**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.