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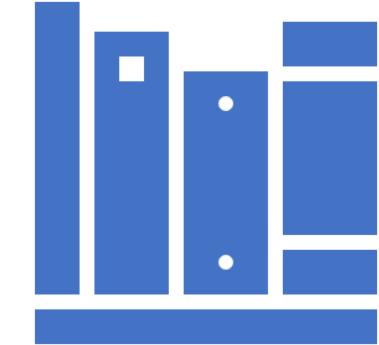
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# Case Study Presentation

Name

Institution

Instructor

Course

Due date

# Overview



- **Subjective Data:** Chief complaint (CC), symptoms, duration, and history of presenting illness (HPI).
- **Review of Symptoms (ROS)** – Identification of potential symptoms across various body systems that might be omitted in chief complaint.
- **Objective Data** – Observations made during psychiatric evaluation including mental status exam (MSE) results.
- **Assessment** – Case formulation & differential diagnoses per DSM-5-TR.
- **Treatment Plan** – Evidence-based, comprehensive and holistic plan and recommendations.

# Subjective Data

- **Pt. Initials: XYZ** **Age: 29**      **Gender: Male**      **Ethnicity:**  
Indian
- **Historian:** Mother and the patient.
- **Chief Complaint:** “He seems depressed, irritable, aggressive and excessive drug use.”
- **History of Presenting Illness (HPI):**
  - 29 year old Indian male with severe headaches, reduced sleep and appetite, weight loss, aggression, sweating, chills, irritable, anger, craving for drugs, and potential violent behavior.
  - Excessive drug use lead to aggressive behaviors, ultimately causing disturbance in social relationship with family, peers and colleagues.

# Subjective Cont'

- **Current Medications:** None
- **Allergies:** None
- **Birth & Developmental Milestones:** Development milestones attained at appropriate age.
- **Adverse Childhood Events/Abuse History:** Loving family, small circle of friends, introverted personality.
- **Past Medical & Surgical History:** Got sick once at childhood and had measles. No surgeries.

# Subjective Cont'

- **Psychosocial History:**

- First born.
- Degree in Business Administration.
- Proficient in Urdu.
- Commenced working at 21 years in book printing.
- He works in gents garments.
- He has two kids in two different marriages.
- Lives with parents, second-wife and children.

- **Substance Use History:** Started drugs due to peer influence (White crystals, cocaine, alcohol, psychedelics and heroine).

- **Psychiatric history:** Denied.

- **Legal and Violence History:** Used to sell drugs and petty robberies at an early age.

- **Family History:** Live in a combined family. Mother and father are alive and healthy. Denies history of psychiatric illnesses, or substance use.

# Review of Systems

Systems	Symptoms
Constitutional:	Appearance was abnormal and barely maintained eye contact. Complaints of fatigue, weight loss and change in appetite.
HEENT:	Denied vision loss, ear discharge, pain, runny nose or sore throat.
Cardiovascular:	No palpitation, chest pain or discomfort.
Integumentary:	Dry and warm skin. No rashes, itchiness or lesions.
Respiratory	No wheezing, coughing or shortness of breath.
Gastrointestinal	Denied changes in bowel movements, diarrhea, vomiting or nausea.
Genitourinary	Denied burning sensation, increase frequency or urgency.
Neurological	Reports of severe headaches. Denies numbness, seizures, ataxia or tingling on toes.
Musculoskeletal	Denied joint pains, muscle weaknesses or back pain.
Hematological	Denied easy bruising, anemia or bleeding condition.
Lymphatic	Denied enlarged nodes.
Endocrinologic	Reported sweating and chills.

# Objective Data

## Physical Exam

- **Vital Signs:** Wt.- 120lbs Ht.- 5' 10", BMI-17.2 kg/m<sup>2</sup> (Mild Thinness) Temp-98.6 F , BP- 121/81, HR- 72 , RR- 16.

