Adolescent

*BIODATA:*

NAME: Francis Achieng’

AGE: 16 years.

SEX: male

RELIGION: Muslim.

MARITAL STATUS: single.

OCCUPATION: spray painter.

RESIDENCE: LANG’ATA.

MODE OF ADMISSION: (involuntary) brought by mother.

*PRESENTING COMPLAINS*:

Very angry with his mother.

Never talked to anyone after admission to Mathari.

*HISTORY OF PRESENTING COMPLAINS*:

He claims that his mother took his money thus became angry. He claims his mother brought him to Mathari for no reason.

*PAST PSYCHIATRIC HISTORY*:

The patient had previously been admitted once on January 2011.

*PAST MEDICAL HISTORY:*

The patient has not had any admissions or surgery but has had a flu.

*FAMILY HISTORY*:

The patient’s father died of TB in 2010. The mother is still alive. He has 3 brothers and 3 sisters. He claims that his mother and siblings hate him because he earns a lot of money.

*PERSONAL HISTORY:*

**Prenatal, perinatal and childhood:**

Can’t remember much of his early childhood.

**Education**:

The patient went to Toy primary school where he was disciplined and interacted well with his classmates. He claims his performance was good. He played football and volleyball. However, he was introduced to bhang by his peers in class 7.

In high school, he was organized and disciplined and performance was good. However, he dropped out of school in form 2 due to fee problem after his father’s death.

**Occupation**:

He’s a spray painter. He claims that he quarrels with management due to delay in payment.

**Psychosexual history:**

He relates well with ladies and that he prefers interacting with ladies than with men. He reports to have had sex with various girls. He’s aware of HIV/AIDS.

His first encounter was in class 8 and was voluntary.

**Substance and drug abuse:**

The patient says he was introduced to bhang while he was in class 7.

He can’t give an account of how much he smoked and for how long. He however reports he has currently stopped using marijuana or substance of abuse.

**Hobbies:**

He enjoys singing and claims to have written various songs.

**Forensic history:**

He claims that he has not been arrested or jailed.

**Biological functions:**

Has no disturbances in sleep or appetite.

*MENTAL STATE EXAMINATION:*

**General appearance and behavior:**

The patient was well dressed and groomed. Has a good personal hygiene. Was attentive and maintained good eye contact and his facial expression changed with topic of discussion. Psychomotor function was normal.

**Speech:**

* **Rate**: normal.
* **Tone**: moderately pressured**.**
* **Volume**: normal**.**
* **Flow:** was good**.**

**Mood and affect:**

Mood was elated**.** Affect was congruent with mood.

**Thought:**

* **Process:** there was racing of thoughts but no inhibition, retardation or incoherence.
* **Content:** no suicidal or obsession thoughts
* **Control:** no insertion or broadcasting.

**Perceptual disturbances:**

The patient had no hallucinations or illusions. He has no abnormal perception.

**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.
* Judgement: was normal**.**
* Abstract thinking: not impaired.

**Insight:** patient had no insight.

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*FORMULATION:*

Francis Odhiambo, a 16 year old from Lang’ata is a spray painter who was brought in by his mother after he was angry with her because she took his money. He had been admitted earlier on that year 2011. The patient has had a history of drug abuse (cannabis). His father died of TB. He dropped out of school due to lack of fee.

*MULTI-AXIAL DIAGNOSIS:*

AXIS 1: drug induced mania.

Differential diagnosis: bipolar disorder, mood disorder.

AXIS 2: developmental/personality disorder: none.

AXIS 3: general medical condition: none.

AXIS 4: quarrels with his mother over his money.

AXIS 5: GAF (90-81) current.

*MANAGEMENT:*

***Investigations:***

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

**Treatment:**

* **Physical:** pharmacotherapy.
* **Social:** manipulation of environment.
* **Psychologica**l: psychotherapy.

*PROGNOSIS:*

With proper management prognosis is good.