

# **CASE PRESENTATION**

**Presenter : Dr . Monalisa  
PG in Psychiatry  
Chairperson : Dr Datt  
(Prof and HOD).**

A 23 yr old unmarried, male, resident of Nandigama, studied up to Btech, brought to the Psychiatry OPD by his brother with the following complaints –

Nicotine abuse – 7 years

Alcohol abuse - 6 years

Inhalant abuse – 4 years

- Patient was apparently asymptomatic 7 yrs back.
- He successfully completed SSC and for further studies joined intermediate and shifted to hostel.
- In hostel under the influence of his friends he started smoking cigarettes occasionally (1-2 cigarettes once or twice/week) for pleasure.

- Smoking habit gradually increased in quantity and frequency to reach the current usage of 2 packs/day. He has a strong desire and difficulty in controlling the same.
- He smokes despite being aware of its ill effects. On stopping even for a day, he has complains of headache, nausea, sleeplessness and difficulty in concentrating.

- He cleared 1<sup>st</sup> yr of intermediate with difficulty and in 2<sup>nd</sup> yr he started taking alcohol, initially starting with 1 bottle of beer occasionally, along with friends, for pleasure.
- He reports of enjoying the same and this lead to an increase in quantity and frequency to reach the present amount of 180ml whisky every 3-4days.
- However he denies of having craving and says that he consumes only to give company to his friends.

- Denies of having any withdrawal symptoms like sleeplessness, anxiety and tremors when he stops consuming alcohol.
- He finished his intermediate and joined Btech in Vizag based on his rank.
- During the 2<sup>nd</sup> year of his Btech he had come across fevicol sniffing by his seniors, influenced by it he started smelling fevicol mixed with coconut oil along with his classmates.

- He started with 1 packet of fevicol in a plastic cover and inhaled by covering their faces with cover for about half an hour once daily.
- Due to this involvement in abusing substances, he started showing less interest in his studies resulting in backlogs.

- He mentions this inhaling of fumes as rewarding and hence continued this behavior.
- So, this gradually increased in frequency and till he was inhaling 2 – 3 times daily for half hour.
- While under the influence of substance he reports of feeling happy and laughing excessively.



- He says that if he misses inhaling of substance even for a day, has headache, nausea and reports feeling irritable.
- 1 yr back he finished his course duration and returned home with backlogs in 10 subjects.
- Once at home his abuse of substances were noticed by his family and to restrict his behavior they stopped giving him money.

- For this reason he has been abstinent from alcohol and fevicol since 1 yr.
- But he continued to smoke cigarettes in spite of strict control by his parents.
- Reports that once while at petrol bunk he inhaled fumes of petrol and had the same feeling of inhaling fevicol.

- Since then he used to frequently visit petrol bunks, or garages to inhale the fumes of petrol.
- Because of the fear of being noticed by others and also the cost of petrol, he started stealing petrol from vehicles and inhaling the fumes the same way as he used to do with fevicol.

- The stealing behaviour was noticed by his family members and they admitted him to a Deaddiction Center in Hyderabad for 1 month where he was given treatment for the same.
- But the same behavior continued even after discharge which apprehended the family members.
- This made them to bring him to Narketpally on 21-01-2016 for the purpose of Deaddiction.

- No h/o low mood /suicidal ideation
- No h/o pervasive elated behavior/ excessive spending/ decreased need for sleep.
- No h/o hearing of voices / suspiciousness
- No h/o repeated doing of things /ritualistic activities
- No h/o headache/vomiting/blurring of vision

## Behavior in ward-

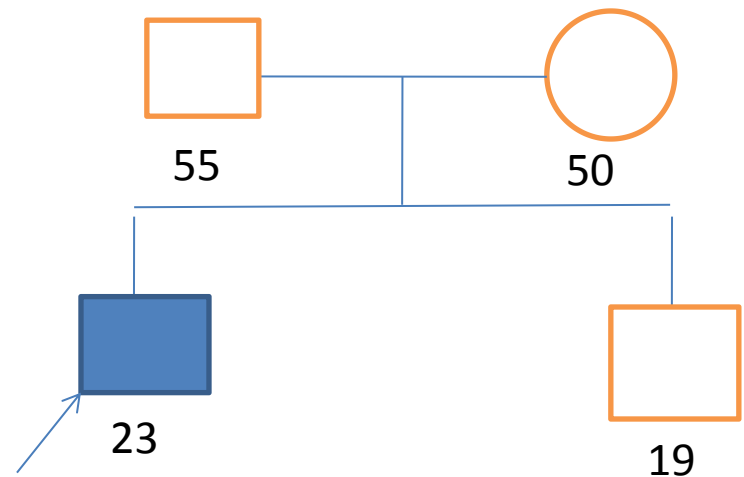
- In the past week his behavior was noted to aggressive, unfriendly with other patients and reports of having craving for cigarettes and petrol.
- Sleep was disturbed for initial 2-3 days after admission, currently adequate on medication
- Appetite is normal
- Personal hygiene is intact.

