**PREPARED BY:**

**Kimaiga Henry Ogwagwa**

**H31/39736/2011**

**MBChB, level III**

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**SUPERVISOR:**

**Dr. Kigamwa**

**PSYCHIATRY LOGBOOK**

2014

**SCHIZOPHRENIA**

**PATIENT’S BIODATA**

**Name**: Joan Wangui Nyaga

**IP No:** 91380

**Age:** 35 years

**Gender:** Female

**Ward:** 6F

**Marital status:**  Single

**Religion:** Christian

**Residence:** Thika

**Occupation:** Baby Sitter

**Date of Admission:** 25/09/2014

**Mode of admission:** It was involuntary, Patient was brought by mother and in the company of

two policemen

**CHIEF COMPLAINT**

She was alleged to be:

* Very violent
* Threatening to kill the mother
* Vandalism - Destroying property by breaking windows

**Patient’s reaction to above allegation:** The patient agrees to the above allegations

**HISTORY OF PRESENTING ILLINESS**

The patient was well until ten days ago when she started becoming violent and threatening to kill the mother and destroying property by breaking windows. The patient ran away from home to be married to a 75 years old man one week ago the mother was against it. This contributed to the patient’s current situation. The mother informed the area chief of Munyu location who rescued her. The patient was handcuffed for being violent and engaging in vandalism acts and brought to Mathari hospital in September 2014 for mental care.

**PAST PSYCHIATRY HISTORY**

The patienst has been admitted and discharged form Mathari Hospital severally

Her first admission was in July 2012 and she was diagnosed with schizophrenia. She was treated with Haloperidol 2.5 mg, Tegretol 200 mg and discharged to be coming for clinical check-ups and review.

Her 2nd admission was on 28/07/13 with a relapse of schizophrenia. She was treated with haloperidol 200 mg twice a day and Artane 5 mg

The 3rd admission was on 27/05/2014 when she was also treated and discharged.

This is the 4th admission.

**PAST MEDICAL HISTORY**

At 3 months she was diagnosed with meningitis. She developed complications such as convulsions and underwent treatment.

Her milestones were delayed since she developed mental problems since her childhood. She developed difficulty in walking and talking. After seeking medical attention at different hospitals which involved physiotherapy she was able to walk in 9 years

She started talking well at around 12 years of age

Neurotic traits were present since childhood

He has no known allergies to any medications.

**PERSONAL HISTORY**

**Prenatal, perinatal and early childhood:**

According to the mother the patient was born on 30th Dec 1979. She was a normal baby at birth and the mother had no complications during the pregnancy

**Education and adolescence:**

According to the mother, the patient began school at 3 years old although she performed poorly due to her mental condition

At around 12 years when she began talking properly, her mother took her to City Primary Special School and she attended special classes. She also attended Maria Magdalene Special School where she did her class 8 at around 20 years.

**Hobbies**

While at school she participated in games such as throwing shot puts

**Sexual and Marital life:**

According to her mother, the patient ran away from home to be married to a 75 years old man one week ago.

The man has been charged for abusing her since she is mentally disabled.

She has no children.

**Employment history:**

She has worked as a baby sitter in a special school at Kahawa Sukari for 2 years

She has also worked in Sabibu Centre as a baby sitter

**Social history:**

The patient is very social with people around her

Since she started staying with the old man, she started taking alcohol

**Forensic history:**

He has never been arrested by the police. She has been a law abiding citizen

**FAMILY HISTORY**

Both parents are alive but separated, she was living with her mother before she went to stay with the old man

Her mother is a church leader, farmer and community helper.

She has 2 siblings, all girls and she is the 2nd born.

* The 1st born was born in 1973. She attended school up to form 4 and is currently a business lady.
* The 3rd born was born in 1986. She attended school up to form 4 too and is currently doing Sales and Marketing.

All his siblings are of good health and none has had a similar psychiatric condition or any major physical mental illness in the family. There is no history of alcoholism, epilepsy and drug abuse in the family

The family members are in good relationship with one another.

**PREMORBID PERSONALITY**

According to the mother the patient has been dependent for all her basic needs since she has not been working.

She is easily sociable with people around her.

She uses her leisure time socializing with others and helping in church chores like washing.

