1. ADOLESCENT PSYCHIATRY REPORT.

***BIODATA:***

**NAME:** Vinic Nyandekea.

**AGE:** 18 years.

**SEX:** Female.

**MARITAL STATUS:** Single.

**OCCUPATION:** Student, form 2.

**RESIDENCE and LIVING SITUATION:** Kisii. She lives with her church pastor.

**RELIGION:** Christian (Maximum Miracle Church member).

**MODE OF ADMISSION:** Involuntary. She was referred from Kenyatta National Hospital.

**DATE OF ADMISSION:** January 2014.

**DATE OF FIRST CLERKSHIP**: 9th October 2014.

**WARD**: 5F

***PRESENTING COMPLAINTS*:**

The patient had swallowed four surgical razors and eight needles in an attempt to kill herself.

She hears multiple female voices at night telling her to strangle herself.

***HISTORY OF PRESENTING COMPLAINTS*:**

The patient was referred to Mathari Teaching and Referral Hospital from Kenyatta National Hospital (KNH) after she attempted to kill herself by swallowing four surgical blades and eight needles. She was undergoing treatment at KNH for convulsions following referral from Kisii level 5 General Hospital.

The patient says that her parents do not love her. She has felt this way since 2005. She says she felt this way because they stopped buying her school uniform and gave her smaller portions of food than her younger brother.

She had her first suicide attempt as soon as these feelings developed because she felt life was not worth living. She also started hearing female voices at night telling her to strangle herself.

She claims to have attempted suicide ten times since 2005 by swallowing needles, surgical razors, radio batteries and hanging herself using a sisal rope. She also attempted to jump off the fifth floor at Kenyatta National Hospital in January 2014 where she was undergoing treatment for her previous suicide attempt.

The patient has also engaged in self-mutilation several times and developed a rectovaginal fistula for which she underwent corrective surgery in January 2014.

Currently, the patient has not \had any recent suicide attempts although she continues to hear the female voices at night. The voices she says are less frequent after she has had her medication.

*PAST PSYCHIATRIC HISTORY*:

The patient has been treated for multiple counts of attempted at Kisii level 5 General Hospital prior to her current admission at Mathari Hospital.

She has been attending the clinic as an outpatient since 2005.

*PAST MEDICAL HISTORY:*

The patient underwent corrective surgery for a rectovaginal fistula at Kenyatta National Hospital and a colostomy bag was placed. The exact details are unclear.

The patient is currently on Post Exposure Prophylaxis which she started on 18th September 2014 while at Mathari after she was raped but says that she was not tested for HIV.

She also had surgery for fecal incontinence in Kenyatta National Hospital on 11th October 2014.

CURRENT MEDICATION:

She is currently on Haloperidol and Carbamazepine. She claims to have been taking these since 2005.

She was also put on analgesics and antibiotics following corrective surgery done on 11th October 2014 at KNH.

*FAMILY HISTORY*:

Father: Paul Ondieki 38 years, a policeman in Mombasa.

Mother: Kwamboka Ondieki 30 years, a farmer in Kisii.

The patient says that the parents are happily married and have no physical or mental health problem.

The patient has one sibling Dismas Paul Ondieki who is 14 years. He also has no physical or mental health problem.

*PERSONAL HISTORY:*

**Prenatal, perinatal and childhood:**

The patient’s childbirth was normal and there were no associated complications.

The patient claims that her mother was pregnant while breastfeeding her and feels that this is the reason why she has stunted and not grown.

She had a good relationship with the parents growing up until 2005.

The patient has no history of physical or sexual abuse as a child and also has no history of chronic childhood illness.

**Education**:

The patient went to Waka Nursery School and Asumbi Girls’ Primary School where she claims she was disciplined and interacted well with her teachers.

The patient is currently a form two student at Kriri Girls’ High school in Kisii. She enjoys Maths and Chemistry.

She says she does not interact well with her peers and does not have many friends. She has a history of truancy but says she has not experienced any bullying at school.

**Occupation**:

The patient is currently a form two secondary school student.

