UNIVERSITY OF NAIROBI

COLLEGE OF HEALTH SCIENCES

SCHOOL OF MEDICINE

DEPARTMENT OF PSYCHIATRY

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LEVEL IV MBCHB.

END OF ROTATION PATIENT REPORT

1. MAJOR DEPRESSIVE DISORDER

HISTORY

BIODATA

Name:	Kevin Odhiambo Owino
Age:	30 years old
Sex:	Male
Occupation:	Unemployed. His brother Leonard Ochieng' is his primary financier.
Marital Status:	Single
Religion:	Catholic Christian
Place of residence:	Ruaraka, where he lives with his elder brother Leonard and his family
Race:	African
Education Level:	Standard 6
Date of admission:	8th May, 2016
Mode of Admission:	He was admitted voluntarily, and was accompanied by his brother on the day of admission

During the interview, Kevin was the sole source of information. There was good rapport during the interview. As regards to his reliability, he was unable to accurately state the presenting complaints in a chronological manner, evidenced by an inability to mention specific dates or time frames. He could only name days of the week on which certain events took place without a clear distinction of which particular date. This would necessitate collaborative history from a friend or relative which was unavailable at this time.

PRESENTING COMPLAINTS AND ALLEGATIONS

Kevin complained of feeling low and hopeless for one month prior to his admission. On the day of admission, Kevin was alleged to have destroyed property in the house and to have had a violent episode.

HISTORY OF PRESENTING COMPLAINTS

Kevin was well until April 2016 when he begun to experience symptoms of emotional depression. He had a low mood, low self-esteem and a poor self-image. He wanted to be alone. He felt hopeless and lonely even in the company of those he lives with. He had a lack of morale and motivation to do regular activities that he previously enjoyed such as house chores and going to train and play football. Having been previously energetic, he begun to experience fatigue. His condition worsened to the point that he isolated himself and did not want to be called or involved in any domestic activities with his family, as this would irritate him. He says all this was caused by the fact that he could not secure employment being a standard 6 drop out and also following his brother reprimanding him to keep away from his former friends on how he would amount to nothing.

In the beginning of May 2016 he began experiencing 2nd person auditory hallucinations telling him 'Hutaoa, huna maana, hauwezi make maishani' (you won't marry, you are meaningless, and you can't make it in life). He couldn't recognize the voice but thought it was the Devil's. These continued even to the day of his admission.
His symptoms progressed such that he was not able to leave the house because he was afraid what his brother would do. He began experiencing palpitations, feeling apprehensive and tremulous when he briefly came to the door and stepped outside on that morning and this only stopped after he went back inside. He ultimately stayed indoors until evening. He says that what he went through severely compromised his prospects of becoming a professional footballer, because he became less involved in the youth team for which he plays and as a result they sought a replacement for him-something that has caused him further distress.

On the evening before admission, he began to speak excessively about how good a footballer he is- better than Messi and Ronaldo. He also believes this to be very true (delusion of grandiosity). He began experiencing a headache; without provocation, he felt angry and decided to break the TV and radio, destroying other property in the process.

Kevin denies having any chronic medical illness. He says that he abused bhang, alcohol, miraa and muguka since he was in standard 4 but stopped a month before he was admitted. He has been taking these drugs daily but was unclear on the amount. He begun abusing the drugs following influence from his peers. He claims he became addicted, so that though he made efforts to stop, he would be overwhelmed with cravings and would succumb to them. At some point in his life, he would take the drugs to be able to do chores and turn up for his football games. He continued to use them despite becoming aware of the detrimental consequences they had to his mental health.

He admits to having suicidal ideation. This has been caused by the feeling of worthlessness, hopelessness and a poor self-image and worsened by the fact that he could not secure a proper job to sustain himself. He once planned to take his life by strangling himself with a rope. However, the attempt was thwarted when people found him hanging by his neck and brought him down. He was not brought to hospital at the time.

Kevin also had homicidal plans before he was admitted. Once he got into a heated argument with his brother Leonard, who accused him of breaking the television. He took two knives and wanted to stab him, but the fight was quelled by neighbors. He has since forgiven his brother and harbors no such plans.

His sleep is normal and so is his appetite. However he does not shower regularly because he fears water very much; he also does not wash his own clothes. His bowel movements are normal.

At the time of his admission he was not on any psychotropic medication. He was unable to recount any medication he had used in the past. He has no allergies.

On admission he was put on haloperidol and carbamazepine.

PAST PSYCHIATRIC HISTORY

Kevin has had two previous psychiatric contacts;

- He was first admitted on 29th November 2006 at Mathari Hospital for one month due drug-induced psychosis.
- He was again admitted on 29th April 2009 at Mathari Hospital for one moth due to drug-induced psychosis.

In both instances, he failed to comply with both treatment and follow-up at the clinic and rehabilitation centres due to financial constraints.

PAST MEDICAL HISTORY

Kevin was previously admitted in Avenue hospital five years ago for five months due to fainting/ convulsive seizures, for which he was treated and discharged. He has never experienced the illness again.

He has no chronic illnesses and is not using any medications.

He has no allergies

FAMILY HISTORY

Kevin is an orphan. They are a total of five siblings currently in their family.

- His Father(unable to recall name), died in early childhood following illness unknown to the patient
- His mother was called Monica Akech Owino. She died when he was 12 yrs old following respiratory illness in1995. He subsequently dropped out of school shortly after.
- The 1st born Leonard Ochieng' Owino (does not know age) is married with 3 children. He lives with him in Ruaraka. He is a Casual labourer employed at Kenya Breweries Ltd. He has a good relationship with Kevin and makes regular contact.
- 2nd born Duncan Omondi (doesn't know age) stays in Mombasa and is in good health. He is a casual worker. They have a good relationship but make infrequent contact.