She has a normal body physique (asthemic)

**MENTAL STATE EXAMINATION**

1. **General Appearance and Behaviour**

Middle-age female, with a normal gait, averagely groomed with good level of personal hygiene.

**Mode of dressing:** Appropriate

**Posture**: Relaxed and normal

**Mannerisms:** Absent

**Speech**: Slow rate, normal volume,low pitched, normal rhythm.

**Facial expression:** Sad, Low degree of eye contact

**Rapport:** Established. It was easy to make rapport with the patient. She is able to interact during the interview

1. **Mood**

Low tone, Irritable

1. **Thought process**

Normal

Good use of language. Normal quality of speech. No pressured speech. No poverty of speech

1. **Thought content**

HallucinationObsessions, wants to get married but the mother is controlling

**COGNITIVE EVALUATION**

**Level of Consciousness -** Fully conscious

**Orientation -** Well oriented in place, time and person.

**Attention and Concentration**- Good

**Memory:** Good both long term, short term and intermediate memory.

**Abstraction thought:** Poor as she could not interprete a local proverb. Haba na haba hujaza kibaba (saving little by little will add to more)

**Insight:** The patient is fully aware of being mentally sick

**Judgment:** Good. The patient was given a scenario of a child drowning in a swimming pool and responded as expected of a reasonable person

**FORMULATION**

Joan Wangui is a 35 year old female who was brought to the hospital by her mother and policemen due to complaints of violence and vandalism. She has no history of any drug abuse but has history of psychiatric treatment. The patient is currently on his way to recovery and apart from poor grooming and neglect of personal hygiene, the prognosis is good.

**DIAGNOSIS**

**AXIS I (Principal diagnosis)**

Relapsing Schizophrenia-Due to positive grandiose delusions, violence and evidence of previous treatment of the condition

**Other differential diagnosis**

1. Schizoaffective disorder-(patient has not had uninterrupted period of illness or major depressive episode, manic or mixed episode concurrent with criteria schizophrenia)
2. Mood disorders-(Patient did not develop symptoms of depression or mania along with psychosis, no biological relative with a remitting psychotic illness.

**AXIS II (Personality disorder)**

None was noted. The patient had normal childhood development

**AXIS III (General Medical Condition)**

Childhood meningitis

**AXIS IV (Psychosocial/Environmental stressors)**

The patient seems to have poor relationship with her mother. She has a quarrel with her previous to admission.

**AXIS V (Global Assessment of function)-** **71-80**

No impairment in social, occupational duties. She is no longer violent and is safe to be integrated into the society and live well

**MANAGEMENT PLAN**

**P**harmacotherapy using Antipsychotics

* Tegretol, 200 mg
* Chlorpromazine, 100 mg
* Haloperidol, 5 mg

**PSYCHOSOCIAL TREATMENT**

1. **Hospitalization**

The patient needs to be hospitalized because of her history of violence

1. **Supportive individual care**

The patient should trained by a psychologist on how to cope with stress and how to identify early warning signs of relapses that can help her manage her illness.

Encourage the patient to avoid factors that precipitate her condition

1. **Family therapy**

The patient’s family should be supported and educated about genetic and biological causes of schizophrenia to help reduce the family’s guilt and self-blame for the patients illness.This also helps for the family to know the stressors within the home that can cause a relapse and help them improve their communication skills and problem solving techniques.

1. **Social therapy**

Join programs in the community that help people with schizophrenia

Vocational rehabilitation and employment which helps people with schizophrenia find jobs.

Social skill training that focuses on improving communication and social interactions

**PROGNOSIS**

With adequate support of the patient both through pharmacotherapy and psychosocial therapy frequent episodes of schizophrenia can be reduced and this is also possible since the patient has good premorbid social functioning, has no premorbid personality disorder, the precipitating events and factors are identifiable, it was of abrupt onset during midlife.

**BIPOLAR MOOD DISORDER**

**PATIENT’S BIODATA**

**Name**: Everline Chepng’etich Keter

**IP No:** 95669

**Age:** 40 years

**Gender:** Female

**Ward:** 2F

**Marital status:**  Married (1996-2005)

**Religion:** Christian

**Residence:** Kericho

**Occupation:** Teacher

**Date of Admission:** 05/09/2014

**Mode of admission:** It was involuntary, Patient was brought by in her father’s bodyguard to

Mathare. She has been admitted for about 3 months now.

