**BIODATA**

NAME: Telvin Mutiso

AGE: 24

SEX: Male

MARITAL STATUS: Single

OCCUPATION: Hustler

RELIGION: Christian

RESIDENCE: Langata

INFORMANT: Patient himself

DATE OF ADMISSION: 1 month ago (02.03.2021)

ROUTE OF ADMISSION: Involuntary by his mother

WARD: 9M

**ALLEGATIONS**

It was alleged that he was violent one day ago

**HISTORY OF PRESENTING ILLNESS**

The patient was last well one day ago before being involuntarily brought to Mathari Hospital by his mother. It was alleged that he was violent.

The patient reports that he was locked up in his house by his girlfriend for 4 days without food and water. She went to get her payment and locked him in, he doesn’t understand why. After 4 days his mother came to visit and freed him. She gave him bread and milk to eat once she found him. Once he regained his strength, he went to the store to get more food to eat. He came back home and tried to get some sleep but he couldn’t sleep as he was seeing zombies attacking him and his neighbour was casting a spell on him. He doesn’t understand why he was being attacked. He felt frustrated with life and had the intent to commit suicide but didn’t do so as a voice in his head told him not to kill himself. The voice was his own and he hasn’t heard it again since. His mother found him and got a taxi to take both of them back home but the driver was taking a different route and was being suspicious to the patient. Communication was difficult for the patient, he understood what he was being told but he couldn’t speak properly and form words properly. The driver then stopped the car and started to attack the patient. He then tried to defend himself from the driver and the people around started restraining him. His mother then brought him in. He recalls being restless when he was brought in.

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 KNH in 2019 as a result of a head trauma as a result of a car accident where he was walking. He underwent surgery for both knees. He was then transferred to Mathari Hospital and he is unaware of the diagnosis (He was told but he can’t remember the name) – He was also put on medication (can’t remember name) and was on follow up at the clinic after which his medications were stopped and as a result of financial constraints he stopped attending clinic. He was also admitted to Mathari Hospital in 2018 for drug induced psychosis. He has no other admissions, surgeries or blood transfusions. He has no other long term drug use. He has no known chronic illnesses.

**FAMILY HISTORY**

He is the first born in a family of 6 with 2 sisters and 1 brother. 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. 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.

**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 nursery at Kiliman Junior, his standard 1-7 at Ngei Primary and standard 8 at central zone. He changed his school as a result of the influence of his teacher. He did not pursue any further studies as a result of financial constraints.

**OCCUPATION**

He started working at an accessory, phone charging and phone repair store but it was burnt down. He then started renting play station to children and stopped as when schools started he wasn’t getting good pay. Since, he has been a hustler.

**PSYCHOSEXUAL**

He had his sexual debut in standard 6. He is heterosexual. He uses condoms for protection.

**RELATIONSHIP AND MARRIAGE**

He has had two sexual partners. He is not married. He does not have children. He has a girlfriend and has good relations with her. He is closely knit with his mother and siblings. He however misses his father and hasn’t seen him since the divorce.

**FORENSIC HISTORY**

He has been arrested once but was not sentenced. Everyone at the club he was at were arrested as the police were searching for a certain someone. He does not report to be violent and aggressive.

**SUBSTANCE ABUSE**

He started drinking alcohol in 2016. He would have one 500ml bottle of blue ice on the weekend which is 17.5 units per week. He stopped drinking in 2018 as a result of the psychosis that it induced.

He also started bhangi and mira in 2016. He would have bhangi daily and mira on the weekends. He stopped taking these drugs in 2018 as a result of the psychosis that they induced.

**CURRENT SOCIAL CIRCUMSTANCES**

He lives in a one bedroom house with his girlfriend. They both earn but it is his income that runs the household. He does not have NHIF.

**PREMORBID PERSONALITY**

He reports that he was healthy before diagnosis. He describes himself as a happy person and enjoys playing play station and playing football. He reports that people thinks he is crazy but he never tried to get to know why they think so.

He was suicidal on the day of admission but he has no plan on execution and no more intent to attempt suicide.

**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. He had poor dental hygiene with multiple cavities. He has conjuctival pallor and palmar pallor but otherwise general examination was unremarkable. He has scars on both knees from the surgery in 2019.

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 no unusual movements.

*General:* The patient was appropriately dressed in hospital wear. He has good hygiene. He is wearing a jumper. His 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 flat and incongruent 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:* 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 spell the word pencil backwards.

*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 is aware that he is sick.

**PROGRESSION**

Since admission, the patient reports to have a positive progression. He does not see the zombies anymore and doesn’t see his neighbour casting spells on him. His speech disturbances have also resolved and he is no longer restless. He can now sleep properly.

**CASE FORMULATION**

Telvin Mutiso is a 24 year old male from Langata who is currently a hustle was brought involuntarily by his mother alleging that he was violent. He couldn’t sleep as he was seeing zombies attacking him and his neighbour was casting a spell on him. He had visual hallucinations. He felt frustrated with life and had the intent to commit suicide but didn’t do so as a voice in his head told him not to kill himself. He had a first person auditory hallucination. The voice was his own and he hasn’t heard it again since. Communication was difficult for the patient, he understood what he was being told but he couldn’t speak properly and form words properly hence had incoherent speech. He also got violent with someone. He recalls being restless when he was brought in. He was previously admitted at KNH in 2019 as a result of a head trauma as a result of a car accident where he was walking. He underwent surgery for both knees. He was then transferred to Mathari Hospital and he is unaware of the diagnosis (He was told but he can’t remember the name) – He was also put on medication (can’t remember name) and was on follow up at the clinic after which his medications were stopped and as a result of financial constraints he stopped attending clinic. He was also admitted to Mathari Hospital in 2018 for drug induced psychosis. He has no other admissions, surgery or blood transfusions. He is no other long term drug use. He has no known chronic illnesses. He has had two sex partners and uses condoms for protection. He has a girlfriend and lives with her. He is currently not on any substances. On general exam, he had poor dental hygiene with multiple cavities. He had conjuctival pallor and palmar pallor but otherwise general examination was unremarkable. He had scars on both knees from the surgery in 2019. 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 happy mood and an incongruent 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, the patient reports to have a positive progression. He does not see the zombies anymore and doesn’t see his neighbour casting spells on him. His speech disturbances have also resolved and he is no longer restless. He can now sleep properly.

Predisposing factors: He has financial restraints; Previous substance use

Precipitating factors: Head trauma in 2019; Previous suicide attempt

Perpetuating factors: His father leaving after his parent’s divorce

Protective factors: Strong support from his family

**DIAGNOSIS**

Schizophreniform disorder

**DIFFERENTIAL DIAGNOSIS**

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

**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. Antipsychotics e.g. typical antipsychotics (fluphenazine, haloperidol, chlorpromazine and thioridazine) and atypical antipsychotics (risperidone, olanzapine, ziprasidone, aripiprazole and clozapine)
3. Serotonin-Dopamine activity modulators e.g. brexpiprazole, aripiprazole and lumateperone
4. Psychosocial –
5. Psychoeducation
6. Group psychotherapy
7. Cognitive behavior therapy
8. Psychosocial rehab

**PROGNOSIS**

Good prognosis

1. Living in low income/ middle income country

Bad prognosis

1. Early onset of illness
2. Prominent cognitive symptoms