**Department of Psychiatry: End of Rotation Assignment**

By:

Magoma Georgina

MBChB Level III

21st October 2011

Table of Contents

[Schizophrenia 3](#_Toc306956569)

[Anxiety 10](#_Toc306956571)

[Mood Disorder 17](#_Toc306956572)

[Adolescent 23](#_Toc306956573)

# Schizophrenia

**BIODATA**

**Name**: Agnes Mueni

**Sex**: Female

**Age**: 44 years

**Ward:** Ward 6 Female

**Marital status**: Single

**Residence**: Yatta

**Religion**: Christian

**Occupation**: None

# REFERRAL

**Source of Referral:** She was brought to hospital by her mother.

**Mode of Referral:** Involuntary

**ALLEGATIONS**

* Sharp burning abdominal pain inflicted by her sister.
* Leg weakness
* Night visions of being visited by a deity
* Shortness of breath attributed to being taken away by two people who are by her side
* Believes she has a head ulcer
* Thought being taken away by Moi that’s why she couldn’t perform well in school

**HISTORY OF PRESENTING COMPLAINTS:**

The history of the illness could not be elicited well however the patient believes that coming to Mathare was what brought out the illness.

**PAST PSYCHIATRIC HISTORY**

The patient has been admitted in Mathare on three previous occasions: 6/10/2001 – Mood disorder, 3/12/2004 – Mood disorder (Bipolar), 17/1/ 2007 – Schizophrenia.

**PAST MEDICAL HISTORY:**

The patient has had a tonsillectomy and a per vaginal delivery once, dates couldn’t be elicited.

**FAMILY SOCIAL HISTORY:**

She comes from a nuclear family. The patient was not sure of her parents’ ages. Her father is either alive or dead and resurrected. Her mother is alive and the patient has auditory hallucinations involving her. The statements are usually negative. She has five other sisters:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Sarah | Married | 3 children | Form 6 | Patient has persecutory delusions about her |
| Grace – Deceased |  |  |  |  |
| Annah | Married | 2 children | Form 4 |  |
| Agnes (Patient)  | Single | 1 child |  |  |
| Esther | Married | 2 children | Form 6 |  |
| Mary |  |  | Form 4 | The patient claims she was spoilt by cats from people who bore her ill |

**PERSONAL HISTORY:**

**Pregnancy Birth and Early development**

The patient can’t recall anything before school age but believes she was a happy and reserved child.

**Education**

The patient could not remember the details of her schooling well. She however claims that she couldn’t perform well in her high school because of her mind being taken away from her.

The patient denies truancy and says she loved school.

**Occupational history**

The patient has worked for several employers as a house help including her elder sister but she was never paid.

**Social habits**

She neither drinks, smokes nor takes any other substances of abuse.

**Hobbies**

The patient enjoys singing and reading the Bible.

**Psychosexual history**

She has had three boyfriends all of which she didn’t love very much since she believed the tried to poison of bewitch her. This is the reason she gives of never being married.

 Note: She was hesitant in talk about the details of her sexual life.

**Forensic history**

The patient has had no run ins with the law.

**Premorbid personality**

Before her illness set in she felt like she was two people: one who was happy and introverted and another who was a no nonsense individual who abode by legal and moral norms

**Vegetative symptoms enquiry.**

Appetite: Is good (supper is served in my presence and he takes it well)

Sleep: good

Bowel movements: no constipation or diarrhea.

**MENTAL STATE EXAMINATION**

Appearance and behavior

* Physical characteristics-a middle aged, healthy woman.
* Grooming-neat , clean and well kept
* Gait and posture - Both of these are normal.
* Level of cooperation-a rapport is well established though she initially denies to talk because her throat is being hurt by unknown persons.
* Eye contact- She maintains eye contact.
* Motor activity - Normal motor activity.

Speech

The speech was of low volume and slow rate. She has flight of ideas

Mood

The patient says she is not happy, she would like to leave Mathare.

Affect

The affect is flat and is in congruence with the mood.

