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Patient Psychiatric Evaluation #2: Attention Deficit/Hyperactivity Disorder (ADHD)

Student Name:

Institution:

Course:

Instructor

Due Date:

Patient Information

Pt. Initials: DBS **Age:** 21 years **Gender:** Male **Race:** African American

Subjective Data

CC (chief complaint): "I am struggling to focus and complete tasks and am easily distracted."

HPI: DBS is a 21-year-old African American male who reported to the clinic accompanied by the mother. According to the mother, DBS has a history of being easily distracted at home and school. She narrated that her son experienced challenges concentrating in class. The mother added that DBS experienced these challenges in his early education, and one teacher commented he might be suffering from ADHD. At 10 years, DBS was diagnosed with ADHD and symptoms subsided until he joined high school. In his high school years, the mother stated that DBS exhibited symptoms, including inability to complete tasks, forgetfulness, losing things, challenges sustaining attention during reading, seemed not to listen upon being spoken to, evading tasks that require sustained mental efforts, and being distracted by unnecessary stimuli. The patient seems anxious and tense during the session. The mother added that DBS has highly variable patterns lasting months, epitomized by insomnia and early awakening from 2.30 a.m. followed by good sleep for a month. The patient reported changes in appetite, leading to an increment of 20 pounds recently. However, the mother denotes he had lost approximately 30 pounds when taking Adderall and felt depressed and had low energy. Upon quitting, the patient reports his energy levels are better although he has issues with motivation issues.

Location: At home and school.

Onset: Early childhood.

Character: Tense and anxious.

Associated signs and symptoms: Difficulty concentrating, fidgety, easily distracted, forgetfulness, losing things, inability to finish tasks, challenges sustaining attentions, and evading tasks that need sustained mental effort.

Timing: On and off.

Relieving factors: Family support.

Severity: Moderate.

Current Medications: He was prescribed Adderall but does not remember the dosage, and he quit several months ago. Denied over-the-counter (OTC) medications or herbal medicines.

Allergies: None

Birth & Developmental Milestones: The mother was born at full-term, weighing 6.5 pounds after a normal pregnancy. She had a normal delivery. He reached all developmental milestones at his actual age.

Adverse Child Events/Trauma/ Abuse History: He denied abused as a child. However, he experienced significant issues after his father returned from war three later. His father was verbally abusive to his father and was an alcoholic, leading to separation from his father.

Past Medical History: Denies history of medical illness.

Hospitalization: None.

Surgical History: None.

Psychosocial History: DBS is a college student pursuing a Bachelor of Science degree. He lives with his mother and younger brother (18 years old) in a middle-class neighborhood. DBS does not believe in religion. He works part-time at a local depot. He enjoys playing basketball and video games.

Substance Use History: Denies smoking tobacco, marijuana, alcohol intake or illicit drugs.

Family History: The father was an alcoholic and suffered from post-traumatic stress disorder. The mother reported she exhibited same symptoms at the patient's age, potential ADHD. The maternal family has a history of depression, while his paternal side struggles with gambling and alcoholism. The maternal grandfather suffered depression and diabetes and died of cancer at 57 years, while the grandmother is alive, obese and diabetic. Paternal grandfather is alive, and has hypertension and stroke, while grandmother died in a car accident at 68 years, ten years ago.

Psychotherapy & Previous Psychiatric History: He was diagnosed with ADHD at 10 years of age, suicidal or homicidal ideation or self-injurious behavior.

Legal & Violence History: Denies history of violence or legal issues.

ROS:

GENERAL: Reported change in appetite leading to weight fluctuations. Dressed appropriately with well-kempt hair. He seems anxious, easily distracted, and appear to listen when spoken to.

7 HEENT: Eyes: Denied visual loss or redness or yellow sclerae. Ears, Nose, Throat: No hearing loss, ear discharge, or pain. Denies rhinitis, runny nose, sneezing, or congestion. Denies easy bleeding of gums, inflammation, sore throat or history of tonsilitis.

8 SKIN: Denied history of eczema, rashes, itchiness, or lesions.

CARDIOVASCULAR: Denied palpitations, chest pain, pressure, discomfort or peripheral edema.

RESPIRATORY: Denied shortness of breath, wheezing, or production of sputum.

GASTROINTESTINAL: Denied nausea, diarrhea, vomiting, abdominal pain or change in stool color.

GENITOURINARY: Denies change in urine color, odor, increased urgency, frequency or burning on urination.

NEUROLOGICAL: Denied headaches, ataxia, numbness, seizure, dizziness, paralysis.

MUSCULOSKELETAL: Denied back and joints pain or muscle weakness.

HEMATOLOGIC: Denied easy bleeding, or anemia.

LYMPHATICS: Denied history of splenectomy or enlarged lymph nodes.

ENDOCRINOLOGIC: Denied varicose veins, cold intolerance, or increased thirst.

ALLERGIES: Denies history of asthma, eczema, hives or rhinitis.

Objective Data

Physical exam:

Vital Signs*:* Weight- 200 lbs, Height- 6’1”, BMI-26.4 (Overweight), T 98.6, RR-18, BP-121/80, HR-80.

Mental State Exam: Both the patient and his mother were punctual for the visit. He seemed well-nourished and dressed for the weather. The patient was well-groomed with well-kempt hair.

