**BIODATA**

NAME: Gabriel Mwita Kabubi

AGE: 25

SEX: Male

MARITAL STATUS: Single

OCCUPATION: Gardener in his own garden

RELIGION: Kikuyu Traditional Society

RESIDENCE: Gatundo South

INFORMANT: Patient himself

DATE OF ADMISSION: 4 days ago (06.03.2021)

ROUTE OF ADMISSION: Involuntary by people at Church

WARD: 9M

**ALLEGATIONS**

It was alleged that he was not taking his medications for two days

**HISTORY OF PRESENTING ILLNESS**

The patient was last well two days ago before being involuntarily brought to Mathari Hospital by people at Church. It was alleged that he was not taking his medications, olanzapine and tigerton which he takes 1x2 and reports to be non compliant. The patient reports that his mother overdoses him hence he stopped taking the medications altogether. According to him, his mother overdoses him because she does not understand him and that he is a leader as she wants him to follow his life path as a Christian. The patient reports to be in Church where he was preaching about the Kikuyu Traditional Society and was then brought in to Mathari Hospital. The patient reports that he was not aggressive or violent at Church. He also does not report of any hallucinations. He reports to eat and sleep as per his normal. Since his last discharge 2/52 ago from Mathari Hospital, he was taking 100 shillings worth of mira, weed and kubher (non smoking tobacco) everyday as per his usual.

I was unable to acquire collaborative history as the patient is an inpatient at Mathari Hospital and patient reports that no one visits him.

**PAST PSYCHIATRIC AND MEDICAL HISTORY**

He was previously admitted at Mathari Hospital 2/52 ago and in 2020 for drug-induced psychosis. He reports that in his last admission, he tricked he doctor into thinking he had recovered and got discharged before he was fully recovered. He has no other admissions, surgery or blood transfusions. He is no other long term drug use. He has no known chronic illnesses.

**FAMILY HISTORY**

He is the last born in a family of 5 with 3 sisters. His father passed away in 2015 as a result of a stroke which made him really upset and that is when he turned to substances to help reduce the pain. His father’s first wife has 10 children and they have his land. His family is Christian.

**PERSONAL HISTORY**

**CHILDHOOD**

He was born per vaginally. He does not report of any complications of the pregnancy. He reports that all the developmental milestones were met as per normal. He had a happy childhood.

**EDUCATION**

He did his primary at Waigainjo Academy and his high school at Itur High School and was a high achiever in school.

He completed his Bachelor of Commerce, finance option at Machakos University.

**OCCUPATION**

He started working as a store assistant at Lab and Allie but quit as the pay wasn’t good. He then did construction work at Baba Ndogo. Now, he is a gardener in his own garden.

**PSYCHOSEXUAL**

He had his sexual debut in primary school. He is heterosexual and does not use protection.

**RELATIONSHIP AND MARRIAGE**

He has had multiple sexual partners. He is not married. He has a child. He doesn’t know much about the child as the mother takes care of the child and he is not interested in getting to know his child. He does not intend to marry as he wants to pregnate every woman in the world.

**FORENSIC HISTORY**

He has not been charged, arrested or sentenced. He has, however, been violent in the past multiple times.

**SUBSTANCE ABUSE**

He started drinking alcohol (muratina – local brew) since 2014. He drinks it occasionally but doesn’t enjoy it.

In 2015, he started mira (worth Ksh 100), kubher (non smoking tobacco) and weed every day. He also smokes 6 sticks of cigarettes every Saturday which is 0.04 pack years.

**CURRENT SOCIAL CIRCUMSTANCES**

He lives with his mother sister and one male friend. He has no source of income and is supported by his family. He has NHIF.

**PREMORBID PERSONALITY**

He reports that he was healthy before diagnosis. He describes himself as a happy person and enjoys teaching word of God. He reports that some people think that he is a good person while most do not understand him.

He is not suicidal but has harmed himself once to prove a point and is violent with others.

**SYSTEMIC REVIEW**

All other systems are unremarkable

**GENERAL EXAMINATION**

The patient was seated and in no apparent respiratory distress. He was well nourished with no signs of wasting. I would have liked to expose my patient from loin to groin but could not do so as a result of lack of privacy. General examination was unremarkable. Right forearm has a cut which he inflicted on himself in order to prove a point to someone. He also has bruises all over his body because of violence. He has a tattoo on his right forearm.

Vitals were not measured as the machine was unavailable.

**MENTAL STATE EXAM**

**APPEARANCE**

*Personal Identification:* Patient is cooperative, attentive and interested.

*Behaviour and psychomotor activity:* Patient has upright gait, maintained good eye contact with his right leg shaking a lot.

*General:* The patient was appropriately dressed in hospital wear. He has good hygiene. He is wearing a blue cloth bag on his head as a crown. Posture is relaxed. Rapport was well established.

**SPEECH**

Coherent with a normal rate

**MOOD AND AFFECT**

*MOOD:* He said that he is happy.

*AFFECT*: He has a broad and congruent affect.

**THINKING AND PERCEPTION**

*FORM OF THINKING:*

* **Productivity:** as per normal
* **Continuity of thought:** relevant and goal directed
* **Language impairments**: none

*CONTENT OF THINKING:* No suicidal/homicidal ideations and no compulsions.

