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SP 2025 NSG 525

Comprehensive Psychiatric Evaluation
Current Procedural Code (CPT) /Type of Visit: Hospital-Inpatient Follow up 99232
Level of Supervision- Shared (50/50)
Clinical Site: Link House (outpatient)
Patient Initials: KB Age: 46 Gender: Female
Marriage Status: Divorced Religion: Protestant (Non-practicing)
Occupation: Unemployed
Language Spoken: English Living Arrangements: Sober Home (Currently Homeless)
Source: Patient, medical record
Accompanied By: Self
Source of Information: Patient
Reliability: Pt is a good historian
Type of Communication: In person

CC: "Im having trouble sleeping and my moods are up and down" "Im tired of the drug lifestyle"

History of Present Illness (HPI) with Psychiatric review of systems (Psych ROS) and Safety Assessment:

"I want to change my life and am motivated to stay sober for my daughter and grandson". "I know that things just get worse when I use."

46 year old divorced caucasian female with long hx of OUD who is currently residing at a female sober home (Maris House) and presenting at outpatient clinic for medication management. Co-morbid issues with anxiety, depression, ADHD and trauma symptoms. Pt endorses being sober for 4 months since recent psychiatric hospitalization at McClain Hospital in Belmont, MA . Pt reports that she ended up there after "being done with living, done with drugs, done with pain and the misery". Pt reports long hx of polysubstance abuse spanning 20 years

with short periods of sobriety. She reports using substances (heroine, crack and fentanyl) in large amounts almost every day and that they basically "took over her life, leaving her with nothing."

KB was also diagnosed with ADHD at age 30 but it has been untreated for several years. Pt reports problems and difficulties with focusing, disorganization, organizing tasks, memory and impulsiveness that started when she was in high school. Pt reports that for years she has self- medicated with illegal drugs but now that she is sober, the ADHD symptoms have increased. Pt reports that as she attempts to get her life back together she is struggling to organize her thoughts and complete tasks.

Pt states that due to her past of living on the streets and "always feeling unsafe", she suffers from poor sleep and panic attacks. Pt reports waking up in the middle of the night and feeling like she "can't breathe". Pt states that this could also be attributed to sleep apnea and will be speaking with her doctor about this soon.

Pt also reports feeling depressed and anxious on most days for the past year with feelings of low energy, sadness, hopelessness, poor sleep, increased appetite and adhedonia. Pt also reports having ruminating thoughts at times about being "homeless, alone and scared". There have been many triggers including domestic violence, her home burning down and homelessness. KB reports that these symptoms have been causing her difficulty in daily functioning and in getting her life back on track. She reports not having any employment or close friends. She reports feeling somewhat better after several months of antidepressant therapy but is still struggling with anxiety and poor sleep. She denies having any psychiatric providers.

Pt denies hearing voices, visual hallucinations, suicidal or homicidal thoughts. Denies paranoia, denies delusions. Denies somatic complaints, obsessive behavior, disordered eating, nightmares. Pt denies manic symptoms (bursts of energy, elevated mood, decreased need for sleep, flights of ideas), obsessions, rechecking things. Denies nightmares.

Safety assessment: Pt currently denies SI, HI or thoughts of self harm. No access to weapons. Reports feeling safe in her environment. Pt's supportive

factors are her motivation for treatment, hope for the future, sense of responsibility to family (daughter and grandchild). **Risks:** Prior engagement in risky activities, substance use, impulsivity, hx of sexual and physical abuse, homelessness, loss of relationships, loss of employment

SUBSTANCE USE HISTORY:

Hx: Marijuana- between the ages of 13-40. Denies current marijuana or vape.
Currently smokes cigarettes (6-8 cigarettes/day)
Heroine, Crack and Fentanyl - started at age 25 and has continued for over 20yrs.
Short periods of sobriety and trials of Suboxone.
Denies current or past ETOH use.
1-2 cups of coffee daily. Denies energy drinks.
Endorses 5 opioid ODs in last few years
Endorses hx of IV drug use; Positive for Hep C, Denies HIV
Endorses cocaine/crack use- method was nasal and inhalation/smoked.
Endorses prostitution during active substance use
Currently attends AA meetings at Maris House and "Mass Ability" program
Currently on Methadone : 115mg/daily
Currently sober for 4-5 months
Denies gambling

Psychiatric HX:
Endorsed diagnosis of ADHD at age 30
Endorses Hx 5 inpatient psychiatric hospitalizations for depression and SI. (Unsure of dates)
Most recently at McClain for 2 weeks in Oct 2024
Currently in talk therapy at Linkhouse
Denies SI attempts but reports feeling "hopeless" at times
Current Psychiatric regimen: Lexapro 10mg, Abilify 5mg