**Psychosexual history:**

The patient attained menarche at 12 years of age. She has a slightly irregular menstrual cycle.

She has had sex education at school but says not much of it at home.

She claims that her first sexual encounter was at 15 years with her boyfriend Mohammed Mokaya and was consensual. She then fell pregnant following the encounter and has a three year old son, Kevin Stephen Hapoli Mohammed who is currently with the pastor, Christine. She also claims that her son was scheduled to visit this month.

Following the birth of her son, an intrauterine contraceptive device was inserted and she claims that this was done against her will.

She also says she was raped on 18th of September 2014 by four men after she ran away from KNH where she was admitted. She is aware of HIV/AIDS and is currently on post exposure prophylaxis for HIV infection following her ordeal.

Currently, the patient is not in a relationship but she says she wants more children.

**Substance and drug abuse:**

The patient says she was introduced to Busaa in 2012 by her best friend. When she started taking the brew, she was pregnant.

The patient claims she does not take any other drugs.

**Hobbies:**

She enjoys playing football and athletics.

**Forensic history:**

The patient claims she was arrested for one month after she burnt her parents’ house in 2010.

She claims to have been arrested for jaywalking at night in Kisii in 2012.

**Biological functions:**

The patient has sleep disturbances. She hears second person female voices at night telling her to strangle herself and they also say that her relatives are dead.

*MENTAL STATE EXAMINATION:*

**General appearance:**

The patient was well groomed. She had good personal hygiene.

She was however wearing a slightly revealing top and had no footwear.

There were old wounds on her chest and left wrist and a fresh wound on her left pre-auricular area.

She was carrying a black polythene bag with a few of her belongings.

The patient appears older than her stated age.

**Behavior:**

The patient was relaxed and not agitated. She was however easily distracted.

She was able to engage comfortably in the interview and was responsive.

She was attentive and maintained good eye contact but occasionally had an abnormal staring eye contact associated with very close contact during the interview.

Her facial expression changed with the topic of discussion.

Psychomotor function was normal.

**Speech:**

* **Rate**: Normal.
* **Tone**: Not pressured**.**
* **Volume**: Normal**.**
* **Flow:** Coherent**.**
* **Quantity:** Adequate.

**Mood:**

The patient feels happy**.**

**Affect:**

Euthymic.

The depth of the affect was normal and varied being congruent and incongruent.

**Thought:**

* **Process:** The patient has no flight of ideas or tangentiality.
* **Content**: currently the patient hasno suicidal or obsession thoughts
* **Control:** no insertion or broadcasting.

**Perceptual disturbances:**

The patient has auditory hallucinations. She hears second person female voices telling her to kill herself.

**Cognition:**

* Sensorium:patient was conscious in the interview with no mental clouding.
* Orientation: patient was well oriented in time, place and person.
* Concentration**:** patient was able to perform serial 7.
* Attention:patent was attentive during the interview**.**
* Memory**:** recall, recent and remote memory was intact.
* Judgment: was normal**.**
* Abstract thinking: not impaired.

**Insight:** The patient has insight.

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*FORMULATION:*

Vinic Nyandekea, a 18 year old female from Kisii is a form two student who was referred from KNH in January 2014 after she attempted suicide by swallowing eight needles and four razors as well as attempting to jump off the fifth floor at the hospital. The patient has a history of multiple counts of attempted suicide dating back 9 years. She claims her parents do not love her anymore. She also claims to experience auditory hallucinations. She has a three year old son, Kevin Steven Hapoli Mohammed.

*MULTI-AXIAL DIAGNOSIS:*

AXIS 1: Schizoaffective disorder.

 Differential diagnosis: Schizophrenia and Drug-induced Psychosis.

AXIS 2: Developmental/personality disorder: none.

AXIS 3: General medical condition: Rectovaginal fistula and Epilepsy.

AXIS 4: Feels her parents do not love her anymore and has tried to kill herself.

WHODAS:

*MANAGEMENT:*

***Investigations:***

* ***Physical:*** lab evaluation.
* **Social**: corroborative history, social workers.
* **Psychologica**l: psychometric tests.