Thought

* Delusions of persecution – she believes people want to poison her, her sister is burning her, and her breath is being taken away.
* Thought withdrawal – Moi is stealing the contents of her mind.
* The patient has suicidal thoughts
* Thought form is derailed

Perception

She has visions of being spoken to by God.

Auditory hallucinations - the patient hears her mother stating negative comments about her. (2nd Person auditory hallucinations)

She has tactile hallucinations of being burnt by her sister, having an ulcer on her head.

Cognitive functions.

Orientation

* Time- the patient is well oriented in time place and person.

Concentration

* Her concentration was good though she couldn’t work out the accurately the serial three.

Memory

* Immediate - I told her my name and she could remember it after about three minutes
* Recent - she could remember what she had had for lunch which was true according to the confirmation from the nurse
* Remote - she remembers the name of Kenya’s first president and even the current one.

 The patient’s memory is good.

Abstract thinking

* Is good. The patient could explain the deeper meaning of “aliye juu mngojee chini”

Judgment

* Is good. She says she would rescue a child crying from a house that is not fully on fire.

Insight

* The patient does not believe that she is sick. However she believes that the drugs can help alleviate some of her symptoms.

**FORMULATION**

Agnes Mueni, a 44 year old sinlge woman who lives in Yatta. She was brought in on 18/8/2008 on complaining of sharp burning abdominal pain inflicted by her sister, leg weakness, night visions of being visited by a deity, shortness of breath attributed to being taken away by two people who are by her side, believes she has a head ulcer, thoughts being taken away by Moi that’s why she couldn’t perform well in school. She has been admitted thrice in Mathare and was diagnosed with Mood disorder and Schizophrenia. The mental status exam revealed flight of ideas, tactile and auditory hallucinations, persecutory delusions and delusions of thought control.

**Definitive diagnosis**

Schizophrenia

**Differential diagnoses**

Mood disorder - Depression.

Schizoaffective disorder

Organic mental disorder.

**MULTIAXIAL DIAGNOSIS.**

Axis I : schizophrenia.

Differential diagnoses.

* Mood disorder-mania or psychotic depression
* Schizoaffective disorder
* Organic mental disorder

Axis II: no personality disorder or mental retardation.

Axis III: no general medical condition

Axis IV: none

Axis V: GAF-41-50%

**INVESTIGATIONS AND MANAGEMENT.**

**Investigations.**

* Baseline tests - full haemogram, U/E/C,
* Toxicology tests.
* Radiology - Chest x-ray, CT scan of the head.
* Thyroid function tests

**Management**

* Pharmacotherapy- tegretol 200mg bd

 Artane 5mg

 Haloperidol 5mg bd

* Psychosocial therapy- behaviour therapy and family

**PROGNOSIS**

 Good prognosis because-

* Mother’s support

Poor prognostic factors

* Poor insight.
* Suicidal thoughts
* Poor compliance to medication

# Anxiety

**BIODATA**

**Name:** Westley Alabu

**Age:** 14 years

**Sex:** Male

**Residence:** Kibera, Nairobi

**Religion:** Christian (Protestant)

**Place of interview** Youth center, Kenyatta National Hospital

**Date of Interview:** 8th September 2011.

**REFFERAL**

Brought in by mother.

**PRESENTING COMPLAINT**

* Crying
* Shaking of head
* Touching of things funnily
* Difficulty in breathing
* Washing his hands over and over again.

**HISTORY OF PRESENTING ILLNESS**

The patient started getting difficulty in breathing on 5th September after he was informed about the death of their neighbor Faith.

The patient felt like doing things which he said if he did not do, he felt as if something bad would happen. He said this started long ago but cannot remember when. He would do some activities such as washing his hands repeatedly even when they are not dirty and felt that if he did not wash his hands he would feel sad.

The mother says that her son is a perfectionist; he would do the dishes and laundry so well. She says that he started clearing his throat at the age of three and was then diagnosed with tonsillitis but it has since persisted.

**PAST PSYCHIATRIC**

Westley was once brought to the hospital by the mother for crying without any reasons back in 1999. CT scan of the head was done and was then referred to youth centre where he was being cancelled.

