visual hallucinations (AH/VH), current suicidal/homicidal ideations (SI/HI).

Mental Status Exam

General

1. **Appearance**: Ms. AD appeared with NAD, appropriately-dressed in hospital clothes, good hygiene, well-nourished/well-developed, average frame and build, and appears her stated age. Had no scars or atypical body features.
2. **Behavior and Psychomotor Activity**: Ms. AD had good eye contact during interview, with euthymic mood and constricted affect. Normal psychomotor activity, no delayed speech.
3. **Attitude Towards Examiner**: Ms. AD was calm and cooperated throughout the interview, able to establish rapport.

Sensorium and Cognition

1. **Alertness and Consciousness**: Ms. AD was alert and remained so throughout interview
2. **Orientation**: Ms. AD was oriented to person, place, time, and date.
3. **Concentration and Attention**: Ms. AD had good attention and concentration throughout the interview, gave relevant responses to questions with no thought blocking.
4. **Capacity to Read and Write**: Ms. AD had good reading and writing abilities.
5. **Abstract Thinking**: Ms. AD was able express abstract thinking, perform simple math calculations, and gave linear history of incidents prior to hospital admission.
6. **Memory**: Ms. AD's memory was unimpaired, recent and remote memory was intact
7. **Fund of Information and Knowledge**: Ms. AD had good understanding of the English language. Demonstrates above average intelligence.

Mood and Affect

1. **Mood**: Ms. AD was euthymic, and cooperative to meet with treatment team.
2. **Affect**: Ms. AD had restricted affect, congruent with mood.
3. **Appropriateness**: Ms. AD's mood and affect were consistent with topics discussed.

Motor

1. **Speech**: Ms. AD's speech had regular rhythm, smooth fluency, and low tone.
2. **Eye Contact**: Ms. AD made good eye contact with those present in evaluation.
3. **Body Movements**: Ms. AD's body movements were purposeful, normal gait, no signs of psychomotor agitation, retardation, bizarre behavior, extremity tremors or facial tics.

Reasoning and Control

1. **Impulse Control**: Ms. AD appears to have questionable impulse control due to her prescription drug seeking behavior. Pt denies suicidal ideations nor homicidal ideations.
2. **Judgment**: Ms. AD appears to have good judgement, denies auditory or visual hallucinations, paranoia or delusions at this time.
3. **Insight**: Ms. AD had good insight into her pharmacologic drug abuse.

Differential Diagnosis

- Substance use disorder
  - ➢ This is the top diagnosis since she has many of the DSM-5 diagnostic criteria: craving to take Adderall (especially when patient was starting to come "down" to baseline), taking the medication more than prescribed, spending a lot of resources getting the medication (time needed to go for appointments with doctor for prescription; insurance only covered 60mg/day so patient paid out of pocket for additional 60mg/day for her prescription), taking medication despite conflicts with relationships (pt admitted being more irritable when on Adderall), and development of tolerance to medication. Pt also described a past of abusing stimulants (Methylphenidate (Concerta) when she was younger), justifying that she was taking the medication to "cope" with her recent breakup, and would call her sister to find out when she would return home in order to plan if or when she can take her next dose.

- ADHD
  - ➢ The patient self-reported having ADHD diagnosed when she was younger at an undisclosed age. The diagnosis should be ruled out because patient does not currently meet the DSM-5 diagnostic criteria. Pt did not describe being forgetful in daily activities, making careless mistakes at work, having issues organizing tasks, often losing items in her possession. Pt was able to focus during the interview, follow instructions, and got full score on the MMSE: with good orientation to person/place/time, registering information, having short and long term memory intact.

- Generalized Anxiety Disorder
  - ➢ Pt had some symptoms that fit the DSM-5 diagnostic criteria. She had symptoms associated with anxiety and worry: restlessness by feeling "on the edge", fatigued,

irritability, and sleep disturbance. However, she did not express having excessive worrying and anxiety over 6 months, and did not have it affecting her occupational or social functioning as she had been working prior to hospitalization. Also her Adderall use may have contributed to the mild anxiety-related symptoms.

Assessment

30yo female, domiciled with adult sister, employed as a high school algebra teacher, no significant PMH, self reported PPH of ADHD, depression, anxiety, alcohol use disorder (sober for the past 5 years), who presented to Psychiatry unit for suspected Adderall abuse. Differential diagnoses include Substance use disorder (most likely), ADHD, and Generalized Anxiety Disorder.

Plan

1. Discontinue Dextroamphetamine-Amphetamine (Adderall)
2. Continue Lamotrigine (Lamictal) 200mg PO QD for Depressed mood, and Gabapentin (Neurontin) 600mg PO Q12 hours for Anxiety
3. Start Haloperidol (Haldol) 5mg PO Q8hr PRN, and Lorazepam (Ativan) 2mg PO Q8hr PRN
4. Encourage continuation of attending Alcoholics Anonymous, and seeing outpatient psychotherapist after discharge.

Currently, it is deemed that the patient does not pose a threat to self or others. Patients displays no psychotic features. Patient at this time does not require any acute psychiatric intervention, just additional observation for suicidal behavior/signs. After discharge, patient is to see outpatient psychotherapist.