**Treatment:**

* **Physical:** pharmacotherapy (antipsychotics for her psychotic behavior and anticonvulsants).
* **Social:** manipulation of environment.
* **Psychologica**l: psychotherapy.

*PROGNOSIS:* With proper management prognosis is good.

1. MOOD DISORDER PSYCHIATRY REPORT.

**BIODATA.**

**NAME:** Edith Wanjiku Mwangi.

**SEX:** female

**AGE**: 40 years.

**RESIDENCE**: Ongata Rongai

**OCCUPATION:** Unemployed/ business lady.

**MARITAL STATUS:** Single.

**RELIGION:** Christian.

**DATE OF ADMISSION:** 5/10/2014.

**MODE OF ADMISSION:** Involuntary. Brought by sister and cousin.

PRESENTING COMPLAINS

Insomnia for 5 days.

HISTORY OF PRESENTING COMPLAINTS.

The patient had been well until the 1st of October when she started experiencing insomnia. She claims she could not sleep for 5 days whereupon she presented herself to the clinic before being admitted to ward 2F.

Was previously involuntarily admitted on the 17th of September here at Mathare hospital before being discharged on the 1st of October. On that occasion she presented with a two day history of insomnia, poor appetite, bhang abuse, violent behaviour as well as neglect of the responsibility of taking care of her daughter who is 3 months old. She attributes this to the death of her close friend at around that time. Upon discharge she claims that she was not given sleep-aids which contributed to relapse.

She has had multiple episodes of these symptoms in the past, most of which were precipitated by adverse events such as death of a close friend or family member.

PAST PSYCHIATRY HISTORY.

First admitted to a psychiatric institution in 1999 (Chiromo Lane Medical centre) where she presented with withdrawal symptoms of cocaine. She was successfully rehabilitated.

Admitted to Mathare Hospital for the first time in 2009. Presented with prolonged insomnia precipitated by her father’s death.

PAST MEDICAL HISTORY.

-Underwent a minor surgery to remove an ingrowing toe-nail.

- No major surgery/operation.

-No blood transfusion.

-Has no known allergy to any food.

-Has been on Tegretol (carbamazepine) and haloperidol since 1999. Not compliant.

-Allergic to chlorpromazine.

FAMILY HISTORY.

 The patient has a single parent (mother) who is married in Atlanta, Georgia. Married 3 times.

The biological father passed away in 1999 as a result of complications arising from alcohol consumption. Her foster father passed way in 2009 due to pancreatic cancer.

Has 3 sisters and 1 brother.

She is the 1st born in a family of 5. No history of major mental illness, epilepsy, drug abuse.

She relates well with other family members and is especially close to her mother with whom she is in contact.

PERSONAL HISTORY.

The patient was born in a hospital through normal delivery.

During pregnancy mother was not exposed to any trauma.

She achieved her milestones normally. No traumatic experiences in childhood.

No thumb sucking.

EDUCATIONAL BACKGROUND.

She started attending school at the age of 6 years.

She performed well, and had an exemplary academic record. Attended Kijabe Girls’ High school before migrating to Canada where she enrolled at the University of Carlton in Toronto to study medicine.

Dropped out in fourth year, and at that point began abusing hard drugs like cocaine. Came back to Kenya in 1999 where she completed her diploma in accounting and hotel management.

In school she related well with peers and teachers.

OCCUPATIONAL HISTORY.

Currently unemployed.

Previously worked at a tourism firm called Uni-globe before quitting in 2011 in order to concentrate on running her business in Rongai.

PSYCHO-SEXUAL HISTORY.

Menarche at 11. First sexual experience at 21 years (voluntary), she claims to have enjoyed her sexual experiences.

She was married for 5 years to a Gambian while in Canada who introduced her to substance abuse but divorced due to irreconcilable differences. Since then she has had multiple affairs culminating in the unplanned birth of her daughter 3 months ago.

SOCIAL HISTORY.

She is social with friends, peers and relatives (mother).