Trauma Hx- Significant hx of sexual abuse associated with active addiction. (Including prostitution)
Endorses rapes at ages 12 and 30
Endorses violence in previously relationships. Recent partner was incarcerated. "He fractured my face"

Endorses moving to MA from Maine due feeling unsafe after previous partner was released from jail

Previous Medication trials: Concerta, Vyvanse, Lamictal

Psychosocial:
Currently homeless; Relocated to Boston area from Maine after home burned down several years ago. Currently single, fiancee died of Covid 4 years ago. Pt has 26 yr old daughter and 4 yr old grandson with whom she stays very close with. Reports having two young sons who were given up for adoption 10 years ago at ages 2 & 4. Pt was raised in South Boston as youngest of 4 children. She reports that her parents stayed married until recently and she does not remain close to them. Pt reports having 2 older sisters with whom she does not have a relationship with due to active substance abuse. Older brother died via suicide 15 yrs ago. Pt reports her father was Vietnam vet and was reportedly was involved with "Winter Hill" crime gang which brought "dysfunction, fear and instability" to her childhood. She states there "were not a lot of happy memories." Pt endorses physical abuse by father and feeling unsafe at home due to chaotic household. Pt dropped out of school in 9th grade and endorses learning difficulties due to ADHD. Pt reports a rape at age 12 by an acquaintance which was never reported to parents. "They wouldn't believe me anyway". Pt also endorses physical abuse by high school boyfriend.
Pt states that despite her past, she is trying to stay positive for the future. She plans to start eating healthier and using the treadmill at the house to lose weight and improve her health.

Developmental History: No problems with delivery, No known issues with developmental milestones.

Legal Issues- Endorses multiple/short stints of incarceration in her 20's for shop lifting to support drug habit . Denies current legal issues
Medical Hx: Hep C +, Denies surgeries or hospitalizations
Allergies: Denies
PCP- Alain-Marc Werner - BILH/Anna Jacques . Appt next week

Current Medications:

Methadone- 115mg daily
Abilify 5mg daily for depression augmentation
Lexapro 10mg/daily for depression

Family History:
Psychiatric:
SUD- Father and Grandparents-(AUD); 3 siblings (polysubstance abuse)
Psych - Mother, Father, Brother- Depression
SI Attempts- Older brother died via suicide 15 yrs ago
Pertinent Family Medical History: None reported

Medical Review of Systems:
CONSTITUTIONAL: Reports recent 20lb weight gain since getting sober Denies fever, chills.
HEENT: Eyes: Denies vision loss, blurred vision, double vision . Ears, Nose, Throat: Denies hearing loss, tinnitus, Denies sore throat.
SKIN: No wounds, bruises, lesions, rash or itching.
CARDIOVASCULAR: Denies chest pain, chest pressure or chest discomfort. No palpitations or edema.
RESPIRATORY: Denies shortness of breath, cough or sputum.
GASTROINTESTINAL: Denies nausea, vomiting, diarrhea, constipation, GERD. No abdominal pain.
GENITOURINARY: Denies dysuria, frequency, frequent UTIs, retention, blood in urine
NEUROLOGICAL: Denies headache, dizziness, syncope, paralysis, ataxia, Denies change in bowel or bladder control.
MUSCULOSKELETAL:. Denies joint pain or decreased ROM
HEMATOLOGIC: Denies anemia, bleeding or bruising.
ENDOCRINOLOGIC: Denies reports of sweating, cold or heat intolerance. No polyuria or polydipsia.
IMMUNOLOGICAL: Denies history of asthma, hives, eczema or rhinitis.

Physical Exam:
Patient Name: KB
Physical Exam:

BP: 132/88
HR: 82
RR: 18
Height: 5'3"
Weight: 145 lbs
BMI: 25.7
LABS: Labs were WNL. Will evaluate /order: CBC, Thyroid level
Mental Health screenings: Will administer Depression screener (PHQ 9), AIMS due to antipsychotic med

MSE/OBJECTIVE DATA:

Appearance-Appropriate, engaged, Pleasant demeanor
Speech/Language-English, articulate
Mood/Affect- "Anxious" Affect is Congruent
Thought Process- Organized, goal directed
Thought Content- Void of paranoia, perceptual disturbances. "Sometimes I have ruminating thoughts"
Safety- Denies SI/HI
Intellect- Average fund of knowledge
Memory/Cognition-Intact, A&O. Short- and long-term memory intact AEB by reporting of events. Fund of knowledge appropriate.
Insight- Good insight; Able to participate in meaningful conversation regarding mental health and treatment plan. Pt is future oriented, motivated for sobriety and to improve her mental health
Judgement: Fair AEB by long hx of substance abuse and impulsive behaviors

