# ADOLESCENT TYPE

## BIO DATA

NAME : Albert Muniu

AGE: 18

OCCUPATION: Carpenter

LOCATION: Banana

MARITAL STATUS: Single

WARD: 1M

MODE OF ADMISSION: Brought by a lady

## ALLEGATIONS

Sniffing glue and being violent

Loitering aimlessly

Being withdrawn and having a low mood

### PRESENTING ILLNESS

The patient admits to sniffing glue and says it makes him feel good. He also says he likes loitering around matatu terminus but denies being violent. He also said that he experiences moments of sadness and at times he sees a small god.

### HISTORY OF PRESENTING ILLNESS

The patient was well until three months ago when he became excessively violent .He also started experiencing headaches when he had not sniffed glue. His loitering increased and his episodes of low mood. At one time he admitted to calling his mother “umbwa”.He also started running away from home more frequently.

### AGGRAVATING FACTORS

None

### RELIEVING FACTORS

He is taking antipsychotic medication.

### PAST PSYCHIATRIC HISTORY

No past psychiatric history. No psychiatric medication prior to his admission in Mathare. He only admitted to taking Panadol occasionally for his headache.

### PAST MEDICAL HISTORY

Albert claims to have no childhood illnesses, has not been admitted to hospital before or had any surgery.

### FAMILY HISTORY

The patients father is deceased and he had no history of mental illness. His mother is alive. He has eight siblings; four brothers and four sisters. There is no history of psychosis in his family. He does not get along well with his mother.

### PERSONAL HISTORY

#### Birth and milestones

The patient was a wanted pregnancy and was delivered naturally. He does not remember whether he attained his milestones normally but he says he had a happy childhood. He claimed to have not been abused as a child physically.

#### Education

The patient reached secondary school level .He said that he did not miss school and had no history of truancy however in class five he had contemplated abandoning his studies which his mother strongly advised against. He also kept to himself and had very few friends .He claims to have had good cooperation with other students and teachers as well. He was not involved in any sport

#### Occupational history

He is unemployed

#### Sexual Development

He claims not to have had any sex education. He claims to have had his first sexual encounter in high school. He reached puberty at the age of fifteen while still in high school.

#### Forensic History

The patient claims to have not been convicted or arrested in his life.

#### Substance Abuse

The patient sniffs glue but does not take alcohol or smoke cigarettes.

#### Systemic Inquiry about His Vegetative Function

Sleep pattern: Used to sleep late at night and wake up late in the morning prior to admission but now sleeps well.

Appetite: He had reduced appetite but has improved since his admission.

Bowel movements: He claims to go for his long calls at least twice a week .His micturition is normal; no urinary frequency or urgency.

Breathing : normal

Libido: normal

### CURRENT LIFE CIRCUMSTANCE

The patient claims to be well taken care of and claims to have a good relationship with his family.

### PREMORBID PERSONALITY

The patient has never attempted suicide or had a desire to end his life. He is quiet and peaceful.

### MENTAL STATE EXAMINATION

Appearance

He looks kempt and has a good standard of hygiene. He has normal gait and posture.

Behavior:

He is well mannered and respectful. Has normal motor activity with normal reflexes. He also maintains eye contact. His behavior is socially appropriate

Motility

He has a normal posture. No fine tremors or abnormal movements.

Attitude

He is cooperative but indifferent. It is not easy to strike a rapport with him

Psychomotor activity

There is no sign of agitation or retardation

Speech

Rate: normal

Volume: low, one strains to hear what the patient says

Articulation: There is poverty of speech; hesitant speech.

Mood: Happy

Affect: flat, looked sad

Mood and affect are incongruent

Thought:

Form-No flight of ideas but there is thought block. His flow of thoughts interrupted by silence.

Content-No preoccupations or suicidal thoughts. No thought poverty but the patient is delusional. He talks of a lover called Esther .Erotomania delusions. He also claims to see a small god-fantastic delusions

Perception:

Auditory: no auditory hallucinations

Visual: no visual hallucinations

Olfactory: no olfactory hallucinations

Tactile: no tactile hallucinations

COGNITIVE FUNCTIONS

Level of consciousness: alert

Orientation: Not oriented in time place and person

Attention and concentration: poor, couldn’t manage serial seven from 100

Memory: good working memory able to remember my name

Short-term memory: good, able to remember what he ate for lunch and breakfast

Long term memory: good, able to remember the past and current presidents of Kenya

Intelligence: Albert is of average intelligence with the ability to solve problems and learn new situations

Abstract thinking: The patient could not give the meaning of “Haba na haba hujaza kibaba”

Insight: the patient lacks insight. He doesn’t seem to understand why he is in Mathari

Judgment: good, he would ask for help as he tries to rescue a child trapped in a house of fire.

FORMULATION:

Albert Muniu is a 18 year old African male who was brought in on allegations of sniffing glue and being violent, running away from home and wandering aimlessly. He also was withdrawn. On mental state examination he is well kempt with normal gait. He is also disciplined but it is not easy to strike a rapport with him. He has no hallucinations but has delusions of erotomania since he claims to be in love with a lady named Esther. He also has fantastic delusions claiming he sees a small god. He has poverty of speech and poor orientation. However, his memory is good. He also lacks insight into his condition.

DIAGNOSIS:

Schizophrenia

DIFFERENTIAL DIAGNOSIS:

Drug abuse with psychotic features

Schizoaffective disorder

MULTIAXIAL DIAGNOSIS:

Axis 1: schizophrenia

Axis II: no mental retardation

Axis III: No medical condition

Axis IV: his father’s death

Axis v: Global assessment of function:61-70%

INVESTIGATIONS AND MANAGEMENT

Lab investigations

Routine blood tests

HIV test

Screening test for syphillis

Urine: urea, electrolyte, creatinine and drug screen

Psychological tests

Psychological-Symptoms rating scales, IQ tests

Management:

Pharmacotherapy: Neuroleptic-Chlorpromazine 1-2mg

Haloperidol 10-20 mg

Benzodiazepine

Psychotherapy: Cognitive behavior therapy

Drug rehabilitation

Counseling sessions

Psychosocial treatment: Day treatment programs with emphasis on social skills training to improve functioning and decrease relapse

Prognosis

Good prognostic factors:

Has support from his family members

He has no suicidal thoughts

No comorbid factors

Bad prognostic factors:

He has no insight to his condition.