She abuses bhang constantly together with her friends.

No social traumas like bankruptcy.

Hobbies include reading, swimming and watching movies.

SUBSTANCE ABUSE.

Her father was a chronic alcoholic who passed away due to complications arising from the same.

 She began smoking bhang 20 years ago. Used to abuse crack cocaine and alcohol but ceased.

FORENSIC HISTORY.

Arrested once for loitering aimlessly at night while drunk.

CURRENT CIRCUMSTANCES.

She lives with her cousin in a rented apartment in Rongai. Claims to be financially stable.

PRE-MORBID PERSONALITY.

The patient claims to have been a cheerful, God fearing person.

**MENTAL STATE EXAM.**

***Appearance and behaviour.***

General appearance: fairly kempt, clothes are clean.

Gait and posture: normal.

Motor activity: normal.

***Rapport.***

Well established.

***Speech.***

It was coherent, but pressured.

Rate: rapid.

Tone: normal.

Volume: loud.

Quantity: talkative

***Mood and affect.***

Mood: happy.

Affect: elated.

Mood and affect were congruent.

***Thought.***

Thought process: flight of ideas.

Thought disturbances: no thought disturbances.

Thought content: no delusions observed.

***Perceptual disturbances.***

No illusions observed.

No hallucinations.

***Vegetative function.***

Sleep: sleeps sufficiently (previously before medications used to have sleep disturbances.

Appetite: has increased appetite. Patient observed to be constantly feeding.

Bowel movement: normal.

***Cognitive function.***

Consciousness: conscious.

Orientation: well oriented to time and place.

Judgment: good judgment. Judged options well in two instances.

Concentration: good, complete, serial three.

Memory: she has good recall, remote and recent memories.

Insight: patient has insight. She accepts that she needs help. Promises to adhere to medications and to cease smoking bhang once she is discharged.

**CASE FORMULATION.**

Edith Wanjiku Mwangi is 40 year old female who was admitted voluntarily two weeks ago because of relapsed insomnia. She has been to mathare a few times, notably last month when she was admitted involuntarily by her cousin and sister because of insomnia, lack of appetite, neglecting responsibility of taking care of her baby who is 3 months old and abusing bhang. She has no chronic illness. She is well oriented and concentration is fairly good. She has insight.

**MULTIAXIAL DIAGNOSIS.**

Axis I: Psychiatric disorder- bipolar I disorder.

Axis II: None.

Axis III: general medical condition- well.

Axis IV: Psychosocial and environmental stresses-: i) Child to take care of alone

 ii) Lacks a stable source of income.

Axis V: Global assessment function: 80-90%.

**DIFFERENTIAL DIAGNOSIS.**

Substance abuse.

**MANAGEMENT.**

* Good history taking.
* Investigate and rule out medical conditions:-i) Head MRI and chest scan.

 ii) Test to rule out syphilis, HIV and TB.

* Pharmacotherapy:

-Mood stabilizers such as lithium and sodium valproate for acute manic episodes an prevent relapse.

-Antipsychotics e.g haloperidol, chlorpromazine and olanzapine are required for rapid control of acute behavioural disturbance.

-Sedatives-benzodiazepines-used in severe agitation.

-Electroconvulsive therapy has been shown to be very effective in acute manic episode.

* Psychotherapy: good family and social support.

**PROGNOSIS.**

With good management patient has a chance of becoming well.

1. SCHIZOPHRENIA PSYCHIATRY REPORT

**BIODATA**

**NAME:** Joan Wangui Nyaga

**AGE:** 35 years

**SEX:** Female

**MARITAL STATUS:** Single

**OCCUPATION:** Baby Sitter

**RELIGION:** Christian

**RESIDENCE:** Thika

**WARD:** 6F

**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

**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

**Mood:**

 Low tone, Irritable

**Thought process:**

Normal

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

**Thought content:**

Hallucination Obsessions, 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

Pharmacotherapy using Antipsychotics

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

PSYCHOSOCIAL TREATMENT

**Hospitalization**

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

**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

**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.

**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.