**UNIVERSITY OF NAIROBI**

**DEPARTMENT OF PSYCHIATRY**

**CASES:**

***Anxiety disorder***

***Bipolar mood disorder***

***Adolescent disorder***

***Schizophrenia***

**COMPILED BY:**

**MUCHIRI BENSON KARIMI**

***H31/2119/2007***

**PRESENTED TO:**

**ANXIETY DISORDER**

**BIO DATA**

**NAME**: Mercy Wairimu

**AGE**: 26years

**SEX:** Female

**MARITAL STATUS**: Single, lives with mother

**OCCUPATION**: Unemployed

**RELIGION**: Christian

**RESIDENCE**: Murang’a

**ASSESED AT**: Clinic 24, Psychiatric outpatient, Kenyatta National Hospital

**PRESENTING COMPLAINT**

The patient was on an appointment in the clinic where she is being managed for anxiety disorder. Mercy came unaccompanied.

**HISTORY OF PRESENTING ILLNESS**

The patient was brought to Kenyatta National Hospital in 2007 by her mother, on her first visit. She was afraid to go anywhere alone and had the following complains that had started during her childhood:

Palpitations: the patient complained of palpitations. She said the onset was gradual and had had them since she was a child. The palpitations were so severe that she could not do any household chores. This symptom was worst whenever the patient was alone and relieved only when she was in the company of friends and family.

Chest pains: onset of the chest pains was gradual and was very severe. The patient says the pain did not radiate to any other part of the body and was sharp in nature.

Shortness of Breath: onset of dyspnoea was at the same time with the other above symptoms.

Visual hallucinations: the patient claimed to be seeing figures any time that she was asked to go anywhere alone. The hallucinations were so severe that she did not go to school most of the time.

The patient says all the above symptoms started about the same time and were precipitated by her violent father.

**PAST PSYCHIATRIC HISTORY**

 There is no known psychiatric history before visiting the psychiatric clinic at Kenyatta National Hospital in 2007.

**PAST MEDICAL HISTORY**

The patient does not report a history of any medical condition but states that she had a CT scan and heart ultra sound performed when she first visited the hospital. There were no abnormal findings on both investigations performed.

There is no history of surgery, no known allergy and is currently on venlaflaxin

**OBSTETRICS AND GYNAECOLOGY**

Mercy has not had any children or suffered a miscarriage or procured an abortion. The patient has regular periods. She does not use any form of contraceptives.

**FAMILY HISTORY**

Patient is the 4th born child in a family of 4 children. She has two elder brothers and one elder sister. Her mother is the only surviving parent.

 Father: Joseph Mburu died in 2005. He suffered from Diabetes Mellitus. He was a known alcoholic and a very violent man, to both his wife and children. He had poor relations with his family and was feared by family members. He was usually referred to as ‘stima’ (electricity) by his wife and children.

Mother: Felistus Waithera aged around about 52. Is unemployed and lives in Muranga. Highest level of education attained was form 6. She had drinking problems but is now a social drinker. She was the source of comfort for children. She was continuously abused by her husband both verbally and physically. The patient remembers her mother being called a prostitute by her father.

 1st born: Nancy Wanjiku, 35 years old, married. Highest level of education was college and is currently a teacher. Nancy drinks alcohol. No known medical condition.

2nd born: Robert Muhia, 32 years old, who is employed as a machine operator at Kenya Breweries. Married and takes a lot of alcohol.

3rd born: Moses Wanyoki, 28, unemployed, is single and a form 2 drop out. He takes a lot of alcohol, smokes cigarettes and chews miraa.

4th born- Mercy wairimu, patient.

The patients’ grandparents were also alcoholics and used to brew alcohol. Her grandfather past on and her grandmother stopped both brewing and drinking alcohol due to old age.

There is no history of mental illness in the family but the patient says that her siblings are suffering from the mental illness and that is why they indulge in alcohol to forget their problems.

**PERSONAL HISTORY**

 Pregnancy and pre natal history: Her prenatal history couldn’t be obtained though she thinks her mother had a normal delivery and achieved

 Childhood: the patient’s mother told her that she used to get sick many times but were not serious enough for her to be admitted. The patient remembers her childhood from 8 years.