**PAST MEDICAL HISTORY**

He had malaria in 1999 and was admitted in Kenyatta National Hospital and recovered fully.

**FAMILY HISTORY**

**Father:**

Wilfred Alabu. He passed away in 2005

**Mother:**

Rose Ansemo; 40 years of age. Alive and well. She is unemployed. She suffered from depression in 1995 when she had her first born.

**Sibling:**

1st born ; Rodock Alabu. He is a 17 year old boy in Alliance High School in form 4.

The father left them in 2000 and died later in 2005. They have remained closely knit. There is no history of substance abuse in the family.

**PERSONAL HISTORY**

**Prenatal history and postnatal:**

The pregnancy was normal, no complications and she delivered at term.

The mother said she gave birth normally to Westley and had no complications

She also reports that the patient had all immunizations as specified by K.E.P.I

**Childhood:**

The mother reports that he had normal developmental milestones .the mom says that he used to relate well with other kids in the neighborhood.

**Educational Background:**

**Primary school**

The patient says he did not like school at first but with time he came to like it. He was an average performer, had good relations with other students and had friends most of whom were boys. He managed to score 322 marks out of 500 in Kenya Certificate of Primary Education (KCPE).

**Secondary school**

He is schooling in Ofafa Jericho and is currently in form one. He doesn’t have any friends school. He scored an average of B- in the last exam done in school.

**Hobbies**

* Drawing and clay modeling
* Listening to rock music

**Psychosexual History:**

He does not have a girlfriend neither is he sexually active.

He has never had a girlfriend before.

**Social History:**

He has never smoked cigarette, abused alcohol or used any other drugs of abuse.

**Vegetative symptoms**

He reports lack of sleep but his appetite and bowel functions are normal.

**Forensic History:**

No history of any arrests detention or trouble with authorities.

**Premorbid personality**

Patient is quiet and likes keeping to him. He also likes talking to his mother.

**MENTAL STATE EXAMINATION**

**Appearance:**

He is well groomed with normal gait and posture.

**Attitude towards examiner**

The patient is co-operative.

Rapport was easily established.

**Orientation**

He was well oriented in time, place and person. He knows he is in Kenyatta hospital, he knew his names and was right about the time.

**Speech:**

Production was spontaneous, speed was normal, volume was low. He was fluent and coherent.

**Thought:**

*Thought Form:*

The fluency was normal, had no thought block or broadcasting. He also had no phobias or obsessions.

Thought Process:

This was coherent with no loss of goal or use of metonyms or neologisms.

*Thought Content:*

No suicidal ideation

**Perceptual Disturbances:**

He had no hallucinations, no de-realizations or depersonalizations.

He strongly believes he has obsessive compulsive disorder.

**Cognitive Functions:**

* **Attention**

 He was conscious and alert.

* **Concentration**

 Good; The patient managed serial seven

* **Memory**

 Recall;good

 Recent;good

 Remote;good

* **Judgement**

Good;- would rescue a neighbor screaming from a house on fire by calling for help and also getting in if the flame is bearable.

* **Abstract thinking**

Good**;** He was able to give a proverb and its meaning. Haraka haraka haina Baraka- he said it meant haste in carrying out tasks might mess up the task and may end up leading to poor results.

* **Mood:**

Elated

* **Affect:**

The affect is congruent with the mood.

* **Insight**

Good; the patient is aware of his mental disorder. He says he willingly came to hospital with his mother so that he could get help.

**FORMULATION**

Wesley Alaba is a 14 year old male patient who lives in Kibera with the mother. He is a christian, goes to school in Ofafa Jericho and is currently in form one. He presents with shaking of his head, inappropriate touching of things, crying with no cause and difficulty in breathing. He has insomnia and there is a positive history of depression in the mother. He has no hallucinations, delusions or any thought disorder.

