**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