**BIODATA**

NAME: Harun Kamau

AGE: 28

SEX: Male

MARITAL STATUS: Single

OCCUPATION: Unemployed

RELIGION: Islam

RESIDENCE: Ngara

INFORMANT: Patient himself

DATE OF ADMISSION: 1 month ago (02.03.2021)

ROUTE OF ADMISSION: Involuntary by his brothers

WARD: 9M

**ALLEGATIONS**

It was alleged that he was violent and aggressive for one month

**HISTORY OF PRESENTING ILLNESS**

The patient was last well one month ago before being involuntarily brought to Mathari Hospital by his brothers. It was alleged that he was violent and aggressive.

The patient reports that he was peacefully sleeping in his room after having drugs when his brothers came and tricked him into coming to Mathari Hospital. He reports that he was not violent or aggressive and came quietly with his brothers in order to avoid more trouble for himself. He started drinking alcohol in at 12 years of age. He used to drink half a bottle of 500ml spirit in a day but now drinks the entire bottle hence he is currently consuming 140 units per week. He started drinking as his father would give him a glass. He has never tried to cut down his alcohol as it helps him through his struggles in life. He doesn’t care about what others think about his drinking. He doesn’t feel guilty about how much he drinks. He doesn’t need alcohol as an eye opener. He started bhang in 2010 because of peer pressure but did not quantify, just reported to have increased the quantity he took. He started smoking 2 sticks of cigarettes every day since 2010 because of peer pressure now smokes 5 sticks per day which is 1.5 pack years. He started movoka in 2012 because of the stresses of life but did not quantify, just reported to have increased the quantity he took. He has recently increased the amount of drugs and alcohol he takes so as to escape reality as he is very sad. He reports that he hasn’t been happy since his first diagnosis in 2010. He reports to not be eating well or sleeping well. He reports that his neighbours spy on him and report back to his father and complain about him. As he is unemployed and his family does not support him financially, he finds it difficult to keep up with his life. He also feels like brothers are out to make his life more difficult for him.

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 multiple times starting from 2010 for bipolar type I mood disorder. He has no other admissions, surgery or blood transfusions. He is on riston and another oral medication whose name he doesn’t know which he takes once a day and reports to be noncompliant as a result of financial constraints. He has no known chronic illnesses.

**FAMILY HISTORY**

He is the first born in a family of 4 with 3 brothers. Everyone is alive and well. His parents got divorced when he was young. No one has presented the same symptoms as him. His father is diabetic and hypertensive, and his mother is hypertensive. There are no other known chronic illnesses in the family. There is no known history of mental illnesses in the family. There have not been any suicide attempts or successes in the family. They are all Christians; however, Harun converted to Islam.

**PERSONAL HISTORY**

**CHILDHOOD**

He was born via C-section. 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 nursery and upto standard 2 at Consolata Nursery and Primary. He then completed primary school at Mtugoni Academy which is a boarding school; he changed schools as his parents got divorced and his mother couldn’t keep up with the increased chores. He completed his high school at Machakos High School.

He studied one semester of Hotel and Tourism at United States International University and quit as that’s when his symptoms of bipolar started. He then studied Bachelor of Commerce at University of Nairobi until second year and then quit as he lost interest. He then studied Travel and Tourism Consultancy at KQ Pride Centre and completed his course. He, however, studied under a student loan that he has still not repaid hence he hasn’t received his certificate of course completion.

**OCCUPATION**

He has always been unemployed.

**PSYCHOSEXUAL**

He had his sexual debut at age 19. He is heterosexual. He uses condoms for protection.

**RELATIONSHIP AND MARRIAGE**

He has had four sexual partners. He is not married. He does not have children. He does not have a girlfriend and has good relations with her. He does not get along well with his family. He said that he tried making amends but his family never reciprocated so he doesn’t try anymore.

**FORENSIC HISTORY**

He has not been arrested, jailed or sentenced. He does not report to be violent and aggressive.

**SUBSTANCE ABUSE**

Other than the substances mentioned in the HPI, he took atain.

He can’t remember when he started atain but stopped in 2010. He reports that the drug didn’t suit him.

**CURRENT SOCIAL CIRCUMSTANCES**

He lives in a one bedroom house alone. His father owns the house and lives in the same building too. He is unemployed and has no source of income. When probed further on how he gets money for his food, drugs and alcohol, he evades the question. He has NHIF.

**PREMORBID PERSONALITY**

He reports that he was healthy before diagnosis. He describes himself as a happy person and enjoyed life and playing soccer. He reports that people think that he is crazy.

He was suicidal in the past on multiple occasions.