**MULTI AXIAL DIAGNOSIS**

**Axis I:** Anxiety disorder: Obsessive compulsive disorder

**Axis II:** no personality disorder or mental retardation

**Axis III:** Nil

**Axis IV:** Separation of parents

 Mother’s financial status

 Environment (living in Kibera)

**Axis V:** 71-80% (current)

**MANAGEMENT**

**Investigations**

* Ct scan
* ECG (electocardiogram)
* Toxicology

**Pharmacotherapy*:***

* **Somatic therapy**
* Selective Serotonin Receptor Inhibitors eg Fluoxetine
* Antidepressants eg Imipramine,Clomipramine
* **Psychotherapy:**
* Counseling for both patient and the family
* Psychological therapy
* Psycho education

**Prognosis:**

Good. This is because- the family support is firm and impressive

 He has good insight and is therefore co-operative

 He is currently attending counseling sessions at youth centre.

 No premorbid personality disorder

# Mood Disorder

**Biodata**

**Name:** Juliana Wawira

**Age:** 50 years

**Sex:** Female

**Marital status:** Widowed

**Residence:** Maringo

**Religion:** Christian

**Ward:** Clinic 24

**Occupation:** Shopkeeper

**Mode of Admission:** The patient was brought by daughter.

**Date of Assessment:** 5th October 2011

**Presenting Complaints**

* Violent and homicidal tendencies – 2 weeks
* Allegations of being robbed – 2 weeks

**History of Presenting Illness**

The patient experienced right sided paralysis 3 weeks ago upon which she was taken to Mbagathi and put on medication and it resolved. A week later, she called her daughter complaining of being robbed by the local fruit vendor, she went ahead to contact the police but her daughter ascertained that everything in the house was intact. The patient also confronted the local fruit vendor armed with a knife but she was restrained upon which she became hysterical hurling abuse at her restrainers. This went on for a whole day and she later lost consciousness while at the same time frothing at the mouth, experiencing palpitations and sweating profusely. There seems to have been no aggravating factors however restraint seemed to make her even more aggressive. There was a change in her sleep pattern, she barely slept as the psychotic episodes were worse at night and accompanied with coughing. She was brought to KNH where she was resuscitated and referred for psychiatric evaluation.

**Past Medical History**

Two years ago she was treated for Malaria. The patient is a known asthmatic for 2 years and a known hypertensive for 13 years. She is on treatment for both of these.

**Past Psychiatric History**

None

**Family History**

There is no history of a psychiatric nature in her family. She is a widow, the husband passed on a year ago from dysentery. She has six children

**Siblings:**

She has 2 siblings. She relates well with all of them.

**Children:**

She has six children. She relates well with all of them. One of her sons is an abuser of alcohol. Caurrently she lives with her eldest daughter.

**Personal history**

**Prenatal history:**

She has no recollection of this period

**Childhood:**

She had normal developmental milestones and is not sure of having received all immunizations.

**School Life:**

She studied at Kirinyaga upto class 7 and did not proceed further than this because she didn’t like school.

**Occupational history:**

She has been a farmer from completion of primary school education and started shop keeping seven years ago.

**Marital history:**

She was content with her marriage life and was bereaved with her husband’s passing on.

**Social history:**

She neither smokes nor drinks.

**Forensic history:**

None

**Premorbid personality:**

A month earlier she would have lapses in memory, forgetting where she put her things. She would accuse her children of stealing Kshs. 50,000 from her and she also advised her son to kill his brother if he ever brought up any quarrel with him. At one point she left her home at night and travelled to Kirinyaga for no reason and on her way back left her shoes at the bus stop.

**Hobbies:**

She loves singing and heads the local church choir.

**MENTAL STATE EXAMINATION**

**Appearance and behavior:**

She was not well groomed but clean. No abnormal gait was noted. She didn’ establish eye contact and kept to herself during the interview with the daughter volunteering most of the information.

**Attitude towards the examiner:**

She was co-operative.

**Speech:**

Speech production was spontaneous, of low volume and slow speed.

She used usual words and sentences.

**Emotions:**

Mood: Depressed

Affect: Flat

The mood and affect were congruent.

**Thoughts:**

Thought Form: Normal

Thought content: She had no delusions nor

 suicidal thoughts.