*THOUGHT CONTENT DISTURBANCES:* He has a delusion i.e. he believes that he is the owner of Mathari Hospital and the field master.

*PERCEPTUAL DISTURBANCES:* No hallucinations and no illusions.

*DREAMS AND FANTASIES:* None

**SENSORIUM**

*ALERTNESS*: He is alert, has a good attention span and has a GCS of 15/15.

*ORIENTATION:* He is well oriented in time, place and person.

*CONCENTRATION AND CALCULATION:* He could count serial 7s.

*MEMORY:* He has good recall, short term and long term memory.

*FUND OF KNOWLEDGE/ INTELLECT:* He has age appropriate intelligence and general knowledge

*ABSTRACT THINKING:* He could explain what a friend in need is a friend indeed means.

*JUDGEMENT:* Good judgement.

*INSIGHT*: He is aware that he is sick.

**PROGRESSION**

Since admission, the patient reports to have a positive progression. He had no drug withdrawal symptoms. Initially, the patient said that he is the owner of Mathari Hospital and all the patients here are his followers. He as the field master controls everyone in the ward and maintains discipline; if a patient breaks a rule then he warns them before getting violent. However, a week later, he said that Mathari Hospital is owned by the Government and not him. He also does not feel like his mother wants to kill him anymore, as he understands that he was sick and she was just trying to help. He said that he shall take his medications as prescribed henceforth as he would not like to be admitted again. As for the drugs, he will decide if he will continue taking them or not after he is discharged. He states that drugs are luxuries and not a necessity like food. He is happy but not satisfied as he wants to go back home. He tried to trick the doctor again into discharging him but was unable to do so in this admission.

**CASE FORMULATION**

Gabriel Mwita Kabubi is a 25 year old male from Gatundo South who is cuurently a gardener in his own garden was brought involuntarily by people at Church alleging him that he wasn’t taking his medication (olanzapine and tigerton which he takes 1x2). The patient agreed to not taking his medications as he was paranoid that his mother was trying to overdose him as she didn’t understand him. He did not report of any aggression, violence or hallucinations. He was taking 100 shillings worth of mira, weed and kubher (non smoking tobacco) everyday. He also smokes 6 sticks of cigarettes every Saturday which is 0.04 pack years. He has been admitted twice prior for the same condition. He has multiple sex partners and does not use protection. He has one child. He lives with his mother, sisters and a friend. General examination was unremarkable. Right forearm has a cut which he inflicted on himself in order to prove a point to someone. He also has bruises all over his body because of violence. He has a tattoo on his right forearm. On MSE, he has upright gait, shook right leg a lot and not touchy; patient was appropriately dressed in hospital wear, had good hygiene and was wearing a blue cloth bag on his head as a crown. Rapport was well established. He has a happy mood and a congruent affect. Speech was coherent with normal volume and rate. He did not have tangential thinking; was alert, conscious and had a good concentration; was well oriented in time, place and person; had intact memory; good fund of knowledge; no suicidal ideation; had good insight and judgement; has abstract thinking. Since admission, he reports a positive progression as he is compliant to his medication. He has no drug withdrawal symptoms. He developed grandiose delusions.

Predisposing factors: Substance use

Precipitating factors: Father’s death

Perpetuating factors: Non compliance to medication and continuity of substance use

Protective factors: Good social support when he is at home; Enjoys hobbies

**DIAGNOSIS**

Bipolar I currently mania

**DIFFERENTIAL DIAGNOSIS**

1. Substance use psychosis
2. Schizophrenia
3. Schizoaffective disorder
4. Depressive disorder
5. Delirium
6. Endocrine disorders e.g. thyroid disease, wilson’s disease
7. Infectious conditions e.g. HIV, viral hepatitis

**INVESTIGATIONS**

1. Urine or Serum drug screen
2. Complete blood count
3. ESR
4. Thyroid function tests
5. UECs
6. LFTs
7. Urine copper levels
8. CT scan
9. MRI
10. Electroencephalography (EEG)
11. Collaborative history

**PLAN OF MANAGEMENT**

1. Biological –
2. Antidepressants e.g. tricyclic antidepressants, selective serotonin reuptake inhibitors (fluoxetine, sertaline, etc) and serotonin/norepinephrine reuptake inhibitors (venlafaxine, duloxetine, etc)
3. Mood stabilizers e.g. carbamazepine, valproic acid and lamotrigine
4. Antipsychotics e.g. typical antipsychotics (fluphenazine, haloperidol, chlorpromazine and thioridazine) and atypical antipsychotics (risperidone, olanzapine, ziprasidone, aripiprazole and clozapine)
5. Psychosocial –
6. Psychoeducation
7. Group psychotherapy
8. Cognitive behavior therapy
9. Psychosocial rehab

**PROGNOSIS**

Good prognosis

1. Short duration of manic episodes
2. Late age of onset
3. No thoughts of suicide
4. No medical problems
5. Few psychotic symptoms

Bad prognosis

1. Poor job history
2. Substance abuse
3. Male sex