- 3rd born is Diana (forgot 2nd name and does not know age) is in Switzerland where she is employed (occupation unknown). They have a good relationship but make Infrequent contact
- Kevin is the fourth born.
- 5th Born Koka Owino is Male and Lives with them in Ruaraka. Does domestic duties. He is unemployed and single. (Age unknown).

PERSONAL HISTORY

Birth and Development

Kevin was born in 1982 in Kisumu. He does not remember his birth date. He was born in a hospital at term by SVD. His mother was well throughout the pregnancy and there were no complications during delivery. He was not an unwanted child. He achieved all milestones on time in the course of his development.

Childhood

His father died when Kevin was very young he has no memory of the incident. His primary caregiver was the house help as his mother had to fend for the family. Growing up, he was a quiet, reserved yet friendly child. He was healthy. He would engage in play with his siblings. He was however physically abused- whenever he would do wrong he would be beaten using a cooking stick or worse instrument. In their family they lived happily and never lacked- though of a low socio-economic class, his mother was able to provide all their basic needs.

He begun school in 1987. He was admitted right away to class 1 at the age of five years in Fahari Primary School, because he insisted on joining his siblings at school. He struggled academically, having to repeat at every level from standard 1 through standard 5. He had truant tendencies. He would miss the afternoon sessions to go home early and would be punished accordingly on the subsequent days by his teachers. He would also be punished for being untidy and unkempt and was once sent home for wearing torn clothes to school. Despite this, he served as class prefect throughout his schooling.

He was very sociable and friendly at school and would engage in football and other running games with other children.

Puberty

At standard 4, Kevin was introduced to alcohol, bhang and miraa abuse by his peers. They would each steal money and buy some then meet and share the drugs amongst themselves. He has struggled with drug addiction and dependency since then.
When he was 12 years old, his mother passed away following a short respiratory illness. After she was laid to rest, he and his siblings were supported by their relatives. They changed schools and moved to Bara Primary School where he completed standard 6. He and his siblings moved to Nairobi with a relative. He refused to continue his education further because he did not want to go to a public school. He opted to stay home and do household duties. His brother Leonard also dropped out of school at form 4, Duncan at standard 4 and Diana at standard 8
His hobbies included playing football, doing house chores and looking after rabbits which his elder brother reared. Despite the change of environment, he perpetually abused drugs with his peers.

Adulthood

He begun to live with his brother in Ruaraka when he turned 18 and acquired a National ID. He would do the house chores and would spend the rest of the day being sent to do other duties or with his friends playing football. He was unable to secure any formal employment because of a low level of education. This made him dependent on his brother for financial support; and caused him low self-esteem.
His has dated once in his life. At 25 yrs old, he had a girlfriend, Aboga, with whom they had a long term relationship. It was at this time that he had his first sexual encounter. The relationship ended by mutual agreement and they have both since moved on; the lady is now married to another.

SOCIAL HISTORY

Kevin lives with Leonard, his elder brother, his wife and 3 children and with his younger brother Koka. The house is two- bedroomed with a bathroom, toilet and adequate water supply. He says the family set up is conducive and enjoys the company of his nieces and nephews. He is in good terms with every one of them.

He spends his leisure time watching football or hanging out with his friends. He has however since isolated himself from his peers. He has a passion for football and believes he is the best footballer in the world but that his drug addiction is the only thing holding him back. He is sometimes frustrated that there isn't more to his life than doing chores, and playing football, and that he never completed his education. He fears that he may never marry and have a family of his own.

FORENSIC HISTORY

Kevin was arrested when he was 24 years old and convicted with possession and abuse bhang. He was imprisoned for 1 month in Kasarani prison and released after his brother paid the fine.

He was also arrested when he was 27 yrs old and convicted on similar grounds in Kisumu. He was imprisoned for 3 months and released on payment of the fine.

PREMORBID HISTORY

When well, Kevin is a reserved, quiet and peaceful man. He is social and friendly to all. He is energetic and industrious and delights in doing house work and going out to play football or hang out with his friends.

MENTAL STATUS EXAMINATION

Appearance and Behavior: He is unkempt and has poor personal hygiene. His dressing is age-appropriate. He appears to be in good physical health, with a normal body habitus and maintaining a normal posture and gait. Seemed relaxed and withdrawn and avoided eye contact, but was cooperative. Limited facial expression and his movements was slower than normal. (Bradykinesia)

Rapport well established

Speech: He spoke with a Soft volume and low tone but a normal rate. His fluency was compromised. He occasionally stuttered, repeated words and had a poverty of speech and lacked spontaneity. His speech content was relevant.

Mood and Affect; He was feeling happy. His affect was euthymic, fixed, flat to blunted but mood- congruent and appropriate to thought content.

Perception; Seemed normal. Declined having any altered or false perceptual experiences such as hallucinations, pseudo hallucinations, illusions, depersonalization or derealisation at the moment.

Thought Form and content; There is linearity and goal- directedness in his thought process. However there was a degree of rumination when he tried to recall specific dates, and would only end up stating the day of the week in which events occurred. Kevin has a grandiosity delusion. He firmly believes he is the best footballer in the world. He has no suicidal thoughts.