**CHIEF COMPLAINT**

She was alleged to be:

* Excessive alcohol consumption and being violent, dangerous to herself and others.
* Presenting complaints were on and off

**Patient’s reaction to above allegation:** The patient agrees to the above allegations

**HISTORY OF PRESENTING ILLINESS**

The patient started consuming alcohol in 1996 when she joined campus. She was influenced into heavy drinking by her friends. She also reports being angry since childhood

Alleviating factors include company. Her maniac episodes would usually result in violence, job loss, alcoholism and also contributed to herdivorce.

Pharmacotherapy using Multivitamins andTegretol and Haloperidol. The patient would respond well to treatment, but a relapse to alcoholism would occur.

Vegetative symptoms included reduced sleep and decreased appetite

**PAST PSYCHIATRY HISTORY**

The patient has been admitted and discharged due to alcohol dependence severally.

* A rehabilitation Centre in Eldoret in 2008
* Chiromo Medical Centre in 2009
* Rehabilitation centre at Limuru
* Chiromo Medical Centre in 2009
* Rehabilitation centre at Asumbi

She reports a history of depression while she was living in Malindi

Has suffered from depression in the past precipitated by low standards of living. Attempted suicide five times but was treated with antidepressants

This is the first admission in Mathare Metal Hospital.

She has been treated with Haloperidol 5 mg, Tegretol 200 mg which are effective on review.

**PAST MEDICAL HISTORY**

She has never been admitted before due to any medical conditions. She has never undergone any surgical procedure.

No seizures/convulsions

No contraceptive used currently.

She is not nursing but she is planning to get pregnant again

He has no known allergies to any medications.

**FAMILY HISTORY**

Both her parents are alive and still living together.

They are both elderly, the father was born in 1948 and the mother in 1950.

Her father is diabetic and her mother is hypertensive.

She describes her father as a strict but good. He is a Member of Parliament.

She describes her mother as submissive and supportive. She is a farmer.

She is the 1st born in a family of eight siblings.

* The 2nd born is her brother who is an advocate and is practicing in Canada
* Then there a twin brothers, one is also an advocate and the other is working at Minnesota
* The 5th born is her sister and she is a High school teacher
* The 6TH born is her brother who is a pharmacist
* The 7th born is her brother who is a nurse
* The 8TH born her sister who is a nurse too.
* She attended school up to form 4 and is currently a business lady.
* The 3rd born was born in 1986. She attended school up to form 4 too and is currently doing Sales and Marketing.

All his siblings are currently in good health.

No history of any similar psychiatric condition or any major physical mental illness in the family. There is no history of alcoholism, epilepsy and drug abuse in the family

The patient does not have good relationship with the family members due to drug abuse.

The patient has a Son who is 16 years old and in form 2

She also has a daughter who is 15 years old and in form 1

**PERSONAL HISTORY**

**Prenatal, perinatal and early childhood**

The patient was born in 1974. Her birth was planned and not accidental and her mother had normal length of gestation

She was born in a hospital

She was a normal baby at birth and her mother had no complications during the pregnancy and had no difficulty in delivery.

The patient had no major traumatic experience during development

**Education and adolescence**

The patient started school early. She performed averagely.

She was a good student and had a good relationship with her peers and teachers.

She had no difficulty in learning and had no periods of truancy, school refusal or enforced absence

She joined Secondary school at Pangani Girls High School and then joined Kenya Science Teachers College where she graduated.

**Occupational history**

She has been a chemistry teacher in different schools for the past 17 years. The longest she has ever stayed in one school is 3 years. She has lost her job twice due to school “politics”. She had a poor working relationship with the headmasters in the schools where she got dismissed.

The longest that she has ever been unemployed is 6 months.

She relates well with her fellow colleagues/ other teaches

**Sexual history**

She had normal puberty

She experienced her first menstrual periods at the age of 15 years.

Her first sexual experience was when she was 22 years old and it was within marriage.

She denies any homosexual experiences and feelings. Also there is no history of sexual abuse in childhood and adolescence.

**Marital history**

He mother was against her first marriage.