## Mental State Exam:

- **Appearance:** Dressed in Shalwar Kameez. Appropriate height with pale yellow and brown eyes.
- **Behavior:** Not in distress. Normal gait and decent walking style.
- **Motor Activity:** Regular posture and gait. Psychomotor agitation and hands shivering continuously.
- **Speech:** Clear, understandable but low pitch.
- **Mood:** Sad, anxious and
- **Affect:** Congruent to mood.
- **Thought Process:** Denied flight of ideas.
- **Thought Content:** Hallucinate hearing weird voices.
- **Perceptions:** Pessimistic
- **Cognition:** His capacity to recall is good. Alert and oriented to person, time and place.
- **Insight:** Fair
- **Judgment:** Fair.



# Diagnostic Results

1

- **Drug Abuse Screening Test (DAST-10)** – To detect potential substance use problems on various drugs apart from alcohol (Shirinbayan et al., 2020).
  - Scored an average of 7 for substantial level problem for drug abuse.
- **Visual Analog Scale (VAS)** to quantify trait, attitude and behavior.
  - Scored average of 8 indicative of problematic behavior.
- **Beck depression inventory (BDI)** – To determine depression severity.
  - Scored 32 suggestive of severe depression.
- **Beck Anxiety Inventory (BAI)** – To assess level of anxiety.
  - Scored 20 indicative of low anxiety.

# Assessment

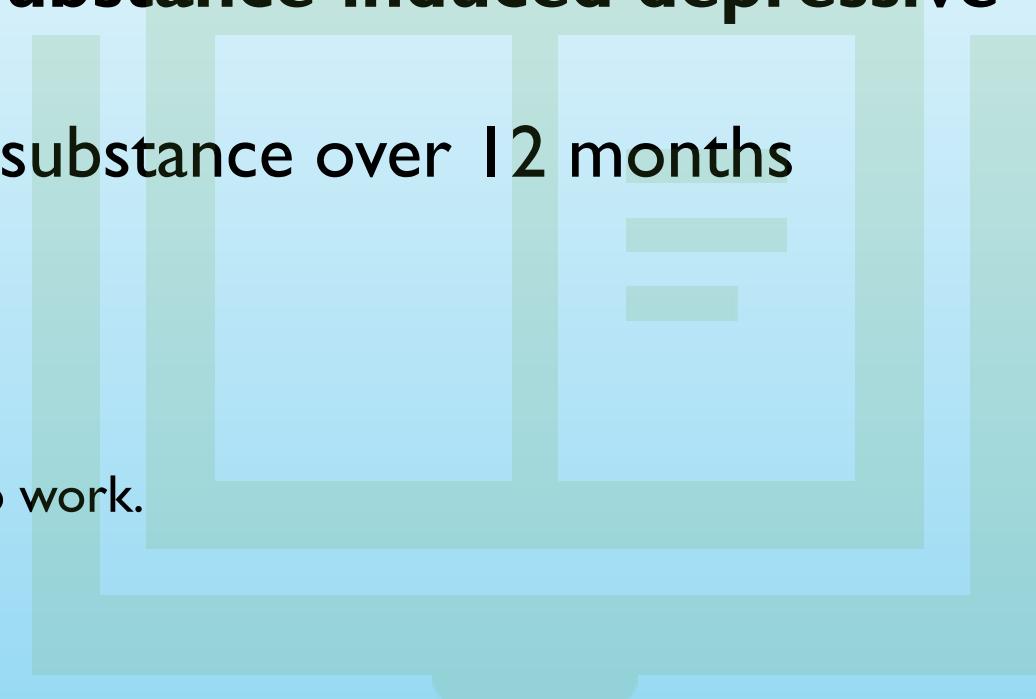
## Case Formulation

- XYZ is a 29 year old with complaints of severe headaches, craving of drugs, aggression, irritability, reduced appetite, weight loss, sleep disturbance, low energy and potential violence under drug influence.
- MSE - constant hand shivering, sadness, anxiety, disturbed thinking, and hallucinations.
- Diagnostic results - substantial level of problematic drug abuse, severe depression and low anxiety.

