**PSYCHIATRY**

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**PSYCHIATRY PRESENTATIONS**

SUPERVISOR: DR. KURIA.

AMOS MBUGUA H31/27901/2009.

Mood disorder

*BIODATA:*

Name: John Gichia Ndung’u.

Age: 31 years

Sex: male.

Marital status: single.

Occupation: casual worker.

Residence: Kanunga, KIAMBU.

Religion: Christian (catholic).

Ward: 8m

Mode of admission: involuntary; brought by mother.

*PRESENTING COMPLAINS:*

The patient presented with poor sleep and had nightmares, headaches and dizziness. He is also said to roam about at night, talks to himself and also laugh at himself. He also hides from people.

*HISTORY OF PRESENTING COMPLAINS:*

the patient was brought in to Mathari late last year (2011) when he started having theabove complains. He says he has lots of thoughts about life in his head*.*

*PAST PSYCHIATRY HISTORY:*

The patient has been brought to Mathari first in 2008 and thereafter severally presenting with the same symptoms.

*PAST MEDICAL HISTORY:*

The patient has not had any surgery but has been admitted in Kiambu District Hospital from 1996-2002 due to convulsions that he started experiencing when he was in class 8 before doing his K.C.P.E.

*FAMILY HISTORY*:

Father: Antony Ndung’u who abandoned the family in 1986.

Mother: Jane wanjiku Gichia, a farmer.

The patient has 5 siblings and he’s the third born.

* 1st born: Hellen Njeri who’s married and is a florist.
* 2nd born: Stanley Saragu, who is single and is a hawker.
* 4th born: James Gacheru who’s a farmer.
* 5th born: Francis Njuguna who’s married and is a mechanic.
* 6th born: Hannah Wanjira who’s single and a househelp in kiambu.

The patient says that he relates well with his mother and siblings.

*PERSONAL HISTORY*:

**Prenatal, perinatal and childhoo**d:

The patient was born at home and had no problems after birth. He remembers his childhood very well.

**Educational**: The patient went to Riara Primary School in Kiambu in 1989 and he cleared class 8 and attained 338 marks, but never proceeded to High School due to lack of fees. He liked school and related well with his teachers and classmates.

**Occupational:** thepatient worked in Kenchic for 6 months as a rearer of broiler chicken but was sacked and claims that he never knew why.The patient has worked as a casual worker in different farms where he pruned and harvested coffee after that. He also sold shoes in Gikomba in 2011and earned 5000 per day. .

**Marital status**: the patient says he would like to get married and have children but says it’s optional.

**Psychosexual history**: the patient had several girlfriends and used a condom every time he had sex. He’s aware of HIV/AIDS.

**Substance use and abuse:** the patient has taken alcohol as a teenager at the age of 15 since he used to help his grandfather to make the brew. He has also chewed khat and smoked tobacco after class 8 for several years due to peer influence but later stopped and says he was so dependent on it.

**Premorbid personality**: he had a social life with friends.

**Hobbies:** the patient loved to play football, cycling and swimming.

**Forensic history:** the patient has been arrested due to preparing illicit brew in 1998.

**Biological functions:** has sleep disturbances due to bedbugs infestation but his appetite and bowel movements are good.

*MENTAL STATE EXAMINATION*:

**General appearance and behavior:**

The patient was unkempt, he maintained eye contact but facial expression changed with the topic. The patient had no abnormal motor activity. He had no physical injury but kept on scratching himself due to bug bites.

It was easy to create a rapport with the patient.

**Speech:**

* **Rate**: moderate.
* **Tone:** high.
* **Volume:** alternating high and low volume**.**
* **Flow:** good.

**Mood and affect:**

Mood was elated. Affect was congruent with the mood.

**Thought**:

* Process: the patient had flight of ideas.
* Content: the patient had no suicidal or obsession thoughts.
* Control: he had no thought insertion or broadcasting.

**Perceptual disturbances**:

The patient had no hallucinations, no delusions and no illusions.

**Cognition:**

* Sensorium: the patient was conscious and alert with no mental cloudiness.
* Orientation: the patient was oriented in time, place and person.
* Attention: the patient was attentive during the interview.
* Concentration: the patient was able to perform the serial(100-7)
* Memory: recall, recent and remote memory were adequate.
* Abstract thinking: was not impaired.

**Insight**: the patient had insight.

*FORMULATION:*

John Gichia Ndung’u, a 31 year old casual worker from Kanunga, Kiambu was brought by mother to Mathari with complains of poor sleep, headaches, hiding from people and roaming about at night. The patient was raised by a single mother after his father left the family in 1986 when he was around 6 years. He didn’t proceed to High school due to lack of fees has tried job opportunities but have been failing. His mood was elated and had flight of ideas. The patient has also had a history of drug abuse (alcohol, miraa (khat) and smoked tobacco.

*MULTI-AXIAL DIAGNOSIS*

* **Axis 1:** clinical psychiatric syndrome: bipolar 2.
* Differential diagnosis**:** drug induced mania, schizoaffective disorder.
* **Axis 2** Developmental disorder and personality disorder: none
* **Axis 3:** General medical conditions: epileptic.
* **Axis 4:** Psychosocial stressors: frustrations due to failure to maintain a job, substance abuse and poverty.
* **AXIS 5:** GAF 51-60 **(**Current)

*MANAGEMENT:*

**Investigations:**

* **Physical:** lab evaluation.
* **Social:** corroborative history
* **Psychological**: psychometric test.

**Treatment:**

* **Physical: pharmacotherapy-** antidepressants like amitriptyline and anti-convulsion like phenobarbital.
* **Social:** manipulate the environment eg. drug free area.
* **Psychological:** provide counseling on effects of drugs, stress management and motivational therapy.

*PROGNOSIS:*

With proper management, prognosis is good.