Cognitive function;

Level of Consciousness;	He is fully alert.
Orientation;	He is oriented to person and place. He is Disoriented to time; was unable to tell the date.
Memory;	He was able to register and recall the number 123467. His recent memory was poor as he was unable to describe the chronology of different events in his recent past during the history taking. His remote memory was good, as he could recall the last school he attended- Rasogu Primary in Bara, Kisumu.
Attention and Concentration;	His concentration was good. He was able to name the days of the week backwards from Tuesday (Tue, Mon, Sun, Sat, Fri, Thur, Wed)
Abstraction;	He had poor abstraction relative to his expected level of mental development. He was unable to give the meaning of any proverb and

	and could only give three differences between a lemon and an orange. (taste, tree, shape)
Intelligence;	Kevin appeared to be of low intelligence and at a lower level than expected of intellectual functioning for HIS age.
Judgement;	Kevin has good judgement. If a friend dropped a wallet containing identification documents and left after a football practice session, he would pick the wallet and follow his friend then return the wallet, or keep it and give it back when they met they meet the next day.
Insight;	He has partial insight. He believes he does not dispute that he is mentally ill. However he things it is 'malaria ya kichwa' that he suffers from.

FORMULATION

Kevin, a 30 year old African male who is a Christian and lives in Ruaraka with his brother, is unemployed, single and dropped out of school at standard 6, presented with depressed mood anhedonia and feelings of worthlessness and hopelessness for 1month; mood- congruent 2nd person auditory hallucinations for 1 week, where he had a voice tell him he could not make it in life, signs of anxiety for one day where he was withdrawn and afraid to leave the house, irritability and violence with destruction of property for one day. He was also speaking excessively for one day and has had grandiose delusions of how he is the best footballer in the world. He also complained of having experienced fatigue and headache and social withdrawal from his friends and family. He admitted to having had suicidal ideation and gone on to formulate and execute his plan to kill himself but was saved by neighbours. He has also had homicidal ideation where he threatened to take his brother's life.

He admits to having abused alcohol, bhang, muguka and miraa daily from his childhood until a month before admission. He has also been admitted previously in Mathari twice and treated for drug-induced psychosis. Each time he would relapse due to a lack of compliance and follow-up citing financial constraints.

On MSE he was unkempt, had poor personal hygiene. He seemed withdrawn and avoided eye-contact. He had bradykinesia and limited facial expression. He occasionally stuttered when speaking. He said he was happy and his affect was flat to blunted but mood-congruent. He still believed he was the best footballer in the world. He was disoriented to time and had poor abstract thinking. He seemed to have low intelligence and had partial insight to his condition.

He has been admitted before at Avenue hospital for 5 months due to convulsive seizures for which he was treated.

He was orphaned as a child and physically abused in the context of corporal punishment. While at school he retook all classes from standard 1 upto 5 and he dropped out of school in standard 6 shortly after his mother's death. He was often punished for being untidy and missing afternoon sessions. He has been unable to secure any formal employment. He is currently not in any romantic relationship and has withdrawn from his peers.

He has been arrested twice for possession and abuse of bhang at 24 and 27 years of age.

Multiaxial Diagnosis

Axis I;	Working diagnosis -Major Depressive Disorder with a neurotic episode comorbid With substance abuse disorder Differential Diagnosis- Drug Induced Psychosis , Substance –induced mood disorder
Axis II;	Antisocial behavior
Axis III;	No general medical conditions
Axis IV;	Poor level of education, orphaned in early childhood, lack of family support, lack of unemployment, lack of close friends and poor compliance, access to substances of abuse.

Axis V; GAF score of 45

Investigations

Biological

Laboratory tests

- Full Hemogram and ESR to rule out ongoing acute infection
- Serum B12 and serum Folate, serum Glucose and Calcium
- Urea, electrolytes and creatinine
- LFTs and TFTs
- Urine Drug Screen tests
- Syphilis serology (VDRL)

No brain imaging tests due to financial constraints.

Other tests

- IQ and intelligence tests

Social Investigations

- Social worker's opinion his microenvironment at his residence, and interview with family and friends to assess other potential stressors.

Management Plan

Biological Therapies

- Fluoxetine – 20 mg PO QD.
- Carbamazepine – 200 mg PO BD

Psychological

- Patient Psychoeducation.
- Psychotherapy

Social

- Drug rehabilitation.
- Psychoeducation of the family

Prognosis

Good prognostic factors- earlier age of onset of depression

Poor prognostic factors- insidious onset, neurotic depression, residual symptoms of anxiety, low self- confidence, cormobidity (drug abuse problems) and lack of social supports.

Therefore, his prognosis is poor.

2. SCHIZOPHRENIA PARANOID TYPE

HISTORY

BIODATA

Name:	Edward Kago Muchiri
Age:	29 years old
Sex:	Male
Occupation:	University Student, his benefactor is his father
Marital Status:	Single
Religion:	Catholic Christian
Place of residence:	Shalom Estate Juja, where he lives with his father and mother
Race:	African
Education Level:	Undergraduate student, doing Business Studies at NIBS currently
Date of admission:	14th May, 2016
Mode of Admission:	He was admitted involuntarily, and was accompanied by his Father, uncle and a police officer on the day of his admission

During the interview, Edward was the sole source of information. There was good rapport during the interview. As regards to his reliability, he withheld some information on grounds of suspicion that I was a spy who had been assigned to him by the US government that was after him (persecutory delusions). He would also deviate from the topic of discussion making it difficult to obtain specific relevant information. This would necessitate collaborative history from a friend or relative which was unavailable at this time.

PRESENTING COMPLAINTS AND ALLEGATIONS

Edward presented at the outpatient department in the company of his father, uncle and a police officer where he complained of having experienced the smell of cooked monkey and human meat in the house and the taste of the same in his food and water for several weeks. He was also accused of talking excessively from 7pm the previous day to 1 pm on that day concerning a wide range of controversial subjects.

HISTORY OF PRESENTING COMPLAINTS

Edward is a patient previously diagnosed with schizophrenia and has been stable on medication until several weeks prior to admission when he begun to experience gustatory and olfactory hallucinations.