Problem List:
Psychiatric Diagnoses with ICD-10 code: Major Depressive Disorder- Moderate—F33.1
Psychiatric Diagnoses with ICD-10 code: Opioid use Disorder, Severe - on remission/ Maintenance therapy-F11.21
Psychiatric Diagnoses with ICD-10 code: ADHD- F90.0
Differential Diagnoses with ICD-10 code: PTSD- F43.10

Major Depressive Disorder- Moderate— F33.1

KB meets the criteria for **Major Depressive Disorder** by meeting the following criteria: For the same 2 week period, having a depressed mood, all day, every day, diminished interest or pleasure in activities, insomnia, fatigue, loss of energy, feelings of worthlessness. KB reports that these symptoms have been consistent for at least one year. This has contributed to significant distress in KB's life. She endorses feelings of intense guilt, hopelessness and shame in regards to the cycle of dysfunction in her life and has had difficulty feeling hopeful for the future. (APA, 2022)

Opioid use Disorder-F11.21

KB's loss of social and occupational functioning has also been in conjunction with criteria meeting the diagnoses of **Opioid use Disorder (Severe).** Pt reports long hx of polysubstance abuse spanning over 20 years with short periods of sobriety. She reports using substances (heroine, crack and fentanyl) in large amounts on most days, had failed multiple attempts at stopping , spent a large majority of time obtaining drugs, experienced cravings and continued to use despite losing her job, her housing, needing to engage in dangerous behaviors (prostitution) and giving her children up for adoption. (APA, 2022)

ADHD- F90.0 (Predominantly inattentive)

KB meets the (6 or more) criteria for ADHD which is a "persistent pattern of inattention and/or hyperactivity/impulsivity that interferes with functioning or development as characterized by the following symptoms over the course of at least 6 months to a degree that negatively impacts social, academic or occupational activities". (APA, 2022) KB reports having difficulties with symptoms since childhood which have impacted her academics and daily functioning. These include disorganization, inability to focus, completing and organizing tasks, not following instructions. forgetfulness and being easily distracted. KB does not currently meet criteria for hyperactivity specification. (APA, 2022)

Differential: PTSD- F43.10

KB will also likely meet the criteria for PTSD but a more further assessment is necessary in upcoming visits. She has had exposure and direct experience to life

threatening events including rape, physical abuse and fears from living on the street. She also has experienced sleep disturbance and reckless behavior which could be attributed to PTSD. She is not currently reporting any current flashbacks, nightmares, or avoidance of stimuli, but a pattern could be discovered at a future visit . (APA, 2022)

Safety Assessment: KB denies thoughts of SI/HI/SIB. No access to weapons.
Risk factors include: Long hx of drug abuse, impulsivity, depressed mood, homelessness, , hx of violence/abuse , Hx of family suicide,
Protective Factors: Responsibility to daughter & grandson , motivation to stay sober
Suicide Risk: Low

Treatment Planning (Pharmacological)
Continue Lexapro (Escitalopram) 10mg daily for depression and anxiety
ADD Guanfacine ER 2mg daily for ADHD
ADD Doxepin (Silenor) 10-20mg HS for sleep
ADD Lamictal (Lamotrigine) 25mg (taper up 25mg weekly to 100mg daily) for mood stabilization
Decrease Abilify (Apripiprazole) from 5mg to 2.5 mg daily (currently taking as adjunct for depression, ruminating thoughts and impulse control)

1. KB will START on **Guanfacine ER 2mg** daily for ADHD symptoms. KB reports suffering from ADHD symptoms and prefers to not be on a stimulant due to her long substance abuse history. Guanfacine is a centrally acting alpha-2A agonist, norepinephrine receptor agonist and antihypertensive that is FDA approved for ADHD and hypertension. It works by having "central action on post-synaptic alpha 2A receptors in the prefrontal cortex which is thought to be responsible for modulation of memory, attention, impulse control and planning." Notable side effects include sedation, dizziness, dry mouth and hypotension. (Stahl, 2020)

2. **Doxepin (Silenor)** is a (TCA) Tricyclic antidepressant which will be added for sleep and anxiety . This medication is also classified as a SNRI and

Antihistamine. It is FDA approved for depression/anxiety, psychotic depressive disorders, involutional depression, main-depression and **Insomnia.** This medication works by boosting neurotransmitters serotonin and norepinephrine/ noradrenaline via blockade of serotonin reuptake pump and norepinephrine reuptake pump, selectively blocking histamine receptors, thereby **promoting sleep.** (Stahl, 2020) This medication will assist with KB's anxiety as well as her difficulties sleeping at night. A small dose of 10mg will be used for insomnia and can be increased to 20mg if needed.