He was cooperative, pleasant, and maintained good eye contact. He was alert to person, time and place. His speech was audible, coherent, and goal-oriented with normal rate, tone and rhythm. His mood was "good" but exhibited anxious affect. He seemed tense and anxious upon answering some questions during the interview, especially when interpreting proverbs. The patients remote, immediate and recent memory was fair epitomized by ability to remember three last questions. He was able to spell the word "World" correctly forward and backwards. He also recalled the last three presidents, including Presidents Obama, Trump, Kamala Harris in an unspecified order. The patient's insight and judgment were fair. The thought process was intact by interpreting the proverb "You don't bite the hand that feeds you" as "being respectful to our parents." The patient denied delusional thoughts or auditory or visual hallucinations. He further denied homicidal, or suicidal ideations or even self-injurious behaviors.

Diagnostic Results: The patient was diagnosed with ADHD at age 10. As such, it is crucial to integrate brief screening tools to confirm the diagnosis and rule out comorbid disorders, such as the Adult ADHD Self-Report Scale (ASRS V1.1). The ASRS screening tool is recommended by the World Health Organization (WHO) to screen ADHD in adults as listed in ADHD guidelines (Chamberlain et al., 2021). In the general population, The ASRS tool has a moderate sensitivity of 68.7% and 99.5% specificity in screening ADHD. The tool comprises 18 questions to determine the rate of frequency of ADHD from never (0), rarely, (1), sometimes (2), often (3) and very often (4) over the past six months (Adler et al., 2019). The ASRS screener validates and identifies potential patients susceptible to ADHD adhering to the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5). The total score ranges from 0 to 18 based on symptom checklist items and subtypes (Adler et al., 2019). The patient was diagnosed with ADHD, inattentive type.

Assessment

Case Formulation

DBS is a 21-year-old African male who was diagnosed with ADHD at the age of 10 years. The patient was accompanied by his mother, who reported she struggled with similar symptoms at her age. These symptoms included inability to sustain attention, making careless mistakes, losing things, disorganization, poor time management skills, forgetfulness, distracted easily, and appeared not to listen when spoken to. The patient has been taking Adderall, but quit taking medications after experiencing loss of appetite, weight loss, and mood changes. Upon administering the ASRS screening tool, ADHD inattentive type was detected.

Differential Diagnoses

***ADHD Inattention type*:** Based on subjective data, objective data, and diagnostic results, the patient meets the DSM-5, text revision (DSM-5-TR) for ADHD inattention type. The patient has struggled with ADHD in the past 10 years based on HPI and confirmed by the ASRS tool. The patient exhibits symptoms that satisfy criterion A of ADHD, characterized by careless mistakes in homework, inability to sustain attention, disorganization and poor time management, reluctance to engage in activities that require mental effort, losing things and forgetfulness (APA, 2022). These symptoms have led to significant impairment in functioning at home, school and in social relationships such as playing basketball with his peers.

Specific Learning Disorder: Despite the patient experiencing challenges in learning, DBS does not meet the criteria A for the diagnosis since he is able to read, spell words and the understand meaning of words (APA, 2022). However, the patient is able to write expressions despite making careless mistakes and master numbers and calculate them. The patient's intelligence is average

for his age, and learning challenges that have affected his academic performance are not attributed to intellectual disabilities to fulfill criteria B, C and D of learning disorder.

F51.01 Insomnia Disorder: The patient complains of frustration with sleep quantity and quality epitomized by challenges initiating and maintaining sleep, including frequent awakenings leading to distress in behavioral and academic functioning to satisfy criteria A and B of insomnia (APA, 2022). However, the patient does not present sleep difficulties for three nights a week, a minimum of three months, and is attributed to other physiological effects of medication or drug use despite sufficient chance to sleep to satisfy criteria C, D, E, F and G of insomnia.

Risk Factors

According to Hall & Buckett (2023), it is crucial to identify adults at risk of developing ADHD since 60% of children with ADHD present ongoing symptoms to adulthood and recommend proper screening. Among risk factors include chronic mental health illnessess such as anxiety and depression, ADHD diagnosis at childhood, family conflict, school pressures, monetary challenges and women and people assigned female gender at birth (Hall & Buckett, 2023; Sedgwick-Müller et al., 2022).

Treatment Plan

The patient should be prescribed Lisdexamfetamine 20 mg capsules, once daily to be titrated gradually until the optimal dosage is achieved after every week. The medication has demonstrated efficacy in addressing ADHD symptoms in adults due to safety, tolerability and minimal adverse events in improving attention and reducing impulsivity (Rutledge-Jukes et al., 2024). The medication occurs in the form of extended-release capsules to limit the wearing off of

clinical effects in the afternoon. The choice of drug was based on patient preferences, cost and issues related to abuse.

The patient should be educated on common side effects, including weight loss, nausea, reduced appetite, dizziness, insomnia, mild blood pressure, increased heart rate, and discuss the risks and benefits ratio with the patient (Hall & Buckett, 2023). The patient should be educated these side effects are temporary and managed with dose adjustment to prevent poor medication adherence. The education will help address past difficulties and understand functional impairment, symptoms and comorbidities. Cognitive behavioral therapy (CBT) adjunct to medication, focuses on executive functions such as developing routines and prioritizing tasks leading to improved functioning and quality of life (Hall & Buckett, 2023). The patient should be recommended lifestyle modifications by engaging in physical activities, stress management, healthy sleep hygiene and social prescriptions by joining support groups.

The patient should visit the clinic every four weeks for follow-up to assess efficacy of treatment plan, drug compliance and dose adjustment depending on safety, tolerability and efficacy.

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