He claims to have been smelling cooked monkey and human meat within the house, in his water and food consistently for several weeks. The experience had a gradual onset and has become more severe with time- it begun as a vague smell and taste but worsened and became more vivid to the point that he could recognize the smell and taste. This was associated with the delusion that the American government under George Bush is out to make a cannibal of him, and anger about this. As a result his appetite and eating habits have been poor. He reports that he stopped using his medication despite pressure from his parents to continue to do so, because it only makes him feel ‘sick’ - he reports feeling tired and drowsy after he has taken his medication even during the day, and would prefer to remain energetic and alert to engage in daily activities. He had been on Quetiapine and Sodium Valproate.

On the day of admission, he was accused of talking excessively from 7pm the previous day to 1.00 pm of that day on various controversial subjects. He does not deny the allegations. He explains that he had a lot on his mind that he had to let out to relieve the weight on his chest. (Flight of ideas and pressure of speech). He said it was concerning political issues in our country, how Muslims leave their mothers to cry and how the 9-11 terror attack in the USA was an inside job. He denies speaking to anyone specifically or to someone who others could not see. He explains that all these issues were running through his mind and he could not rest until he had let them out. He lacked sleep and

was very alert and energetic through the night as this occurred. He stopped only after he realized his father was planning to take him to hospital.

Besides the above, the patient reports having continually made and shared videos on the internet sharing some of the beliefs he held concerning the US government and how they have conspired to poison and kill him. He claims this is because they used a super computer to associate his birthday 3rd September, with the 9-11 terror attack. He reports having once seen a loaf of bread and apples move towards him while he was alone in his room. He explains that he caught this on camera during one of his recording sessions.

He admits to have lost an interest in many activities that he used to enjoy previously and has no friends.

He denies abusing alcohol and other substances in the recent past. He says he only engaged in the abuse of alcohol and tobacco over 10 years ago just before joining campus. Every weekend he would drink up to 5 bottles of pilsner and smoke a cigarette during parties. He however stopped the practice.

He explains that he has difficulty sleeping- he experiences initial insomnia, and only falls asleep very late, often past midnight. Before he falls asleep, he feels unusually alert, watches TV, listens to the radio or spends the time wondering why he has so much energy at night; or even listens to his heart beat. His eating is poor and irregular. He mainly eats raw food such as raw spinach because he read on the internet that it has lower caloric content and that it will make him more youthful. This has been the practice for the last 5 months. He also experiences diarrhea that is watery mainly in the morning. He does not shower regularly because he does not feel like it.

Currently he has been put on Risperidone and valproate but only takes the medication on supervision.

PAST PSYCHIATRIC HISTORY

Edward has had the following previous psychiatric contacts;

- He was first admitted in 2007 at Mathari Hospital for having grandiose delusions. He was treated with chlorpromazine and discharged.

- He relapsed due to poor compliance and was again admitted in 2009 at Mathari Hospital for one month after a diagnosis of Schizophreniform disorder. He was treated with quetiapine and discharged after 1 month.
- He relapsed due to poor compliance and was again admitted in 2010 at Mathari Hospital for two months after a diagnosis of Schizophrenia. He was treated with carbamazepine and benxhexol and discharged after 1 month.
- He relapsed due to poor compliance and was again admitted in2013 at Mathari Hospital for one month after a diagnosis of Schizophrenia. He was treated with quetiapine and valproate and discharged after 1 month.

In all instances, he failed to comply with treatment because he believes the drugs make him feel 'sick'.

PAST MEDICAL HISTORY

Edward was previously admitted in Kenyatta National Hospital in his early childhood during which he had a tonsillectomy done.
He was also admitted severally following Malaria infection
In 2013, he had presented with anuria in KNH and had a traumatic catheterization.
He has no chronic illnesses and is not using any medications.
He has no allergies

FAMILY HISTORY

His family is composed of his father, mother, he and his four siblings. He is the last born.

- His father (Stephen Wanyoike) is 70 y/0 and is a retired lawyer. He has Diabetes Mellitus and Hypertension. They had a good relationship while he was growing up. However, the patient describes their current relationship as 'on and off'.
- His mother- Jane Njoki is 70 y/o and a retired nurse. She is in good health. Their relationship is strained as she is disappointed at how he has turned out. But she love him.

- He describes their marriage as sinusoidal or hilly. As they grew up, he was exposed to verbal conflict between his parents.
- The 1st born Anthony is 41 y/o. He is a Magistrate who is married and settled with his wife and children. They had a good relationship, but it deteriorated since 2013 when Anthony assaulted him prior to his admission. He has forgiven him but they rarely make contact.
- The 2nd born Florence is 40 y/o. She is married and settled with her husband and children. She is a medical officer. They have a good relationship and she calls him often.
- The 3rd born Zipporah is 38 y/o and is married and settled with her husband and children. She is a practicing nurse. They have a good relationship and she calls him often.
- The 4th Born Andrew is 35 y/o and is married with children. He is an Engineer. They have a good relationship and he is his confidant.

Edward reports that in his extended family he has heard of two people having been mentally ill, but could not trace their genealogical relationship.

PERSONAL HISTORY

Birth and Development

Edward was born on 3rd September 1987 in MP Shah Hospital, Nairobi by SVD. His mother developed pre-eclampsia during the pregnancy and was put on hypertensive medication. He was over-weight when born and had a mild strabismus. He was not an unwanted child. He begun talking much later than expected in his childhood. Other milestones were achieved relatively on time.

Childhood

His nanny was his primary caregiver. He was a poor feeder- he did not breast feed much. He needed supplementation with formula feeds (Cerelac). He reports that he still enjoys Cerelac as an adult.

He showed violent behavior towards his siblings and other children. He often fell ill with malaria and was admitted on multiple occasions.

