**BIPOLAR MOOD DISORDER**

**PATIENT’S BIODATA**

**Name**: Everline Chepng’etich Keter

**IP No:** 95669

**Age:** 40 years

**Gender:** Female

**Ward:** 2F

**Marital status:**  Married (1996-2005)

**Religion:** Christian

**Residence:** Kericho

**Occupation:** Teacher

**Date of Admission:** 05/09/2014

**Mode of admission:** It was involuntary, Patient was brought by in her father’s bodyguard to

Mathare. She has been admitted for about 3 months now.

**CHIEF COMPLAINT**

She was alleged to be:

* Excessive alcohol consumption and being violent, dangerous to herself and others.
* Presenting complaints were on and off

**Patient’s reaction to above allegation:** The patient agrees to the above allegations

**HISTORY OF PRESENTING ILLINESS**

The patient started consuming alcohol in 1996 when she joined campus. She was influenced into heavy drinking by her friends. She also reports being angry since childhood

Alleviating factors include company. Her maniac episodes would usually result in violence, job loss, alcoholism and also contributed to herdivorce.

Pharmacotherapy using Multivitamins andTegretol and Haloperidol. The patient would respond well to treatment, but a relapse to alcoholism would occur.

Vegetative symptoms included reduced sleep and decreased appetite

**PAST PSYCHIATRY HISTORY**

The patient has been admitted and discharged due to alcohol dependence severally.

* A rehabilitation Centre in Eldoret in 2008
* Chiromo Medical Centre in 2009
* Rehabilitation centre at Limuru
* Chiromo Medical Centre in 2009
* Rehabilitation centre at Asumbi

She reports a history of depression while she was living in Malindi

Has suffered from depression in the past precipitated by low standards of living. Attempted suicide five times but was treated with antidepressants

This is the first admission in Mathare Metal Hospital.

She has been treated with Haloperidol 5 mg, Tegretol 200 mg which are effective on review.

**PAST MEDICAL HISTORY**

She has never been admitted before due to any medical conditions. She has never undergone any surgical procedure.

No seizures/convulsions

No contraceptive used currently.

She is not nursing but she is planning to get pregnant again

He has no known allergies to any medications.

**FAMILY HISTORY**

Both her parents are alive and still living together.

They are both elderly, the father was born in 1948 and the mother in 1950.

Her father is diabetic and her mother is hypertensive.

She is the 1st born in a family of eight siblings.

* The 2nd born is her brother who is an advocate and is practicing in Canada
* Then there a twin brothers, one is also an advocate and the other is working at Minnesota
* The 5th born is her sister and she is a High school teacher
* The 6TH born is her brother who is a pharmacist
* The 7th born is her brother who is a nurse
* The 8TH born her sister who is a nurse too.
* 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 currently in good health.

No history of any 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 patient does not have good relationship with the family members due to drug abuse.

She describes her father as a strict but good. He is a Member of Parliament.

She describes her mother as submissive and supportive. She is a farmer.

The patient has a Son who is 16 years old and in form 2

She also has a daughter who is 15 years old and in form 1

**PERSONAL HISTORY**

**Prenatal, perinatal and early childhood**

The patient was born in 1974. Her birth was planned and not accidental and her mother had normal length of gestation

She was born in a hospital

She was a normal baby at birth and her mother had no complications during the pregnancy and had no difficulty in delivery.

The patient had no major traumatic experience during development

**Education and adolescence**

The patient started school early. She performed averagely.

She was a good student and had a good relationship with her peers and teachers.

She had no difficulty in learning and had no periods of truancy, school refusal or enforced absence

She joined Secondary school at Pangani Girls High School and then joined Kenya Science Teachers College where she graduated.

**Occupational history**

She has been a chemistry teacher in different schools for the past 17 years. The longest she has ever stayed in one school is 3 years. She has lost her job twice due to school “politics”. She had a poor working relationship with the headmasters in the schools where she got dismissed.

The longest that she has ever been unemployed is 6 months.

She relates well with her fellow colleagues/ other teaches

**Sexual history**

She had normal puberty

She experienced her first menstrual periods at the age of 15 years.

