

CASE PRESENTATION

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2nd year PG in Psychiatry.

Case - 1

Referral from OBG Department seen on 28th February

- Case of G2P1L1 with 36 weeks of gestation with 1 previous LSCS on psychiatric medication was referred for psychiatric examination and opinion regarding further management.

Name : XYZ

Age : 27 years

Sex : Female

Religion : Hindu

Marital status : married

Residence : Nalgonda

Education : graduate

Occupation : House wife

Socio-economic status : lower middle

Informant : Mother and Husband.

During examination the following complains were noted

Subjective complains

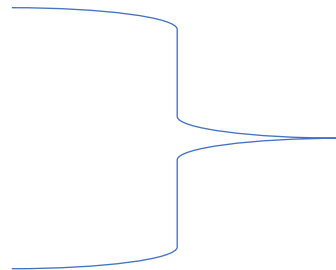
Suspiciousness on husband and family members – 7 months increased in past 10 days.

Objective complains

Lack of sleep

Decreased self care

Irritability and anger outburst



7 months increased in past 10 days

On detailed history patient is known case of psychiatric disorder and on antipsychotic treatment since 6 year maintaining well on medication.

Illness is episodic type currently presented with second episode.

According to objective data, History of abnormal behaviour like anger outburst, decrease sleep ,self laughing, self talking and suspiciousness on husband was noted when patient was pregnant with first child. This behaviour was gradually increasing but was not associated with threatening or lack of self care.

For above complains patient was taken to hospital and was managed conservatively.

One week after delivery abnormal behaviour continued and there was increased suspiciousness, increased anger outburst and decrease interest in daily activities and child care.

Patient was started on Tab. Olanzapine – 10mg , Tab. Alprazolam 2mg,
Multivitamin tablet

Patient was on regular medication and follow up, she was maintaining well and all abnormal behaviour reduced.

Gradually dose of medication was tapered and patient started using Tab.Olanzapine 5mg daily, which was further reduced to two times a week and multivitamin tablet daily on further follow up.

After confirmation of second pregnancy patient was advised to stop medication for first three months after which she continued using same medication two times a week and as per need basis.

Since past 10 days patient has not used any medication and complains of Increased suspiciousness on husband that he has mixed something in food and is trying to kill her, she believes her in-laws family members are also involved in this.

According to objective data, when sitting alone in room she talks to herself and laughs occasionally when enquired about it she gets irritable and angry.

She does not take proper care of herself and elder child, takes bath after 2-3 days on repeated request by family members, does not help in any day to day activities in home.

She is willing to continue pregnancy and does not have any guilt or low mood /suicidal ideation / over spending.

She denies any hearing of voices when no one is around her.