The marriage later turned out to be poor, with several fights, arguments and disagreements with her husband. They later separated.

She is in a current sexual relationship with her boyfriend and they both have sex at will. She describes the quality of sex as good.

She has had one pregnancy termination. No miscarriages and no still births.

She has 2 children. A Son who is 16 years old and in form 2 and a daughter who is 15 years old and in form 1. She describes them as well-behaved, though she says her daughter does annoy her at times.

She has not had any difficulty in conceiving and she uses contraceptives.

Her current boyfriend is self-employed and is does business. Her husband works and studies at U.S.A.

**Hobbies**

The patient enjoys reading, music and travelling.

**Social history:**

The patient is very social with people around her. She drinks alcohol especially at the bars with company and with music. She started drinking in 1996 when she joined campus.

She would drink every day and during the holidays the drinking increases

She can consume 20 bottles of beers (tusker) in one sitting and spends a large fraction of her salary (30,000 kshs) on drinking.

The excessive drinking has brought poor relationship with her family and caused problems at work.

She recognizes that there is a problem with alcohol especially due to the large amount of money spent on it frequently.

She used to smoke in the past. Not a chronic smoker

Religious Christian

**Forensic history:**

She has no history of crime and has never been arrested by the police. She has been a law abiding citizen. However she claims to have been “imprisoned’ several times by her father

**PREMORBID PERSONALITY**

She was erratic/ dramatic before admission.

She is outgoing, easily sociable with people around her.

Easily bored. Enjoy being the center of attention.

Increased sense of self-importance.

**MENTAL STATE EXAMINATION**

1. **General Appearance and Behaviour**

Middle-age female, with a normal gait, well groomed with good level of personal hygiene.

**Mode of dressing:** Appropriate

**Posture**: Relaxed and normal

**Nutrition:** Good nutritional status

**Mannerisms:** Absent

**Speech**: talkative, normal rate, normal volume, normal pitched, normal rhythm.

**Facial expression:** Feeling happy. Maintains degree of eye contact

**Rapport:** Established. It was easy to make rapport with the patient. She is able to interact during the interview

1. **Mood**

Normal

1. **Thought process**

Normal.

No circumstantiality, no tangitiality, no flight of ideas, no loosening of associations, no though blocking and no neologisms.

Good use of language. Normal quality of speech. No pressured speech. No poverty of speech

1. **Thought content**

No suicidal thoughts, no delusions, no obsession

**COGNITIVE EVALUATION**

Level of Consciousness - Fully conscious

Orientation - Well oriented in place, time and person. She said correctly that the date was 16th October 2014 and the time was about 3 p.m.

Attention and Concentration- Good. She could subtract 7s starting from 100

Memory: Good both long term, short term and intermediate memory. She’s able to retain a story, and also recall many of her life events.

Abstraction thought: Able to interpret a simple proverb, “All that glitters is not gold”. She said don’t judge a book by the cover.

Insight: The patient is fully aware of being mentally sick

Judgment: Good. The patient was given a scenario of a child drowning in a swimming pool and responded as expected of a reasonable person

**FORMULATION**

Everline Keter is a 40 year old female who was brought to the hospital by her father’s bodyguard due to complaints of excessive alcohol consumption and being violent, dangerous to herself and others. She has history of psychiatric treatment. The patient is currently on his way to recovery as evidenced by increasing insight and dealing with the consequences of the maniac episodes. She also has good grooming and good personal hygiene and in a stable mood. The prognosis is good.

**DIAGNOSIS**

**AXIS I (Principal diagnosis)**

Bipolar Mood Disorder, Alcohol dependence

**AXIS II (Personality disorder)**

None was noted. The patient had normal childhood development

**AXIS III (General Medical Condition)**

None was noted.

**AXIS IV (Psychosocial/Environmental stressors)**

The patient seems to have poor relationship with her siblings

**AXIS V (Global Assessment of function)-** **71-80**

No impairment in social, occupational, and psychological functioning. She is no longer violent and is safe to be integrated into the society and live well

**MANAGEMENT PLAN**

Pharmacotherapy using Antipsychotics

* Tegretol, 200 mg
* Haloperidol, 5 mg
* Response to treatment-Calms the patient down

**PSYCHOSOCIAL TREATMENT**

1. **Hospitalization**

The patient needs to be hospitalized because of her history of violence

1. **Supportive individual care**

The patient should trained by a psychologist on how to cope with stress and how to identify early warning signs of relapses that can help her manage her illness.