Her first sexual experience was when she was 22 years old and it was within marriage.

She denies any homosexual experiences and feelings. Also there is no history of sexual abuse in childhood and adolescence.

**Marital history**

He mother was against her first marriage.

The marriage later turned out to be poor, with several fights, arguments and disagreements with her husband. They later separated.

She is in a current sexual relationship with her boyfriend and they both have sex at will. She describes the quality of sex as good.

She has had one pregnancy termination. No miscarriages and no still births.

She has 2 children. A Son who is 16 years old and in form 2 and a daughter who is 15 years old and in form 1. She describes them as well-behaved, though she says her daughter does annoy her at times.

She has not had any difficulty in conceiving and she uses contraceptives.

Her current boyfriend is self-employed and is does business. Her husband works and studies at U.S.A.

**Hobbies**

The patient enjoys reading, music and travelling.

**Social history:**

The patient is very social with people around her. She drinks alcohol especially at the bars with company and with music. She started drinking in 1996 when she joined campus.

She would drink every day and during the holidays the drinking increases

She can consume 20 bottles of beers (tusker) in one sitting and spends a large fraction of her salary (30,000 kshs) on drinking.

The excessive drinking has brought poor relationship with her family and caused problems at work.

She recognizes that there is a problem with alcohol especially due to the large amount of money spent on it frequently.

She used to smoke in the past. Not a chronic smoker

Religious Christian

**Forensic history:**

She has no history of crime and has never been arrested by the police. She has been a law abiding citizen. However she claims to have been “imprisoned’ several times by her father

**PREMORBID PERSONALITY**

She was erratic/ dramatic before admission.

She is outgoing, easily sociable with people around her.

Easily bored. Enjoy being the center of attention.

Increased sense of self-importance.

**MENTAL STATE EXAMINATION**

1. **General Appearance and Behaviour**

Middle-age female, 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**: talkative, normal rate, normal volume, normal pitched, normal rhythm.

**Facial expression:** Feeling happy. Maintains degree of eye contact

**Rapport:** Established. It was easy to make rapport with the patient. She is able to interact during the interview

1. **Mood**

Normal

1. **Thought process**

Normal.

No circumstantiality, no tangitiality, no flight of ideas, no loosening of associations, no though blocking and no neologisms.

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

1. **Thought content**

No suicidal thoughts, no delusions, no obsession

**COGNITIVE EVALUATION**

Level of Consciousness - Fully conscious

Orientation - Well oriented in place, time and person. She said correctly that the date was 16th October 2014 and the time was about 3 p.m.

Attention and Concentration- Good. She 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: Able to interpret a simple proverb, “All that glitters is not gold”. She said don’t judge a book by the cover.

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**

Everline Keter is a 40 year old female who was brought to the hospital by her father’s bodyguard due to complaints of excessive alcohol consumption and being violent, dangerous to herself and others. She has history of psychiatric treatment. The patient is currently on his way to recovery as evidenced by increasing insight and dealing with the consequences of the maniac episodes. She also has good grooming and good personal hygiene and in a stable mood. The prognosis is good.

**DIAGNOSIS**

**AXIS I (Principal diagnosis)**

Bipolar Mood Disorder, Alcohol dependence

**AXIS II (Personality disorder)**

None was noted. The patient had normal childhood development

**AXIS III (General Medical Condition)**

None was noted.

**AXIS IV (Psychosocial/Environmental stressors)**

The patient seems to have poor relationship with her siblings

**AXIS V (Global Assessment of function)-** **71-80**

No impairment in social, occupational, and psychological functioning. 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
* Haloperidol, 5 mg
* Response to treatment-Calms the patient down

**PSYCHOSOCIAL TREATMENT**

1. **Hospitalization**

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

1. **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

1. **Family therapy**

The patient’s family should be supported and educated about mood disorders and about future treatment strategies.

**PROGNOSIS**

With adequate support of the patient both through pharmacotherapy and psychosocial therapy frequent episodes of mood disorde 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 the excessive consumption of alcohol.