* The patient was afraid of the night and used to see people. She was afraid that she would die if she slept. She also had sleepless nights because her drunken her father came late into the night and used to wake them up and even beat them up.
* School truancy and refusal: the patient did not like going to school and used to feign illness. She could not tell her parents that she was afraid to go anywhere alone, mostly due to the visual hallucinations for fear of being punished. Mercy would wait for other children to come by the road side in order to go to school with them. Or would not go to school completely and run to her grandmother’s or a friend’s house. This lead to her poor performance in KCPE and she did not attend any secondary school.
* Mercy did not have many friends in school because she always thought they were criticizing her and laughing at her, this easily irritated her. She kept to herself most of the time.

Adolescent: according to the patient her adolescence was late compared to the other girls. She had menarche at 18 years. She did not have any problems with her mother during this stage. Due to her poor performance in primary school she stayed at home with her parent for some time. She was enrolled at a polytechnic in Murang’a to study hair dressing by an aunt but did not go to school for a while due to the fear of crossing a river to get the polytechnic. She overcame her fear at a point and finished her course. She was not involved in any substance abuse or sexual encounter at this age.

Adult life:

* Occupation: The patient used to own a salon in Nairobi.
* Psychosexual history: the patient had her first sexual encounter at 25 yrs with her husband. She chose to lose her virginity to her husband because she did not want her husband calling her a prostitute.
* Marital history: the patient was married last year to Will Kamau, who works with Delmonte limited and is a born again Christian, he does not smoke or drink. She married a man who does not drink because she did not want a repetition of the life her mother had with her abusive alcoholic father.

Mercy had known her husband for a year before they got married and separated this year in February. The patient says that her husband and in laws were pressuring her to conceive and she was not ready. Her husband did not know of her mental illness and when he saw her taking her medication he thought that she was using contraceptive pills.

* Social history:
	+ - History of Substance use and abuse: Patient has never smoked cigarettes, consumed alcohol or chewed miraa.
		- Hobbies: likes reading encouraging magazines like, Parents Magazine.
		- Religion: mercy attends P.C.E.A church and was a member of the fellowship group that involved singing. Currently she does not belong to any church group in Murang’a but attends church regularly.
* Forensic History: the patient has no forensic history.
* Present life circumstance: mercy is planning to run a salon in Murang’a using the money that she had saved while running her previous salon. She is financially dependent. She now has friends whom she says are good to her.
* Pre morbid Personality: the patient cannot remember how her life was before she developed her illness.
* Vegetative symptoms: the patient has poor appetite and has lost weight. Has no bowel movement problems and sleeps ok.

**MENTAL STATE EXAMINATION**

**General appearance**: she was well kempt and had normal posture and gait. Maintained a good eye contact. The Rapport was well established.

Speech: Her speech was coherent, normal volume and normal rate. There was no pressured speech.

**Mood and Affect**: The patient said he felt happy, the affect was mood congruent.

Thought: there were no abnormalities found. The patients stated that does not have any more suicidal thought or feeling of worthlessness as before.

Perception: There were no perceptional disorders of any form.

**Cognitive functions**:

**Consciousness**: she was fully conscious.

**Orientation**: Was well oriented in place and person and in time.

**Concentration**: It was good as she passed the series 7 test

**Memory:** had good memory both long term and short term. The patient could remember 3 different objects pointed out and asked after 5 minutes.

**Abstract thinking**: It was intact as she gave the proverb:’ haba na haba hujaza kibaba’ and said that it meant that if someone saves money with time it accumulates.

**Judgment**: Her judgment was good. She correctly says that if she picked an addressed letter with a stamp on it she would take it to the nearest post office.

**Intelligence**: the patient was in intelligent in that she could save enough money to take care of her financial needs , she did not let her husband her make her have children when she was not ready and avoided marrying a man who would mistreat her.

**Insight**: the patient is well aware that she is unwell and knows that if she continues taking her medication she will get better.