Encourage the patient to avoid factors that precipitate her condition

1. **Family therapy**

The patient’s family should be supported and educated about mood disorders and about future treatment strategies.

**PROGNOSIS**

With adequate support of the patient both through pharmacotherapy and psychosocial therapy frequent episodes of mood disorde can be reduced and this is also possible since the patient has good premorbid social functioning, has no premorbid personality disorder, the precipitating events and factors are identifiable, it was the excessive consumption of alcohol.

**ANXIETY DISORDER**

**PATIENT’S BIODATA**

**Name**: Paul Kamau

**Age:** 40 years

**Gender:** Male

**Marital status:** Married

**Religion:** Christian

**Residence:** Kericho

**Occupation:** Unemployed

**Ward:** Presented at Clinic 24 in Kenyatta National Hospital during Clerkship on

24TH September 2014

**Mode of visit:** Voluntary. He came unaccompanied.

**CHIEF COMPLAINT**

* Fear of unfamiliar crowds
* Palpitations
* Onset insomnia. He is finding it difficult to sleep when he goes to bed.
* Headache
* Tremors

He has experienced the symptoms for 15 years.

**HISTORY OF PRESENTING ILLINESS**

The patient had been well until 1999. He has been jobless for a while, seeking employment from construction sites which he would get at times and this led to his frustrations and development of symptoms.

**PAST PSYCHIATRY HISTORY**

The patient has been admitted to Mathare hospital in 2001 after having complaint of palpitations headache, tremor and fear of crowded places. He has been coming for frequent check ups and clinical reviews in Kenyatta ever since

**PAST MEDICAL HISTORY**

* He tested positive for HIV in 1999
* He was treated for syphilis in 1999.whch recurred again this year and he is undergoing treatment for it.
* He was also treated for cryptococcal meningitis in 2005.

**FAMILY HISTORY**

Both her parents are alive and still living together.

His mother, Sarah Wangeci, 66 years of and is a farmer. She is of sound health except for a few tremors.

His father Henry Kamunye, 81 years old is a business man in Eastleigh.

Paul is the 5th t born in a family of six siblings.

* The 1st born - John Gitau was born in 1963. Lives in Mihoko and was retrenched from Kenya Power Company where he used to work.
* The 2nd born –Mary Waithera died in 2010.She died of breast cancer. She was born in 1965 studied till form 4. She is married with a family.
* The 3th born - Patrick Kilungu died in 2005 of unknown cause while being treated in Maragwa Hospital. He was born in 1967 and studied until form 2.
* The 4TH born - David Njoroge works as a nurse in Kenyatta National Hospital.
* The 6th born –Duncan Kathetho was born in 1980 and is a business man

He has a good relationship with all his family members.

No history of alcoholism, suicide attempts or drug abuse.

There is no family history of any psychiatric or chronic medical condition.

**PERSONAL HISTORY**

**Prenatal, perinatal and early childhood**

The patient’s pre and post natal history are normal.

The patient had no major traumatic experience during development

**Education and adolescence**

He went to nursery school when he was 7 years old at Gathera nursery school. He then went to Gathera primary school in class 1, he repeated class 1.

He had several friends in school. He did KCPE and attained 299/700 marks .He proceeded to Gathera secondary school. In form 2, he had problems with one of his teachers who alleged that he had led a strike in company of other students. He was expelled and he joined Maragwa secondary school where he studied in 1993 and 1994. He did not read in form four but just registered for KCSE. He did KCSE and has never gone to see his results.

**Occupational history**

After school he went to Eastleigh and began making money by doing business of selling bags for 5 years, from 1998 he worked as a barber and went back home in 1999. He has worked in several places at construction sites and currently manages his father’s plots in Maragwa. After onset of his problem, he could not work as before. He is stressed that his age mates are prosperous and age is catching up with him.

**Sexual history**

His first sexual encounter was when he was 15 years old.

He has had several sexual partners. He is sexually oriented.

**Marital history**

He is married to Grace and is a father of 4 children.