In their family they lived happily and never lacked- and were of a high socio-economic class.
He begun school in 1991. He went to St. Joseph Nursery School in buruburu. He repeated middle- class (K2). He was social, playful and friendly in Kindergarten.
He attended primary school in Buruburu Primary School. He used to be in the top 4 of his class academically throughout primary school. He was rarely punished for any offence in school. He was outgoing and sociable and enjoyed playing all manner of games with his friends. He was however bullied at some point. This was at its worst in Std. 6 when he begun to oversleep and get to school late. He also lost an interest I going to school. This was however resolved after his parents intervened.
In KCPE he scored 406 out of 500 marks and was admitted to Strathmore High School.

He was physically abused in the context of corporal punishment. Once he recalls that he threw a stone at one of his friends and as a measure of discipline, his father made him strip naked and lie down on the pavement then whipped him with his belt.
He also says that when he was a child, he was enticed to taste alcohol by one of their neighbors.

Puberty

In high school, his academic performance was average. He reports having been bullied in form 1. He never got in trouble at school and had very close friends.
His hobbies included watching TV and listening to the radio. He never had a girlfriend while in high school. In KCSE, he scored a B+.

Adulthood

Edward turned 18 while waiting to be admitted to university. During this time he got into bad company and often spent the weekends partying with friends. He got introduced to alcohol and would drink up to 5 bottles of pilsner in one sitting. He also once experimented with cannabis sativa, at which time he took two puffs. He however stopped taking drugs when he reported to University.
He was admitted at the University of Nairobi to do Medicine. He dropped out just before the examinations and opted to do automotive engineering at Kenya Polytechnic. He again dropped out after two years and tried catering. He ultimately switched to business

studies after one year- his current course at NIBS. In all cases, he cited a loss of interest and a fear of failure of exams as the reason for the changes. He also mentioned that his weakness was that he had multiple interest but could not pursue any to its end.

He has had difficulty establishing strong friendships since becoming a university student. He is yet to have his first girlfriend.

SOCIAL HISTORY

Edward lives in a five- bedroomed house with his father who spends most of the day at work and only comes back in the evening. They sometimes eat dinner together and pray together. Besides the house help, there is no one to keep him company.
He spends his leisure time watching TV, listening to the radio or browsing the internet. He feels his family are very disappointed in him and consider him a failure. Regarding his view of life, he thinks criminality is about people losing tough with the logic of life and that we can make ourselves happy and peaceful by appealing to our sense of logic.

FORENSIC HISTORY

Edward has never been arrested. He was however once almost arrested for riding a bicycle on the sidewalk. His only encounters with police officers have involved him resisting admission or when he would go to report an alleged conspiracy by Americans to poison him or spy on him.

PREMORBID HISTORY

When well, Edward is a reserved at home and outgoing away from home. He is very social and friendly to all and very book-smart.

MENTAL STATUS EXAMINATION

Appearance and Behavior: He is unkempt and has poor personal hygiene.
His dressing is age-appropriate. He appears to be in good physical health, maintaining a normal posture and gait. Has a mild strabismus. He seemed very suspicious, maintained eye contact, but was cooperative. He had varied facial expression and no abnormal motor activity

Rapport was well established

Speech: He spoke with normal volume, adopted a suspicious tone but at a normal rate. His speech was fluent and spontaneous. The content was sometimes irrelevant and with occasional circumstantiality and tangentiality.
Mood and Affect; He was sad. His Affect was mostly euthymic but labile, flat to blunted but and occasionally mood- incongruent and appropriate to thought content.
Perception; He admitted to having auditory and gustatory hallucinations. He heard a voice saying 'some people are very lucky to have royal blood' in reference to him (3rd person commentary) and another voice telling him to be careful what he tells me, the interviewer, as I may be a spy (2nd person instructive).
He denied having any illusions or experiencing any depersonalization or derealisation.

Thought Form and content; There is occasional circumstantiality and tangentiality in his thought process. He feels some words running through his mind are not his. (Thought insertion) and that sometimes in the ward people can read his thoughts. (Thought broadcast).
He has primary persecutory delusions. He believes George Bush is leading the Americans in plotting to poison him and kill him. Secondarily, he thought I may have been a German spy sent to acquire information from him and kill him, but yielded when I tried to convince him that I wasn't. (Overvalued idea) He believes that the Americans built the ward and have installed pipes through which they convey poisonous aerosols. (Secondary persecutory delusion.)
He has no suicidal thoughts.
Cognitive function;

Level of Consciousness;	He is fully alert.
Orientation;	He is oriented to person and place. He is Disoriented to time; He says it is 12th or 13th September.
Memory;	He was able to register and recall my name.

	His recent memory and remote memory are good.
Attention and Concentration;	His concentration is good. He was able to state the days of the week backwards from Monday (Mon, Sun, Sat, Fri, Thur, Wed, Tue. Mon). He was able to spell the word FORWARD backward.
Abstraction;	He had good abstract thinking. He explained the correct meaning of the proverbs ‘ Mtaka cha mvunguni sharti ainame’ and ‘ Every cloud has a silver lining”
Intelligence;	Edward appears to be of good intelligence and At the expected appropriate level of intellectual functioning for his age.
Judgement;	Edward has good judgement. If he found an abandoned baby by the roadside, he would pick the baby and take him or her to the nearest police station.
Insight;	Edward has no insight. He believes he is not sick and that if there be any mental illness he may be suffering from, it may be probably obsessive compulsive disorder.