**FORMULATION**

Mercy Wairimu, 26 yr old female patient, who came to Kenyatta first in 2007 accompanied by her mother because she was afraid to go anywhere alone. Mercy came complaining of palpitations, shortness of breath and chest pains, she said these problems started when she was a child and experienced them whenever she was sent anywhere alone. She is unemployed at the moment but is planning to open a salon in Murang’a, where she resides with her mother.

She is the last born in a family of 4 children. All her family members drink alcohol, except her. Her grandparents used to brew alcohol. Although there is no history of mental illness in the family, she believes that her siblings are mentally ill and escape reality by drinking alcohol. Her father passed on due to diabetes related disease. He was a known alcoholic and a violent man. Her father’s violence instilled fear in her but he never sexually abused her.

Mercy performed poorly in school due to school refusal and truancy, this was due to visual hallucinations and fear of being alone. She had menarche at 18 and says her puberty was delayed. She lost her virginity at 25, to her husband. She decided to get married to a born again Christian who would not be violent or a drunk. She left her husband in February 2010, because he was pressurizing her to have children but she was not ready. Her husband did not know about her condition and when he saw her taking her medication he thought she was using contraceptives. She only has one friend whom she can confide in.

The patient was well kempt, maintained eye contact during the interview. She said she had suicidal thoughts and felt worthless but does not feel the same anymore. Mercy says she is happy. She lacks perceptual abnormalities at the moment although she had visual hallucinations before she was put on medication. The patient has insight, is intelligent was attentive and concentrated throughout the interview. She is currently on Venlaflaxin.

**MULTIAXIAL DIAGNOSIS**

**Axis 1: Clinical psychiatry disorder**

 Panic Disorder with Agoraphobia: As evidenced by fear of going to anywhere alone and avoiding people. The patient also experienced palpitations, dyspnoea and pain in the chest, synonymous with panic attacks.

Differential Diagnosis:

* Depression: suicidal thoughts and feeling of worthlessness.

**Axis 2: Personality and developmental disorder**

Avoidant personality: shows social inhibitions due to fear of criticism and feeling of inadequacy.

**Axis 3: General medical condition**

None

**Axis 4: Psychosocial stressors**

Patient’s illness may have been triggered by father’s alcoholic and violent nature, and the fear that she developed towards him.

**Axis 5: Global assessment of function**

GAF score=75-80...She may not be functioning fully due to movements in her fingers.

**MANAGEMENT**

Investigations

Perform a random blood sugar test, since the patient is at risk of being Diabetic.

**Treatment**

**Pharmacotherapy**

Anxiolytics; Buspirone

Anti- depressants: fluvoxamine

**Psychotherapy**

**Family therapy**

The patient and family members should be counseled about the patients’ illness and support her any way, especially morally.

**Social Therapy**

The patient should join a social organization that would enable her build her confidence and be free to socialize with other people.

**Group therapy:**

This will enable her to meet other people with similar problems and help reduce her isolation

**Prognosis**

The patient has a high chance of getting better due to the fact that she takes her medicine and can now talk to group students what she could not do before.

**BIPOLAR MOOD DISORDER: MANIC PHASE**

**BIODATA**

**NAME**: JOHN GAITUNGU

**AGE**: 18 YRS

**SEX**: MALE

**MARITAL STATUS**: SINGLE

**EDUCATION**: FORM 3 DROPOUT

**RELIGION**: CHRISTAN, <PENTECOSTAL>

**WARD**: 5M

**RESIDENCE**: UTHIRU NAIROBI

**DATE OF ADMISSION:** 6TH JUNE 2010

**MODE OF ADMISSION**

Brought to Mathari hospital by pastor, his father and a neighbor.

**PRESENTING COMPLAINTS**

Alleges attempting suicide - tried to set himself ablaze in his room

Violence and arrogance

Destruction of property

Talkativeness

Grandiosity

**HISTORY OF PRESENTING COMPLAINTS**

John was well until 3 weeks ago when he tried to commit suicide by setting his room ablaze

He had been beaten and tied by his father for 8 hours

He was refuted to go to the national theatre which he had got used to going and he was passionate about

The violent behavior was present since he was in primary school he could fight when he disagreed with friends on simple issues

Destruction of property

At one point he killed their landlords chicken

He also broke their family TV

Talkativeness

He claims to be a celebrity at school because of his talkativeness and cracking jokes