Thought process: Coherent with usual use of language.

**Perceptual disturbances:**

None

**Cognitive functions:**

Consciousness: The patient was conscious

Orientation: The patient was oriented in time,

 place and person

Attention and concentration: Could not concentrate on the serial

 three test as she claimed it was hard.

Memory: He has good immediate, recent and

 recall memory.

Judgment: Good

Insight: The patient is not aware of a mental

 her mental condition.

**FORMULATION**

Juliana Wawira, 50 year old female who presented with paranoid delusions, violent, aggressive and homicidal tendencies in a span of two weeks. She was brought in by her daughter. She has no history of past psychiatric illness. She has a medical history of asthma for two years, hypertension for 13 years both of which she is being treated for. Her premorbid state was characterized by lapses in memory and bizarre behavior. She also had a cough in the past one month. Her mental state exam revealed a depressed mood and affect which were in congruent with each other and unwillingness to perform the concentration test.

**MULTI-AXIAL DIAGNOSIS**

**Axis I:** Acute psychosis, Depression (Mood disorder), Anxiety disorder

**Axis II:** None

**Axis III:** ViralEncephalopathy, Senile brain atrophy

**Axis IV:** Bereavement, living alone, medical condition

**Axis V:** 30 – 40 %

**MANAGEMENT**

**Investigations:**

* Chest X-ray, sputum exam and culture
* Full Blood Count, urea and electrolytes
* CT scan
* HIV test

**Pharmacotherapy:**

Tri-cyclic antidepressants

Selective serotonin reuptake inhibitors

Monoamine oxidase inhibitors

**Psychotherapy:**

Cognitive behavior therapy

**Prognosis:**

Fair, the patient is living with the daughter now. However she is a risk to those around her and needs to be supervised for drug compliance.

# Adolescent

**BIODATA**

**Name**: Jane Nyambura

**Sex**: Female

**Age**: 20 years

**Ward:** Ward 5 Female

**Marital status**: Single

**Residence**: Githurai

**Religion**: Christian (Anglican)

**Occupation**: Waitress

**Level of education**: Class 8

**Date of assessment:** 26-05-2011

# REFERRAL

**Source of Referral:** She was brought to the hospital on 4th May 2011 by her brother and mother

**Mode of Referral:** Involuntary

**ALLEGATIONS AND PRESENTING ILLNESS**

* Attempted suicide on four occasions
* Refusal to eat
* Stopped talking.

# HISTORY OF PRESENTING ILLNESS

The symptoms started in late April when the patient called her brother to come take her belongings back to her mom because she felt like dying. The brother took her in after she insisted that she wanted to die. She ingested Rat and Rat on 30th April 2011 and then tried to hang herself the same day. She then attempted to drown herself twice on 3rd May (at the Chania river and a dam in Thika) but was stopped by passersby. What triggered these attempts is unknown to parents. The patient can’t remember attempting suicide though she says she is stressed because she is HIV positive. The company of her mother and brother was relieving. Symptoms were exacerbated by stress, loneliness and questioning by people. After her first suicidal attempt, the patient became mute and relatively immobile.

At the time she was insomnic, she hardly slept and when she did I wasn’t sustained and she lost her appetite.

# PAST PSYCHIATRIC HISTORY

She has had no history of similar symptoms neither has she had any history of mental illness

**PAST MEDICAL HISTORY**

Not significant. She reports genitals sores for which she is to receive treatment. She has been on septrin after the diagnosis of HIV was made.

# FAMILY SOCIAL HISTORY

Jane’s parents are both alive though the father left the family and the mother refuses to talk about him.

Mother: Millicent Wanjiku, a 45 year old business woman who went to school up to class seven.

Father: coffee and tea farmer

Siblings: 5

Henry Kinyanjui: 26 years old brother, businessman.

Lucy Thogori: 16 year old class eight student.

John Karui: 13 year old class seven student

James Karanja: 8 year old standard four student.

There is no history of psychiatric illness in the family.

The family has had financial problems since the parents separated but has managed close together.