# Diagnosis

## **F19.20 Severe - Other or (unknown) Substance-induced depressive disorder**

- Problematic pattern of taking intoxicating substance over 12 months evidence by;
  - Intake of substance in larger amounts
  - Craving of substance use
  - Continued substance abuse
  - Recurrent substance use leading to failure to report to work.
  - Giving up social, and recreational activities.
  - Tolerance
  - Withdrawal syndrome



Comorbidities - severe depression and low anxiety.



# Risk Factors & Stressors

- Use of poly-drugs
- Higher level of symptoms
- Lower functioning levels
- Risk of hospitalization
- Challenges diagnosing co-occurring conditions
- Accessibility to treatment resources
- Understanding addiction context and comorbidity etiology
- Risk of relapse
- Stress induced depression characterized by anhedonia



(Calarco & Lobo, 2021).

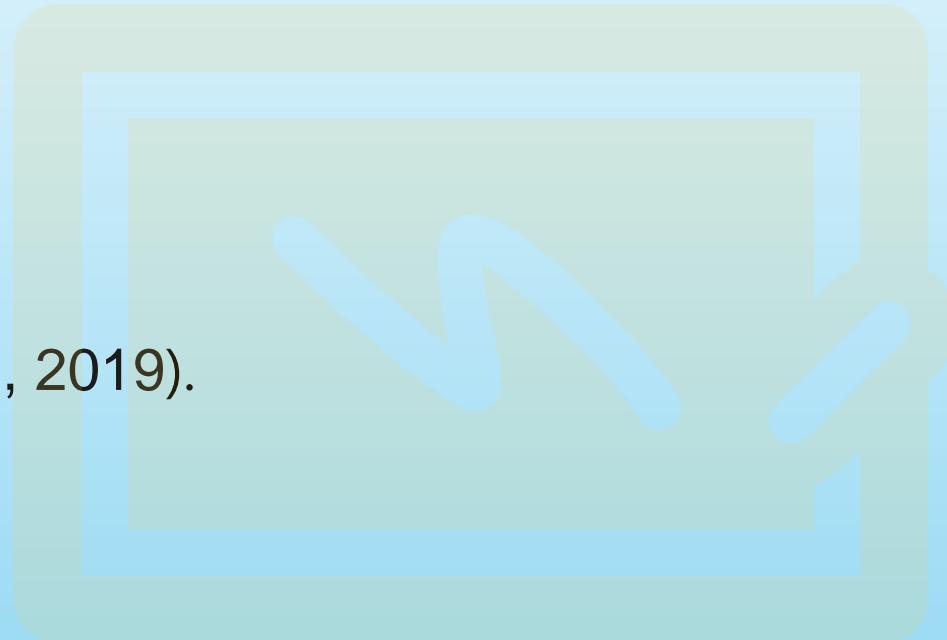
# Treatment Plan

## Medication

- Fluoxetine 50 mg to be titrated gradually (Rao et al., 2023).

## Psychotherapeutic interventions

- ✓ Cognitive behavioral therapy
- ✓ Motivational interviewing
- ✓ Family therapy
- ✓ 12-step facilitation
- ✓ Community reinforcement approach (Iqbal et al., 2019).

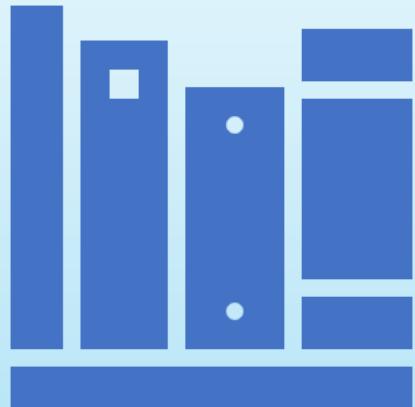


## Patient Education

- Abstinence
- Sleep hygiene
- Lifestyle modification
- Diet and nutrition
- Join Support groups (Revadigar & Gupta, 2022).

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# Case Study Presentation End

Thank you Everyone