3. **Lamictal (Lamotrigine)** will be started at 25mg for mood stabilization and increased by 25mg each week for 4 weeks. KB reports that she had tried Lamictal in the past and that it worked well for her. This medication is an anti-seizure, mood stabilizer, voltage sensitive sodium channel antagonist. It is FDA approved for Bipolar I and multiple seizure disorders. It is also used for bipolar depression and as an adjunct for major depressive disorder. KB has reported years of trauma and states that she has "never felt safe". This medication will help her ease her nervous system along with feelings of agitation and anxiety. It should be tapered slowly to ensure tolerability and avoid complications of rash and life threatening syndrome (Steven Johnson Syndrome). (Stahl, 2020)

4. **Abilify (Apripiprazole)** will be decreased from 5mg to 2.5mg daily. This medication has been effective so far for depression augmentation & ruminating thoughts. We discussed the long term effects of antipsychotics and KB has expressed desire to eventually taper off of it. Abilify is an atypical antipsychotic and dopamine partial agonist that is FDA approved for schizophrenia, acute mania, bipolar maintenance, *depression* and acute agitation in psychotic episodes. (Stahl, 2020) This medication is a partial agonist at dopamine 2 receptors, which effectively reduces dopamine output when concentrations are high, and increases dopamine output when levels are low, thus improving positive symptoms as well as cognitive, negative and mood symptoms. (Stahl, 2020) This medication is commonly used and FDA approved as an adjunct depression medication and may also be effective for "behavior disorders related to dementia and/or impulse control." This medication has helped and should continue to help KB with her depression, anxiety, impulsiveness, and also help to improve her ruminating thoughts (Stahl, 2020)

At the next appt, we will assess the therapeutic effects of Guanfacine and discuss the possibility of tapering off Lexapro and adding **Strattera** (Atomoxetine) . This medication would not-only treat KB's anxiety/depression but would also treat her ADHD symptoms (pt agreed that non-stimulant ADHD med would be preferable) . This medication is a SNRI and FDA approved for ADHD.

Treatment Planning (Non-pharmacological) and Education

KB should continue with outpatient therapy, AA and/or another outpatient alcohol recovery program. KB may want to consider CBT to work on trauma and panic symptoms. KB will look for employment, apply for housing and spend time with her daughter and grandson. KB to have EKG (assess for s/e of methadone and/or Doxepin). She will attend PCP appt and discuss symptoms of sleep apnea. She will also get "wedge" for under mattress to increase lung capacity and promote better breathing at night.

KB was educated on potential side effects of long term antipsychotics and agreed with plan to taper off Abilify . KB was educated on risks of hypotension with Guanfacin as well as side effects of rash/Steven Johnson syndrome with Lamictal. KB will also be educated on healthy diet and exercise due to her recent weight gain. KB demonstrated good understanding of education.

Pharmacological Assessment and Plan: Will monitor BMI, triglycerides, BP, AIC and waist circumference quarterly due to side effects of Abilify. Will also review thyroid levels due to recent weight gain. Will order EKG due to TCA potential side effects of QTC interval prolongation.

References

Stahl, S.M. (2020). Stahl's Essential Psychopharmacology Prescriber's Guide (7th Ed.). Cambridge University Press: New York, NY.
American Psychiatric Association (2022). Diagnostic and Statistical Manual of MentalDisorders DSM 5-TR(5thed. Text Revision). American Psychiatric Association: Arlington, Virginia.

Clinical Supervision:

My preceptor and I have had many conversations about the long term effects of trauma, and how this affects the nervous system. I am able to see how many patients end up with feelings of anxiety after growing up in unsafe environments. This also happens after traumatic events as your body's "fear memory" causes the "fight or flight" influx of epinephrine to signal danger. It is so important to look at the big picture of a patient's history along with the physical manifestations of poor mental health.

I am also learning how to collaborate with patients and talk through their symptoms. For example, a patient today was almost put on Clozaril after reporting many failed antipsychotic trials, ongoing paranoia and suicidality. She reported that she was "terrified that she would end up in a transgender concentration camp." After further discussion, we decided it was not true paranoia, and instead was intense fear and anxiety after watching too much news and social media. This called for a different medication to treat anxiety with much less risks than Clozaril.