**Social history:**

He used to be a chronic alcoholic but stopped.

He only takes alcohol, 4-5 cups during celebrations for example dowry payment. He does not smoke cigarettes and does not use any other substance abuse.

**Forensic history:**

He has been arrested by police twice. In 2005 and in 2012. Due to misbehaving after excessive alcohol drinking.

**PREMORBID PERSONALITY**

He lived a stressful life before and after illness.

**VEGETATIVE SYMPTOMS**

His appetite is good.

His bowel habits are normal.

He has insomnia; he is unable to initiate sleep.

His libido is normal.

**MENTAL STATE EXAMINATION**

1. **General Appearance and Behaviour**

Middle-age man, with a normal gait, well groomed with good level of personal hygiene.

**Mode of dressing:** Appropriate

**Posture**: Relaxed and normal

**Nutrition:** Good nutritional status

**Mannerisms:** Absent

**Speech**: Rate: normal

Tone: normal

Volume: normal

Speech was coherent.

**Facial expression:** He is sad and depressed

**Rapport:** Established. It was easy to make rapport with the patient and is able to interact during the interview

1. **Mood**

The patient is sad and depressed

1. **Thought process**

There is no thought disorder. Thought process is normal. He has recently had suicidal ideas in 2014 but has not attempted.

**COGNITIVE EVALUATION**

**Level of Consciousness** - Fully conscious

**Orientation** - Well oriented in place, time and person.

**Attention and Concentration**- Good. He could subtract 7s starting from 100

**Memory**: Good both long term, short term and intermediate memory. She’s able to retain a story, and also recall many of her life events.

**Abstraction thought:** Good. He gave the meaning of kikulacho ki nguoni mwako as, your very friends can be the source of your problems..

Insight: The patient is fully aware of being mentally sick

Judgment: Good. When asked what he would do in a situation of a burning house with a baby inside, he would go and save the baby.

**CASE FORMULATION**

Paul Kamau, is a 40 year old male from Maragwa, married with 4 children. He presented with symptoms of: fear of crowds, palpitations and insomnia which have lasted since 1999 and began after he went looking for a job and did not get any. Was admitted to Mathare hospital in 2001 and had presented with similar symptoms. He has had several episodes of depression. He is HIV positive, has ever had syphilis and meningitis. No history of psychiatric illness in the family.

A mental state exam reveals a well groomed man, normal gait, coherent speech with moderate tone, pitch and volume, a depressed mood, a congruent affect, no perceptual disorder and normal thought process however with suicidal ideations. His cognitive function test reveals good memory, judgement and abstract thinking. He has good insight. His concentration is poor.

**MULTIAXIAL DIAGNOSIS**

**AXIS I (Principal diagnosis)**

Anxiety disorder

He has Fear, Headache, Palpitations, insomnia

**Differential diagnosis**:Social phobia

Substance induced anxiety

**AXIS II (Personality disorder)**

No collaborative history

**AXIS III (General Medical Condition)**

Syphilis, meningitis, HIV positive

**AXIS IV (Psychosocial/Environmental stressors)**

Financial stresses, unemployment, social stresses.

**AXIS V (Global Assessment of function)-** **71-80**

He can still perform his daily duties and is still productive

**MANAGEMENT PLAN**

**Investigations**

Laboratory investigations including, urea, electrolyte, creatinine, liver function tests, renal function tests, hemogram thyroid function test, to exclude any underlying cause of his symptoms.

Radiological investigations like chest x-rays and also echocardiogram to exclude any condition in the lung or heart.

**PSYCHOSOCIAL TREATMENT**

**Psychotherapy**

*Cognitive behavior therapy to enable him change his thoughts so that he can change his behavior.*

Family therapy-educate the family about his condition so that they can be supportive.

**Pharmacotherapy**

Antidepressants can be given, TCAs and SSRIs

Benzodiazepines and buspirone can also be administered to relieve anxiety

**PROGNOSIS**

Good

Condition is well managed

**ADOLESCENT PSYCHIATRIC DISORDER**

**PATIENT’S BIODATA**

**Name**: Stephen Ndambuki M

**Age:** 20 years

**Gender:** Male

**Marital status:** Single

**Religion:** Pagan

**Residence:** Machakos

**Occupation:** Student, Form 3 drop-out

**Ethnic background:** Kamba

**Mode of admision:** Referral from Machakos District Hospital where the mother works. He

was accompanied by the mother and brother.