# Past History

- No history of similar complaints in past.
- No h/o of any psychiatric illness in the past.
- No h/o any medical and surgical illness.

# Family History

- Father is uneducated and farmer by occupation, consumes alcohol and cigarettes daily
- Mother is a housewife
- No h/o any other psychiatric illness in the family
- No h/o any significant medical illness in the family
- Brother is an engineering student, consumes alcohol occasionally





# Personal History

## BIRTH HISTORY:

- Full term, normal, institutional delivery.
- Reported to have cried immediately after birth.
- No reported delay in milestones.

## CHILDHOOD HISTORY:

- Started schooling at the age of 5yrs.
- No h/o thumb sucking, nail biting, temper tantrums, head banging and excessive crying.
- No h/o lying, stealing, truancy from school.
- At school he was reported to be shy and reserved and interacted less with friends. He was good at academics but never participated in group activities and avoided stage performance.

## ADOLESCENT HISTORY :

- In intermediate he had few friends. He never interacted with strangers.

## OCCUPATIONAL HISTORY :

- Not employed yet anywhere

## MARITAL HISTORY:

- Not yet married

## SEXUAL HISTORY :

- Not sexually active
- Denies any homosexual behavior
- No misconceptions about sex

# Pre Morbid Personality

- He had less number of friends
- Was shy and reserved
- Pre morbidly well adjusted and friendly with peers.
- Had a few friends and never took initiative in activities.

# General Examination

- Patient is conscious and alert.
- Moderately built and nourished.
- No pallor, no icterus, no cyanosis, no edema, no clubbing, no lymphadenopathy.
- Vitals - with in normal limits.

# Systemic Examination

- Cardiovascular system : S1S2 +, no murmurs
- Respiratory system : vesicular breath sounds heard
- Gastrointestinal system : NAD
- Central nervous system : No focal neurological deficit

# MENTAL STATUS EXAMINATION

- Appearance , Attitude & Behavior:

A 23 year old male brought to psychiatry OPD with his brother, well groomed and well dressed looked anxious. Eye to eye contact present but not maintained, rapport established with slight difficulty, psychomotor activity normal, good behavior with doctor, no abnormal gestures or mannerisms, no abnormal movements seen.



- Speech :

  - Spontaneous,

  - Normal tone & volume ,

  - Reaction time normal

  - Prosody maintained

- Mood: Subjective : Normal

  - Objective : Anxious, guarded

○ Thought:

Stream – Continuous

Content - Excessive preoccupation with thoughts of smoking cigarettes and inhaling petrol

Possession - No thought alienation  
No obsessions and compulsions

Form - No formal thought disorder

- Abstract thinking - normal

- Perception :

No hallucinatory behavior observed.

Denies hallucinations

Denies illusions

- Other cognitive functions –
  - a. Oriented to time, place and person.
  - b. Attention- Drawn
  - c. Concentration- Sustained
  - d. Intelligence – average
  - e. Memory –
    - immediate - intact
    - recent - intact
    - remote - intact

- Insight –

Grade 3 – Blames external factors for his illness

- Judgment–

Test - Present

Social - Present

Personal - Present

# INVESTIGATIONS

- Liver Function Tests
- Renal Function Tests
- Complete Blood Picture
- Complete Urine Examination
- MRI Brain
- Electrocardiogram
- Chest radiograph
  
- Planned for Personality assessment tests

# PROVISIONAL DIAGNOSIS

- Mental and behavioral abnormalities due to use of  
Alcohol (F10.1)- harmful use  
Tobacco (F17.2)-dependence syndrome  
Volatile Substances (F18.2)dependence syndrome  
Currently abstinent, but in a protected environment

# TREATMENT

Symptomatic Treatment



***Thank you***