FORMULATION

Edward, a 29 year old African male who is a Christian and lives in Shalom Estate,Juja with his father, is a business student and single; has been previously diagnosed with Schizophrenia and was well managed until a month ago when he begun to experience gradual- onset gustatory and olfactory hallucinations for one month during which he would smell cooked human and monkey meat. This was associated with persecutory

delusions that Americans were out to make a cannibal of him and led to decreased appetite and poor eating habits. He also admitted to talking excessively for 18 hours the day before he was admitted due to a pressure of thought and flight of ideas; he would discuss political issues, how Muslims leave their mothers to cry and how 9-11 was an inside job. He just needed to let these things out of his mind.

He reports having illusions-having once seen a loaf of bread and apples move towards him on their own. He admits to have lost interest in several activities that he used to enjoy previously. He has no friends. He has only ever had two puffs of bhang when he was 18 years old. He took alcohol when he was 18 years old, every weekend during parties he would consume upto 5 bottles of pilsner, but he has since stopped.

He had initial insomnia that progressed to full insomnia at the time of admission. He has an irregular eating pattern. He mainly eats raw vegetables because he read on the internet that they have a low caloric content and would give him a youthful look. He doesn't shower regularly because he does not feel like it.

On MSE he is unkempt and has poor personal hygiene. He has a mild strabismus. He seemed very suspicious. He maintained eye-contact and was cooperative. He had varied facial expression and no abnormal motor activity.

He spoke at a normal volume but with a suspicious tone, at normal rate and rhythm. His speech was fluent and spontaneous. He often spoke of irrelevant things with occasional circumstantiality and tangentiality. He said he was sad and his affect was flat to blunted but occasionally mood-incongruent.

He has 3rd person commentary auditory hallucinations- he heard a voice saying ' some people are very lucky to have royal blood' in reference to him. He also has 2nd person instructive auditory hallucinations, with a voice telling him not to trust me as I may be a spy. He has no illusions.

He has occasional circumstantiality and tangentiality in his thought stream. He also reports that some words running through his mind are not his (thought insertion) and that in the ward people can read his thoughts (thought broadcast).

He has primary persecutory delusions – he believes Americans under George Bush want to poison and kill him. He is certain they built the ward and installed pipes to convey poisonous aerosol.

He is disoriented to time and has good abstract thinking and judgement. He has no insight.
He has been admitted previously at Mathari hospital in 2009, 2010 and 2013 with a diagnosis of schizophreniform disorder and schizophrenia respectively. He has relapsed due to poor compliance citing the drugs make him feel sick. His most recent medications were risperidone and valproate.
He had a tonsillectomy done at KNH when he was a child.
His Family is composed of his mother, father, himself and four of his siblings. He is the last born. He has a strained relationship with his mother and eldest brother Anthony. He considers Andrew the 4th born his confidant. There is a positive history of mental illness in his extended family. His father is diabetic and hypertensive.
He was born in MP Shah hospital. The pregnancy was complicated with preeclampsia and his mother was managed using antihypertensives. He was born overweight and with a mild strabismus. He achieved most milestones on time except talking which begun later in childhood. His nanny was his primary caregiver. He showed violent behaviour towards his siblings and other children and often fell ill in childhood with malaria.
He begun school in 1991 and repeated nursery school (K2). He was bullied in standard 6 but this was resolved following intervention by his parents. He was physically abused at home in the context of corporal punishment. As a child, a neighbour once enticed him to taste alcohol.
In primary school he was always ranked in the top 4 of his class academically, but in high school his performance became average. He was bullied in form 1. In KCSE he scored B+.
He was introduced to alcohol abuse when 18 years old and took alcohol for one year. He stopped when he reported to University of Nairobi to do medicine. He dropped out in his first year and tried out automotive engineering at Kenya Polytechnic. In the 2 nd year he switched to catering, and a year later to business studies at NIBS, having completed none of the courses so far. He explains that he lost interest and fears exams. He says he has multiple interests but has never been able to pursue any of them to their conclusion.

He has had difficulty making friends in adulthood. He has never had a girlfriend or any sexual encounters.
He lives with his father with whom they rarely pray and have dinner. Their relationship is deteriorated. He has never had any forensic encounters.

Multiaxial Diagnosis

Axis I;	Working diagnosis -Schizophrenia Paranoid Type Differential Diagnosis- delusional disorder, anxiety disorder
Axis II;	None
Axis III;	No general medical conditions
Axis IV;	Inability to complete higher education, lack of family Cohesion, strained family relationships, difficulty in making Friends, poor attitude towards illness.
Axis V;	GAF score of 41

Investigations

Biological

Laboratory tests

- Full Hemogram and ESR to rule out ongoing acute infection
- Serum B12 and serum Folate, serum Glucose and Calcium
- Urea, electrolytes and creatinine
- LFTs and TFTs
- Urinary drug screen for cannabis and other stimulants
- Urinary microscopy
- Stool microscopy and culture
- Syphilis serology (VDRL)

Imaging Tests

- Brain CT scan

- Brain MRI if CT is inconclusive
- EEG

Other tests

- IQ and intelligence tests

Social Investigations

- Social worker's opinion his microenvironment at his residence, and interview with family and friends to assess other potential stressors.

Management Plan

Biological Therapies

- Risperidone – 2mg PO OD, increase dose by 1mg per day upto 8 mg per day.

Psychological

- Patient Psychoeducation.
- Psychotherapy – Cognitive and Behavioural Therapy

Social

- Psychoeducation of the family
- Family therapy
- Occupational therapy
- Group therapy

Prognosis

Good prognostic factors- high level of education and intelligence

Poor prognostic factors- insidious onset, poor premorbid adjustment, recurrence and poor compliance, history of drug abuse, early age of onset, family dysfunction and lack of support, lack of insight.

Therefore, his prognosis is poor.