**CHIEF COMPLAINT**

Taking many substances of abuse: chewing miraa, bhang and taking excessive alcohol and spirits for 6 years. Also smokes cigarette.

Associated bizarre behavior: picking rubbish, burning clothes, quarrel and fight with the brother.

Disturbs people and when asked become violent for 1/52

**HISTORY OF PRESENTING ILLINESS**

Stephen started smoking bhang when he was in standard 6(12yrs),due to peer pressure.

One week before admission (admitted one month ago),He had associated bizarre behavior: picking rubbish, burning clothes, quarrel and fight with the brother.

Disturbed people and when asked become violent.

Had been admitted in rehab 9 months ago for three months due to multiple substance use but started using drugs after rehabilitation due to peer pressure. Then brought by the mother and father to Mathare,after a referral from Machakos district hospital where the mother works. Has been in the ward for one month.Had had visual and auditory hallucinations which by now are absent.He says he’ll never use the substances again and he wishes to go back to school.

**PAST PSYCHIATRY HISTORY**

Has been to rehab in 2013 March for three months. Taken because of use of multiple substances of abuse .After rehab got back to using drugs due to peer pressure.

He had had suicidal thoughts last year December(9 months ago).tried to hang himself but could not do it.

**PAST MEDICAL HISTORY**

Had had ulcers yrs ago.

No other applicable medical history.

**FAMILY HISTORY**

Both his parents are alive and still living together.

Father - James Ndambuki 56 years old had had prostate cancer but recovered after surgery in India. He is a real estate developer.

Mother - Magarett Mwikali 52 years old a Nurse in Machakos district hospital.

The relationship between the parents is good.

Paul is the last born in a family of four siblings.

* The 1st born - Maalim Ndambuki, 35 years old,married to one wife, a graduate from university a degree holder. works with Flight emirates. Uses alcohol and cigarette, no good relationship with Philip.
* The 2nd born – Sarai Ndambuki 29years old ,married,studied upto a diploma level,sells vehicles.
* The 3th born - Philip Ndambuki,23 years old, studied up to a diploma level.

All the siblings are alive and well.

His relationship with members of the family is good.

Grandfather had psychiatric illness.

No history of chronic illness in the family.

**PERSONAL HISTORY**

**Prenatal, perinatal and early childhood**

Growth was well during pregnancy. Birth was okay, was born in a hospital no complications thereafter. He was brought up by both parents from birth.

**Education and adolescence**

Started school at 6 years of age. Used to do well in Machakos primary school from class 1-4.Taken to boarding school in kitale used to be position ranging from 10-14,got 328/500 marks in KCPE. Changed schools in primary level. Started using drugs of abuse in class 6 due to peer pressure and used to boycott classes but stopped when the mother found out. Succeeded to go to Machakos high school, studied upto form 3 due to expulsion when he was found with bhang.

Had good relationship with teachers and peers before the incidence. Had no difficulties in learning or behavior.

**Occupational history**

After school, he had had a job in a pub as a waiter. Worked for 6 months.

He also had a job of selling water for two months.

At present before admission he was working in a cyber and he says he was doing well and he loves it there.

**Sexual history**

Not married,had his first girlfriend when he was 18 years in 2012 ,in a relatioship with the girl anymore no sexual history.

No history of sexual abuse in childhood or in adolescent.

No history of masturbation

**Social history:**

Relates well with friends before and after joining high school.

He likes playing football, swimming, and using internet.

**Substance abuse**: Started using substances of abuse in primary school in standard 6

Abused spirits 3 bottles of 250 milliliters weekly.

Cigarette smoking 3 sticks daily. Started in primary.

Miraa ¼ kilograms daily. Started using miraa in high school.

Drinks in a pub, from evening to midnight then takes a motorbike home.

Drinks and smokes with friends.

Used approximately ksh2000 daily.

Had abused heroin supplied by the cousin but stopped. Used it for 4 months.

The first born brother abuses alcohol and cigarette.

Used pocket money supplied by the parents.

