#  BIPOLAR 1 MOOD DISORDER

***BIODATA***

*NAME: Lucy Atieno Okondo*

*AGE: 26 years*

*RESIDENCE: Donholm*

*OCCUPATION: businesswoman ( sells clothes and ladies shoes)*

*RELIGION: Christian (Catholic)*

*MARITAL STATUS: Married*

*HOSPITAL: Mathari Hospital*

*LANGUAGE: Kiswahili, English and Luo*

*WARD: 6F*

***Mode of admission***

*Accompanied by husband (Mike) to Mathari Hospital*

***PRESENTING COMPLAINT***

*Violence and talking to herself.*

***HISTORY OF PRESENTING COMPLAINT***

*Lucy Atieno had been well until one month ago when she began destroying household utensils and furniture. She did this because she was angry with the mother who had sent her younger brother money but did not sent her any cash yet she was in need of it. Mike then came , called his friends and forcefully brought her to hospital.*

***PSYCHIATRIC HISTORY***

*Lucy has been admitted four times before , the first time in 2003, due to similar psychiatric conditions . she had presented with violence against younger brother. She was given some drugs, of which she could remember carbamazepine.*

***MEDICAL HISTORY***

*She has never been admitted before. No known history of drug allergy. No history of seizure, convulsions or loss of consciousness. She hasn’t had any major surgery and has no history of head trauma*

*She has a history of contraception for over 10 years. She is currently expectant (3months) and on folate supplements. She intends to carry it to term.*

***FAMILY HISTORY***

 ***She is a la****st born in a family of four male and four females. Parents are both alive and well in the fifties. They have never had any psychiatric ailments. She purports her father is a manager in Masaimara lodge and her mother also a manager in California , Hilton hotel.*

***The relationship*** *between both parents is that of love, she justifies this by constant cash they send her whenever she’s in need. Her business was also supported by the parents.*

***She*** *never wanted to talk about her siblings.*

 *No history of drug abuse or suicidal attempts.*

***PERSONAL HISTORY***

*Her birth was through normal delivery without any complications and it was planned and carried to full term.*

*No history of Traumatic childhood experience.*

*She started school at the age of four, never changed schools. She dropped out after class eight, because she started developing the psychiatric disorder. She purports to have been bright in school and had a good relation with the teachers and peers and got 456/500.*

*No history of difficult learning and unacceptable behavior.*

***OCCUPATIONAL HISTORY.***

*She is a business woman dealing with shoes and women clothes in a stall in Umoja. Never had any other occupation.*

***SEXUAL HISTORY***

*Menarche was when she was thirteen. Her first sexual contact was when she was 14years old with and older man. Puts the ordeal as somehow traumatizing because she wasn’t willing, like she was taken advantage of. No history of masturbation and sexual fantasies. Her sexual contact in marriage and other men is quite intense, and she experiences fulfillment.*

*She has had three boyfriends and a history of three abortions, because the previous boyfriend never wanted her to keep the baby. No homosexual feelings.*

*M****ARITAL HISTORY***

*She is married to Michael, purportedly a contractor. The parents were supportive about their marriage. No history of domestic violence. They have been faithful in their union. Frequency portrayed as adequate. No history of miscarriages. Still birth. No previous marriages.*

***SOCIAL HISTORY.***

*Most of her friends are male. She likes hanging out with them in most of her free time. She has a history of drug abuse including alcohol, bhang and cigarette smoking. She is a social drinker, normally in the company of her friends. No family history of excessive alcohol consumption.*

***PREMORBID PERSONALITY***

*The patient was well and on an upward scale in business until a month ago when she started displaying acts of violence and vandalism*

***BIOLOGIC/VEGETATIVE SYMPTOMS***

*My patient has a good appetite and good bowel movements. She does have sleep patterns and has normal sex drive.*

***MENTAL STATUS EXAMINATION.***

***General appearance:*** *well-groomed middle-aged female of normal gait and no mannerisms.*

***Rapport:*** *The patient was willing to provide the necessary information fully detailed and somewhat related but unnecessary.*

***Mood and Affect:*** *The patient was happy and affect and the mood was congruent.*

***Speech:*** *The patient was loud, talkative, and normal rhythm.*

*Her speech was rapid, congruent, pressured and spontaneous, and over inclusive when answering.*

***Thought:***

*Noted were: flight of ideas, vagueness, derailment and a little irrelevance in the conversation.*

*Important negatives were; no word salad, neologisms, stilted speech. Also no thought block was noted.*

***Perception:***

Showed delusion of grandeur. **No** hallucinations.

**Cognitive function; She was fully conscious and** well oriented in time, space and time .Memory, all recent, intermediate short and long term were intact. She however could not pay full attention, distracted easily.

*She is aware of her illness though thinks she has recovered.*

***CASE FORMULATION***

*Lucy Atieno is a 25 year old married female from Dohnolm. She is a businesswoman by occupation and a Christian. She was accompanied to Mathari hospital and admitted on the 26th of August, 2014. Her presenting complaint was violence and talking to herself, no aggravating factors were elicited. Associated were decreased sleep and increased appetite. She is a social alcohol drinker. This is the fourth admission in Mathari since 2003, with similar relapses. She has no history of a depressive episode, or any familial history of a psychiatric disorder. She is 3months pregnant receiving Quetiapine and folate supplements*

*In Mental state exam, she was kempt and of normal gait. Easy to build rapport with and had an affect congruent with an elated mood.* ***:*** *The patient is talkative, with rapid, congruent, pressured speech*

*She shows delusion of grandeur. She is easily distracted.*

*She is aware of her illness though thinks she has recovered.*

***MULTIAXIAL INVESTIGATION***

*Axis I: (****Principal diagnosis****) Bipolar 1.*

*Differentials: schizophrenia. , ADHD, drug induced mood disorder such as use of amphetamine*

*Axis II: (personality disorder) borderline personality disorder*

*Axis III :( general medical condition) none*

*Axis IV :( psychosocial/ Environmental stressors) Dropped out of school. History of alcohol use at a tender age of 13.*

 *Axis V: (Global assessment) 70-61*

***MANAGEMENT***

***Investigations***

1. *Complete blood count*
2. *Endocrinology: Thyroid Function Tests, glucose, urea and creatinine, liver function tests*
3. *ECG, CT scan or MRI to exclude tumors, infarcts or hemorrhage.*
4. *HIV test*
5. *Screening for recreational drugs eg Cannabinoids*

***Pharmacotherapy***

*1. Lithium; 15-20mg/kg body weight*

*2. Anticonvulsants that stabilize mood eg Lamotrigine*

*3. Atypical antipsychotics such as Quetiapine, Olanzapine, Risperidone*

*4. Electroconvulsive therapy*

***Psychosocial therapy:***

*1. Education on Importance of compliance.*

*2. Behavior modification through counseling when manic.*

*3. Family focused therapy*

*4. Interpersonal and social rhythm therapy*

***Prognosis***

*The prognosis is good since the patient is aware of her illness and intends to comply with medication*