# PERSONAL HISTORY

**Birth and early development**

The mother says the pregnancy was normal and the patient was delivered normally though it was a home delivery in 1991 in Githurai. The mother attended all prenatal clinics and took the baby for all the postnatal clinics.

**Post partum-** She received all immunizations as specified by K.E.P.I . The milestones were achieved at the right times. Generally she was a normal kid.

**School:** she wanted school and joined nursery school at the age of 6. Her performance was excellent and she was always in the top. She did not participate in any sports.She reports no problems with her teachers. She had many friends both boys and girls. She could not proceed to high shool after passing KCSE (220/500) because her mom was not able to pay her school fees.

**Employment:** worked in a salon for 1 year after class eight and later as a waitress at a hotel in Thika until she became ill.

**Forensic history**: None

**Psychosexual history:** the patient relates well with men but she insists she is sexually inactive and on further probing gets agitated and demands we change the topic.

**Substances of abuse**: Jane smokes cigarettes occasionally. No alcohol abuse.

**Hobbies:** singing

**Premorbid personality:** was a joyful, social and fun loving

**MENTAL STATUS EXAMINATION**

**Appearance and Behaviour**

She is well groomed with normal gait and posture. She is cooperative but easily distracted.

**Motility**

Posture - normal

Movements - no tics, fine tremors of the hands.

Overactive- could not sit down for long, kept standing up and walking around.

**Speech**

Rate –slow and of low volume

Articulation-good

Speech was coherent

**Mood:** happy

**Affect:** not blunted

**Thought**

Form - no flight of ideas,

Content - no thought poverty, preoccupations, or paranoia.

**Perception**

Auditory hallucination – hearing people telling her to jump into the river.

# Cognitive Functions

**Orientation:** Well orientated in time, person and place

Good concentration: managed Serial 7

**Memory:** Good short term memory, impaired recall memory. She cannot remember having attempted suicide or even wanting to commit suicide.

**Judgment:** Good – she would ask for help as she tries to rescue a child trapped in a house on fire.

**Insight:** She was aware that she is mentally ill, she knows she needs to stay in the ward for sometime and is willing to co-operate to get better.

**Abstract thinking:** Poor. The patient could not give the meaning of any of the easy common proverbs, even the ones that she knows.

**FORMULATION**

Jane Nyambura, a 20 year old Christian female who used to work as a waitress before she got ill. She was brought to hospital on allegations of suicidal tendency, mutism and food refusal. She says she was stressed but does not know the stressor. She is HIV positive and is currently suffering from genital sores. On examination, the patient looks wasted and weak with thin curly hair and fine hand tremors, she is restless. Her mental state exam revealed mental slowing taking a lot of time to answer questions and sometimes has to ask her mother and brother to explain the question to her. Her speech is of low volume and mood is labile.

**Diagnosis**

Depression

**Multiaxial diagnosis**

Axis I: Depression, AIDS dementia complex

Axis II: no personality disorder or mental retardation

Axis III: HIV disease

Axis IV: knowing her HIV status, living alone, stress at work

Axis V: 40-50%

**Investigations and management**

**Lab Investigations**

* Full hemogram
* CD4 count, HIV staging {check baseline of organ systems}
* Microbiological tests for opportunistic diseases
* Blood tests and CT scans

**Psychological tests**

* Psychological-e.g. symptoms rating scales, IQ tests
* Social-e.g. collateral history(by parents-all about her changing jobs and moving away from home where everybody could keep an eye on her.)

**Management**

Pharmacotherapy: .Septrin( co-trimoxazole)

 - HAART(Highly Active Antiretroviral Therapy)

 -fluoxetine, imipramine( antidepressants)

Psychotherapy: Cognitive behavior therapy.

 -Family therapy

**Prognosis**

Good prognosis because:

* She has a partial insight into her condition
* She is compliant on her Septrin (co-trimoxazole) to help reduce the viral load.
* There is no family history of mental illness.
* Family support is good and evidently consistent as her family visits her at hospital daily.

Bad prognosis due to the suicidal tendency and failure accept her HIV status.