No h/o repeated doing of things /ritualistic activities

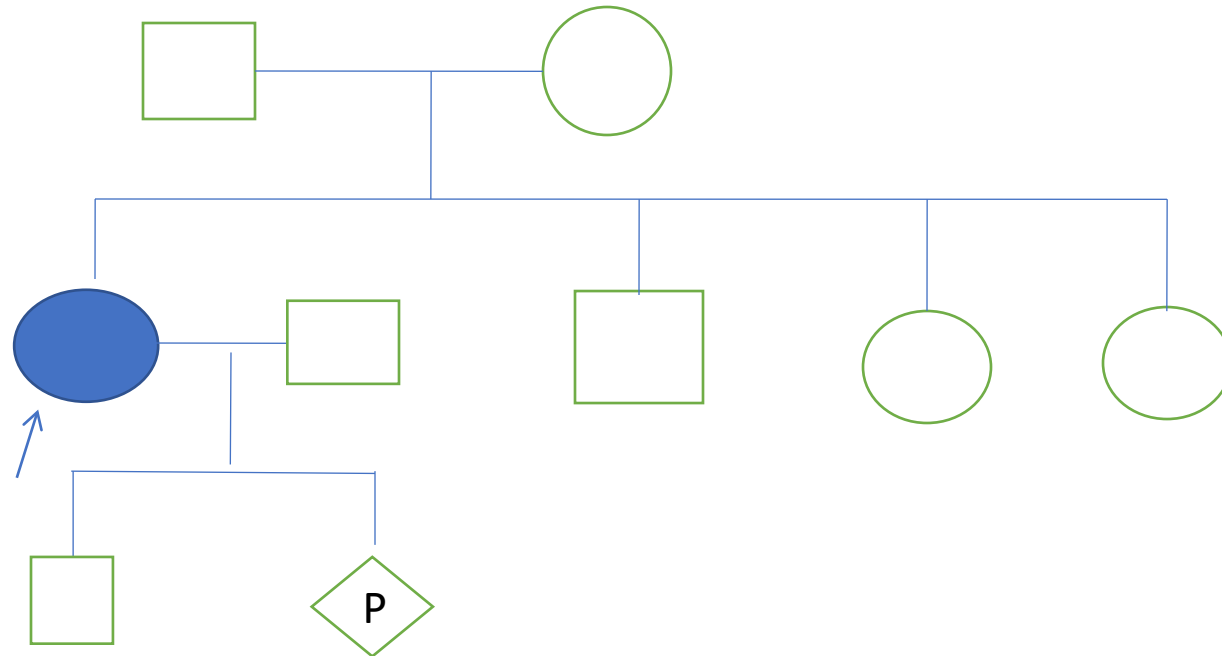
No h/o restlessness/palpitation/sweating,

No h/o fever

No h/o headache/vomiting/blurring of vision

No h/o head injury.

FAMILY HISTORY



No h/o any psychiatric illness in the family
No h/o any significant medical illness in the family
Non consanguineous marriage

MENTAL STATUS EXAMINATION (28-02-2018)

- Appearance , Attitude & Behavior:

A middle aged pregnant female looking appropriate to her age, and with appropriate gestational age, came to psychiatric OPD with family members. Sitting comfortably on chair, eye to eye contact maintain and rapport established.no abnormal gesture or mannerism seen.

- Speech :
Spontaneous,
Normal tone & volume ,
Reaction time normal,
Relevant ,coherent.
- Mood: normal
But some times Irritable
- Affect: Constricted

- Thought:

Stream – Continuous, relevant and coherent

Content - Delusions of persecution +

Possession - No thought alienation.
No obsessions and compulsions.

Form - No formal thought disorder

Abstract thinking - normal

- Perception :

No hallucinatory behavior observed.

No visual & other hallucinations

No illusions

- Other cognitive functions –

a. Oriented to time, place and person.

b. Attention- drawn

c. Concentration- sustained

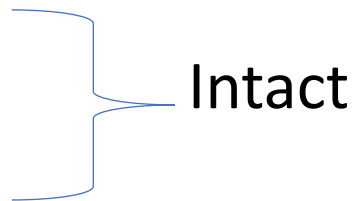
d. Intelligence – average

e. Memory –

immediate

recent

remote



- Insight –
present grade 1

- Judgement–
Test - intact
Social } Impaired
Personal }

SUMMARY

A case of G2P1L1 with 36 weeks of gestation, known case of psychiatric disorder on antipsychotic medications maintenance dose, referred with complaints of suspiciousness on husband and family members, lack of sleep, decrease self care, Irritability, anger outbursts. Complaints were present since 7-8 months (2-3 months after diagnosing of pregnancy) but increased in past 10 days with current impairment of social and occupational functioning.

On examination patient's mood was irritable with constricted affect, having delusion of persecution, denies any auditory or visual hallucination she is currently Oriented with time, place and person with impairment of social and personal judgment and grade 1 insight

CASE - 2

Name : XYZ

Age : 28 years

Sex : Female

Religion : Hindu

Marital status : married

Residence : Nalgonda

Education : graduate (B.Ed)

Occupation : House wife

Socio-economic status : lower middle

Informant : Husband and sister

Chief complaints

[Patient is seen in OPD - sep2017]

Subjective complaints

Low mood and lack of interest in any activity –since 1yr

(gradually increasing and becoming unboreable since last 1 week)

Objective data

Husband confirms the status and reports Increased expression of suicidal thoughts with an attempt – 4days

On examination patient complained pervasive and persistent low mood, lack of interest in work, easy fatigability and disturbed sleep, she also experienced suicidal ideation and had one attempt (4days prior) when she consumed sleeping pills, which were prescribed by local doctor for her sleep disturbance. But Even after discharge from hospital she continued expressing her wish to die For which patient was brought to psychiatry OPD.