**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. He was wearing a jacket. I would have liked to expose my patient from loin to groin but could not do so as a result of lack of privacy. He had poor dental hygiene. His general examination was unremarkable.

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 mildly good eye contact with no unusual movements.

*General:* The patient was appropriately dressed in hospital wear. He has good hygiene. He is wearing a jacket in the heat. Posture is relaxed. Rapport was well established.

**SPEECH**

Coherent with a normal rate

**MOOD AND AFFECT**

*MOOD:* He said that he is sad.

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

**THINKING AND PERCEPTION**

*FORM OF THINKING:*

* **Productivity:** as per normal
* **Continuity of thought:** finds his way back to talking about how bad his family is to him over and over again
* **Language impairments**: none

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

*THOUGHT CONTENT DISTURBANCES:* None

*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:* Could explain the proverb a friend in need is a friend indeed.

*JUDGEMENT:* Good judgement.

*INSIGHT*: He has poor insight as he does not believe that he is sick.

**PROGRESSION**

Since admission, the patient reports to have a positive progression. He reports that in the hospital he is getting food and medications on time hence he feels better. He has developed a liking for singing since admission.

However, he still doesn’t feel that he is sick and doesn’t want to be here.

**CASE FORMULATION**

Harun Kamau is a 28 year old male from Ngara who is currently unemployed was brought involuntarily by his brothers alleging that he was violent and aggressive. The patient reports that he was peacefully sleeping in his room after having drugs when his brothers came and tricked him into coming to Mathari Hospital. He reports that he was not violent or aggressive and came quietly with his brothers in order to avoid more trouble for himself. He started drinking alcohol in at 12 years of age. He used to drink half a bottle of 500ml spirit in a day but now drinks the entire bottle hence he is currently consuming 140 units per week. He started drinking as his father would give him a glass. He has never tried to cut down his alcohol as it helps him through his struggles in life. He doesn’t care about what others think about his drinking. He doesn’t feel guilty about how much he drinks. He doesn’t need alcohol as an eye opener. He started bhang in 2010 because of peer pressure but did not quantify, just reported to have increased the quantity he took. He started smoking 2 sticks of cigarettes every day since 2010 because of peer pressure now smokes 5 sticks per day which is 1.5 pack years. He started movoka in 2012 because of the stresses of life but did not quantify, just reported to have increased the quantity he took. He has recently increased the amount of drugs and alcohol he takes so as to escape reality as he is very sad. He reports that he hasn’t been happy since his first diagnosis in 2010. He reports to not be eating well or sleeping well. He reports that his neighbours spy on him and report back to his father and complain about him. As he is unemployed and his family does not support him financially, he finds it difficult to keep up with his life. He also feels like brothers are out to make his life more difficult for him. He was previously admitted at Mathari Hospital multiple times starting from 2010 for bipolar type I mood disorder. He has no other admissions, surgery or blood transfusions. He is on riston and another oral medication whose name he doesn’t know which he takes once a day and reports to be noncompliant as a result of financial constraints. He has no known chronic illnesses. He has had four sex partners and uses condoms for protection. He lives alone in a one bedroom house. His general exam was unremarkable. On MSE, he had an upright gait, no unusual movements; patient was appropriately dressed in hospital wear, had good hygiene. Rapport was well established. He had a sad mood and a congruent affect. Speech was coherent with normal volume and rate. He would keep circling every conversation back to how his family is unjust to him; 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 judgement but poor insight; has abstract thinking. Since admission, the patient reports to have a positive progression. He reports that in the hospital he is getting food and medications on time hence he feels better. He has developed a liking for singing since admission. However, he still doesn’t feel that he is sick and doesn’t want to be here.

Predisposing factors: He has financial restraints; Previous substance use

Precipitating factors: Previous suicide attempt

Perpetuating factors: His parent’s divorce and poor support from his family

Protective factors: None

**DIAGNOSIS**

Substance use psychosis

**DIFFERENTIAL DIAGNOSIS**

1. Bipolar disorder
2. Schizophrenia
3. Depression
4. Endocrine disorders e.g. hyperthyroidism and hypothyroidism
5. Schizoaffective disorder
6. Schizophreniform disorder

**INVESTIGATIONS**

1. Complete blood cell count
2. Liver, thyroid and renal function tests
3. UECs
4. Drug screening
5. Brain imaging
6. 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. Psychosocial –
5. Psychoeducation
6. Group psychotherapy
7. Cognitive behavior therapy
8. Psychosocial rehab

**PROGNOSIS**

Good prognosis

1. Total recovery after removal of offending agent

Bad prognosis

1. Lack of social support
2. Poor financial support