**Religious believes** No religious belief.

**Forensic history:** Been in contact with the police as a child roaming at night. Bailed by the mother.

**Current circumstances:** Lives at home with the parents and brother.

**PREMORBID PERSONALITY**

Had a lot of friends, makes friends easily.

**MENTAL STATE EXAMINATION**

1. **General Appearance and Behaviour**

Young man, with a normal gait, well groomed with good level of personal hygiene.

**Mode of dressing:** Appropriate

**Posture**: Relaxed and normal

**Nutrition:** Good nutritional status

**Mannerisms:** Absent

**Speech**: Rate: normal

Speech was coherent and not under pressure, it was calm and coherent. Volume and pitch were normal. He had no odd movement while talking.

**Facial expression:** He is sad and depressed

**Rapport:** Established. It was easy to make rapport with the patient and is able to interact during the interview

1. **Mood**

The patient is sad because of being in Mathare Mental hospital

1. **Thought process**

**Process**:Normal

**Content:**Visual hallucinations,seeing imaginary white light at night but no suicidal ideations.

**COGNITIVE EVALUATION**

**Level of Consciousness** - Fully conscious

**Orientation** - Well oriented in place, time and person.

**Attention and Concentration**- Good. He did the serial 7 well.

**Memory**:

Immediate:Patient could recall what occurred 2 days ago(What he had for lunch

Recent:Patient could recall what brought him to hospital(How he got to smoke bhang on December 25th 2013

Long term memory:Patient could recall when he joined school.

His recall, short and long term memory were all good.

**Abstraction thought:** Good. He correctly interpreted the meaning of a proverb given to him.

Insight: He has a good insight. He says he’ll never use the substances again and he wishes to go back to school. He now believes the substances he uses causes harm.He is aware that is mentally unwell and is willing to receive any form of treatment

Judgment: Good.

**CASE FORMULATION**

Stephen Ndambuki is a 20 year old,young adult, a Kamba male whose a form three drop out. He was brought voluntarily to Mathare Mental Hospital by the parents because of using many substances of abuse: chewing miraa, bhang and taking excessive alcohol and spirits for 6 years. Also smokes cigarette.

Associated bizarre behavior: picking rubbish, burning clothes, quarrel and fight with the brother.

Disturbs people and when asked become violent for 1/52.These made him drop out in form 3 when he was found with bang in school. He had had visual and auditory hallucinations for 1/52. There is family history psychiatric illness, no history of delusions, no excess mood disturbances, no anxiety or panic attacks, no sexual dysfunction, no history of sleep disturbance.

His mental state exam reveals sad person whose not okay with the situation he is in and has realizes what harm substances of abuse can cause. in most of the tests but needs to get rid of abuse.

**MULTIAXIAL DIAGNOSIS**

**AXIS I (Principal diagnosis)**

Substance induced psychotic disorder. Onset during intoxication.

**AXIS II (Personality disorder)**

None

**AXIS III (General Medical Condition)**

None

**AXIS IV (Psychosocial/Environmental stressors)**

Peer pressure.

**AXIS V (Global Assessment of function)-** **71-80**

He can still perform his daily duties and is still productive

**MANAGEMENT PLAN**

**Investigations**

A physical examination for co-morbidities; thrombo angitis obliterance caused by nicotine. Alcohol amblyopia, peripheral neuropathy.

Laboratory tests; Hemogram alcohol use leads to macrocytic picture.Presence of any infections.

Chemical test to determine the THC levels of marijuana in his blood

Organ function tests; Liver Function test to assess effect of alcohol use to his system

Imaging to identify a brain lesion if any due to frequent blunt trauma in drunkards.

Psychological investigations; IQ test

**PSYCHOSOCIAL TREATMENT**

**Psychotherapy**

Cognitive behavior therapy.

Family therapy and education to the parents about the condition.

Frequent counseling and motivation talks to maximize on patients motivation for abstinence.

Teaching patient how to rebuild their lives by helping them to discover ways of dealing free time , to develop friendship and to re-establish rewarding relationship with the family members.

**PROGNOSIS**

Good; It is the first admission, it’s an acute induced psychosis, the patient has a good social support and has an insight, he is compliant and has no co-morbid conditions but the is peer pressure and school dropout can lead to poor prognosis.