3. CONDUCT DISORDER

HISTORY

BIODATA

Name:	Cecillia Njeri Kamau
Age:	15 years old
Sex:	Female
Occupation:	High school, her benefactors are her parents
Marital Status:	Single
Religion:	Christian
Place of residence:	UNEP Police Station, in the staff residence
Race:	African
Education Level:	Form 3 Student at Loreto Kiambu High School
Venue;	Kenyatta National Hospital Youth Clinic
Date:	10th Aug, 2016

During the interview, Cecilia and her mother Esther Kamau provided information. There was good rapport during the interview and the information was reliable.

ALLEGATIONS

Cecilia came to the clinic in the company of her mother Esther following instruction by her school administration to seek guidance and counselling due to misconduct. She was accused of Lesbianism and Drug abuse on 22 July 2016 and consequently suspended from school.

This was the first time she had been seen at the youth clinic.

HISTORY OF PRESENTING COMPLAINTS

Cecilia presented to the clinic on allegations of lesbianism and drug abuse.

This involved an incident that occurred at her school, Loreto Kiambu High School three weeks ago.

Following a random inspection in their classroom, she was found in possession of a journal and a letter, documents which served as evidence for the above allegations.
The journal from her locker contained an entry which explained how the writer loved smoking ‘weed’ over the past April holiday and detailed the experience of how it felt under the influence of the drug. She, however, denies ownership of the journal or any prior knowledge of its contents. She says it belonged to her classmate and that having been a close friend since Form 2, she had earlier on in the week to keep the journal for her as a courtesy. She denies ever taking or abusing any drugs but admits to having other friends who abuse drugs. She, has, however never been in their company while they abuse the drugs.
The letter that was also found in her locker was one she wrote towards the end of the third term last year. It contained details of how she admired Lucy, currently a form four student in their school, and how she wanted to approach Lucy and make her admiration known to her. It also explained how she felt sympathy for Lucy after she had had a minor accident in which she broke her ankle. Cecilia explains that the letter was nothing unusual. She says Lucy is a close friend and a peer counsellor to whom she has looked up since she reported to school, when Lucy received her and helped her settle in. She wrote the letter as a kind gesture and nothing more. She also explained that she does this with all her close friends- not only through letters but also through her own personal journal entries. She denies having any romantic fillings, interests or fantasies with Lucy or any girl.
She says she rarely gets into trouble while at school and that this was the first time she had been found in a major disciplinary issue. She feels angry about the incident, victimized and misunderstood by her teachers as she does not see how she could have been responsible for the crimes for which she was suspended.
She reports that since going home, her sleep, eating and self-care have been normal. She is not depressed about what happened.

Cecilia is not on any drugs or medications currently and has no food or drug allergies

Corroborative History

Esther, her mother, explained that Cecilia was a new comer to her school at the time the letter in question had been written. Owing to her young age, she would have been forced to repeat a class so as to meet the government's criteria of being at least 17 years old when sitting for KCSE. Since Cecilia was not willing to retake a year, they had to find her a school that was willing to register her for her examinations regardless of age.

She believes her daughter was wrongly accused and states that she has not seen any significant changes in her daughter's lifestyle to suggest any involvement with alcohol and drug abuse or to suggest a lesbian sexual orientation.

PAST PSYCHIATRIC HISTORY

Cecilia has had no previous psychiatric contacts

PAST MEDICAL HISTORY

Cecilia has no history of admissions or surgeries.

She is asthmatic.

She has no food or drug allergies.

She has donated blood once. (two months ago)

FAMILY HISTORY

- Father (Mr. Kamau), 41 y/o, Car Salesman. In good health. Good relationship with Cecilia. No history of mental illness or psychiatric contacts. Abuses alcohol even at home but does not cause any problems when intoxicated.
- Mother- Esther Kamau. 40 y/o Police officer. Attained College level education. Also a trained counsellor. She is asthmatic.
- Cecilia is the 1st born child
- 2nd Born Michael, Brother. Currently in class 4. Frequently suffers from respiratory illness but has not been diagnosed with asthma. Have a good relationship.

PERSONAL HISTORY

Birth and Development

Cecilia was born in Thika District Hospital via SVD. There were no complications during pregnancy or at birth.

She achieved all her milestones on time.

Childhood

Her primary care-giver was her nanny as her mother and father had to go to work for most of the day and night (in the case of the mother). She was a social child and always interacted equally with both boys and girls.

She begun school when 2 years old. She repeated nursery school. She was a playful pupil. From Nursery school through to primary school she kept changing schools due to the nature of work of her mother. She reports that she had no trouble adjusting to new environments as she found it easy to interact with people and make friends whether boys or girls.

She reports that it is while in primary school that she was diagnosed with asthma.

She says that she has always been a below average student. She scored 312 marks at KCSE.

While in primary school she was always a cautious pupil, avoiding trouble with her peers and teachers whenever possible. She was however punished often for noise making. She says she has never been physically abused.

Puberty

She was admitted to Ndunduri Secondary School but sought a transfer in Form 2 due to her age. Her mother explained that owing to her young age, she would have been forced to repeat a class so as to meet the government's criteria of being at least 17 years old when sitting for KCSE. Since Cecilia was not willing to retake a year, they had to find her a school that was willing to register her for her examinations regardless of age.

She is currently in Form 3 at Loreto Kiambu High School which she joined last year in September.

She admits to struggling academically since she begun high school- she is always ranked 30 or below in a class of 51 students. She has also had difficulty making close friends. She has many acquaintances but no best friend.

She also highlighted that her biology teacher has been a cause of stress for her. She explains that she doesn't enjoy her teaching very much nor the subject. And that she once took it up with the teacher and this resulted in an unfortunate altercation in which there was a verbal disrespectful exchange between them. She believes the teacher dislikes her and that this may have motivated her in pushing for firm action to be taken against Cecilia before she was suspended.