After detailed history and examination patient was diagnosed as a case of sever depression and Tab. Escitalopram 10mg , Tab. Clonazepam 0.5mg were started.

Patient was compliant to medication and came for regular follow up, after 2-3 months of regular medications patient and attenders reported near total improvement.

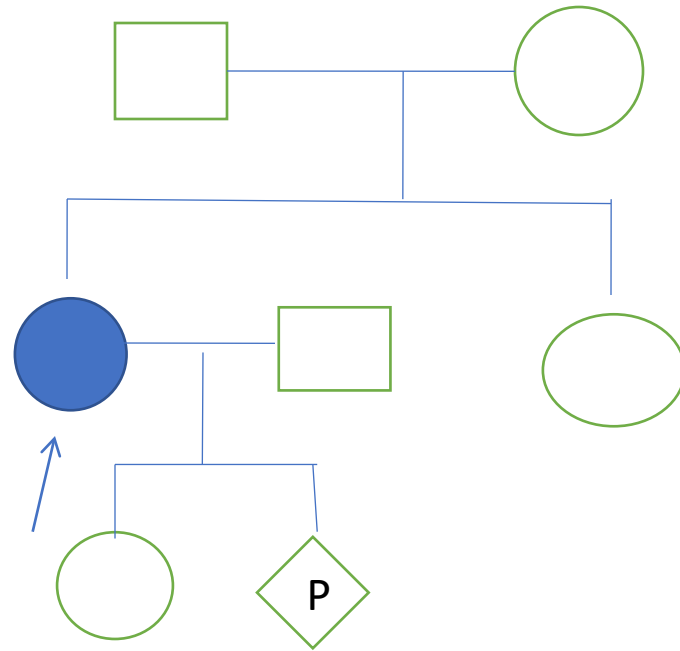
In Dec-2017 when the patient came for follow up, she revealed about her urine pregnancy test report which came positive.

She was referred to OBG department for evaluation of pregnancy. All examination and reports were in favour of normal pregnancy .

As patient and the family wanted to continue pregnancy and the patient found to be psychologically stable .

Patient was advised to stop antidepressant medication for 1st trimester of pregnancy and advised for regular follow up .

FAMILY HISTORY



No h/o any psychiatric illness in the family

No h/o any significant medical illness in the family

Non consanguineous marriage.

Mental status examination (December -2017)

- Appearance , Attitude & Behavior:

A middle aged thin built and well nourished female came to psychiatry OPD with family members, sitting comfortably in chair, looking appropriate to the age, well groomed and well dressed. Eye to eye contact established but not maintained , rapport established ,not tearful during interview, no abnormal gestures or mannerisms, no abnormal movements seen

- Speech :

Normal tone & volume ,

Reaction time normal,

Relevant ,coherent.

- Mood: Euthymic

- Affect: Appropriate to mood

- Thought: Content - suicidal ideations –

Other mental status examination - normal

SUMMARY

In sep-2017 A 28yrs old married female came with the complaints of Low mood, lack of Interest in doing daily activity, easy fatigability ,decreased appetite, sleep disturbance felling of Hopelessness and helplessness and 1 suicidal attempt in last week. All complains were gradual started since 1 year which was progressive in nature with exacerbation in last one week, she was diagnosed as case of severe depression and Were kept on antidepressant medication.

Patient was on regular medication and follow up with near total improvement in symptoms. In dec-2017 patient reveled about her pregnancy which she wished to continue, she was psychologically stable with no new complains. After routine examination from OBG department all parameters were found to be normal range, patient was advised to stop medication for 1st 3 months of pregnancy and advised regular follow ups

Thank you