She enjoys watching TV, listening to dance hall music and dancing.

SOCIAL HISTORY

She lives in the police line at UNEP in a two- bedroomed house with her mother, father, brother and house help. She finds home peaceful. She explains that she enjoys the autonomy as the mother and father are always out on work. She has never been physically abused.

She reports that her father drinks alcohol at home but never gives it to them and doesn't ever pose a threat to anyone when drunk at home.

She says she doesn't have any specific plans or aspirations for her life yet but lives one day at a time without worrying too much about what the future holds.

FORENSIC HISTORY

Cecilia has never been found on the wrong side of the law.

MENTAL STATUS EXAMINATION

Appearance and Behavior: clean, composed, good personal hygiene, dress age-appropriate. Good physical health, normal posture and gait. Seemed very defensive, maintained eye contact, but was cooperative. He had normal and appropriate facial expression. No abnormal motor activity.

Rapport well established

Speech: Normal volume, defensive tone, normal rate and fluent but not spontaneous- she needed probing to start speaking. The content was relevant and logical

Mood and Affect; Said he was calm and indifferent. Affect was mostly euthymic and fixed, full and mood- congruent.

Perception; She has no abnormal perceptual experiences.

Thought Form and content;	her thought process is linear and goal-directed and complete.
Cognitive function;	
Level of Consciousness;	She is fully alert.
Orientation;	She is oriented to person, place and time.
Memory;	He was able to register and recall the number After 5 mins 312425. His recent memory and remote memory are good. She remember what she ate last week on Friday for supper and where she went to school in standard three.
Attention and Concentration;	Her concentration is good. She gave the following responses for serial 3s. 20, 17, 14, 11, 8, 5,2
Abstraction;	He had good abstract thinking. She gave 5 differences between a lemon and orange(taste, color, shape, tree, uses)
Intelligence;	Cecilia seemed to be of average intelligence for her age.
Judgement;	Cecilia has good judgement. If she found a baby trapped in a burning house, she would get a wet blanket and attempt to save the baby.

Insight; Cecilia has no insight. She doesn't see anything wrong with her actions and is not willing to take any responsibility for her choices.

FORMULATION

Cecilia is a 15 year old African female who is a Christian and lives in UNEP with her family. She is in Form three at Loreto Kiambu High school.

She came to the clinic in the company of her mother Esther following instruction by her school administration to seek guidance and counselling due to misconduct and on allegations of lesbianism and drug abuse.
This involved an incident that occurred at her school, Loreto Kiambu High School three weeks ago.
Following a random inspection in their classroom, she was found in possession of a journal and a letter, documents which served as evidence for the above allegations.
The journal from her locker contained an entry which explained how the writer loved smoking 'weed' over the past April holiday and detailed the experience of how it felt under the influence of the drug. She, however, denies ownership of the journal or any prior knowledge of its contents. She says it belonged to her classmate and that having been a close friend since Form 2, she had earlier on in the week to keep the journal for her as a courtesy. She denies ever taking or abusing any drugs but admits to having other friends who abuse drugs. She, has, however never been in their company while they abuse the drugs.
The letter that was also found in her locker was one she wrote towards the end of the third term last year. It contained details of how she admired Lucy, currently a form four student in their school, and how she wanted to approach Lucy and make her admiration known to her. It also explained how she felt sympathy for Lucy after she had had a minor accident in which she broke her ankle. Cecilia explains that the letter was nothing unusual. She says Lucy is a close friend and a peer counsellor to whom she has looked up since she reported to school, when Lucy received her and helped her settle in. She wrote the letter as a kind gesture and nothing more. She also explained that she does this with all her close friends- not only through letters but also through her own personal journal entries. She denies having any romantic fillings, interests or fantasies with Lucy or any girl. She says she rarely gets into trouble while at school and that this was the first time she had been found in a major disciplinary issue. She feels angry about the incident, victimized and misunderstood by her teachers as she does not see how she could have been responsible for the crimes for which she was suspended.
She reports that since going home, her sleep, eating and self-care have been normal. She is not depressed about what happened.
Cecilia is not on any drugs or medications currently and has no food or drug allergies.

She is asthmatic and has no previous history of psychiatric contacts. She has a supportive family composed of her father, mother , brother and herself. Her father abuses alcohol, her mother is asthmatic and her brother often suffers from respiratory infection.

She has always been a social pupil at class who stays out of trouble. Her performance was average in primary school and poor in high school. She has had to frequently switch schools because of the nature of work of her mother.

On MSE she is clean and composed with god personal hygiene. She maintained a good posture and seemed to be in good physical health. She seemed a bit defensive.

Multiaxial Diagnosis

Axis I;	Working diagnosis –Conduct disorder Differential Diagnosis- Adjustment disorder
Axis II;	None
Axis III;	Asthma
Axis IV;	Switching schools frequently, difficulty establishing strong Friendships, absentee parents, feud with her biology teacher, the prospect of repeating a class in high school
Axis V;	GAF score of 59

Investigations

Biological

- None

Imaging Tests

- None

Other tests

- IQ and intelligence tests

Social Investigations

- Social worker's opinion his microenvironment at his residence, and interview with family and students to assess other potential stressors.

Management Plan

Biological Therapies

None

Psychological

- Counselling to address;
    - Taking responsibility for one's action
    - Choice of friends
    - Overcoming difficult experiences and stress management

Social

- Psychoeducation of the family
- Family therapy

Prognosis

Good prognostic factors- good family support, early diagnosis.
Poor prognostic factors- Lack of insight, negative peer influence, and frequent transfer of schools.

Therefore, her prognosis is guarded.