Grandiosity

Felt like he is the next big thing and says he has a big acting talent and can be Obama

Claims he is a genius

Calls himself a black Jew

**PAST PSYCHIATRIC HISTORY**

None

**PAST MEDICAL HISTORY**

Treated for typhoid

**FAMILY HISTORY**

1st born in a family of six: father, mother, 1 sister and 2 brothers

Father: 47 yrs nicholus muriuki

Occupation: entrepreneur sells fuel

Good relationship he is harsh and aggressive at times and he beats him up when he makes mistakes

Mother: 40 yrs Nancy mugure

Occupation: sells cereals

Good relationship people claims she is his sister and they laugh a lot together

1st born: the patient

2nd born: Patrick murithi 15 yrs

Class 8 little sibling rivalry claims he does not take his advice<read and not watch world cup>

3rd born mercy wanja 6 yrs

Preunit school good relationship she is a friend and goes to church together

4th born: Emmanuel munene 7 months old

Good relationship considers him an angel

No psychiatric conditions in the family even extended one

**PERSONAL HISTORY**

Prenatal and perinatal history

Wanted pregnancy

No birth complications

Vaccinations all given according to k.e.p.i

Childhood

All milestones normal, violent attitude, late childhood

**EDUCATION**

Happy day nursery school; preunit and nursery

Primary school

Class 1 gk primary

class 1-3 creative juniour academy

Class 4-7 nduraru primary kawangware

Class 8 creative best care juniour academy

K.c.p.e 302/500

Secondary

Rungiri high school

Up to current where he dropped out

Bad relationship with teachers they consider him a crook pretender stubborn at times word fight with teachers

Indiscipline cases

Performance dropped too many things like going to theatre and truancy propped up

**PSYCHOSEXUAL HISTORY**

Virgin though had a girlfriend at class 6-7

He claims she left him because he was deteriorating in performance has no other since

**FORENSIC HISTORY**

None though claims that some cops who know usually take him home if he is found in mistakes

**SOCIAL HISTORY**

Has and likes making many friends plays soccer likes acting visits national theatre

**DRUG HISTORY**

Does not take alcohol nor smoke no other psychoactive drugs consumed

**PREMORBID PERSONALITY**

Jovial and likes to crack jokes and making friends

**MENTAL STATUS EXAMINATION**

1. **General appearance and behavior**

Appearance-well kempt

Attitude –friendly and co-operated well

Gait and posture-no abnormal movements

Motor activity – no mannerisms

Social manner and nonverbal behavior

Eye contact-good

Rapport-was established

1. **Speech**

Coherent

Tone normal

Volume audible

No echolalia or perseveration

Flow normal

1. **Emotion**

Mood euthymic

Affect congruent

1. **Thought**

Thought form grandiosity want to be a big guy like obama He is a black Jew

Flow was normal

Thought content No delusions

Thought control had no thought withdrawal no broadcasting and no insertition

1. **Perception:**

No illusions, hallucinations or distortions

1. **Vegetative functions**:

Sleep appetite and bowel emptying all normal

**COGNITIVE ASSESSMENT**

Conscious

Orientation normal in place time and person

Attention and concentration good was able to maintain concentration throughout the interview

Memory

Recall; recalled examiners name

Recent; able to recall what he took for breakfast

Remote; good able to narrate his childhood and past

Intelligence; normal

Abstract thinking; good can say and narrate a proverb

Judgment; good

Insight; partial

Complains and laments to be among insane patients and he is not one of them

But says he will comply with medications

**FORMULATION**

John is an 18 yrs old form 3 dropout male residing in uthiru with his parents and 3 siblings

He was admitted in mathari hospital on 6th of June 2010 in company of the father pastor and a neighbor with allegations of violence destroying property talkativeness and grandiosity

He was well till 4 weeks ago when he developed above symptoms

He is the 1st born in a family of 6 father mother and 3 siblings

No family history of psychiatric condition

John has a partial insight claims that he is not insane as people say and should not be in company of mathari patients

But he can take his medication to get well

He has grandiose delusions with intense desire to very successful like obama, could even imitate his speech.

**MULTIAXIAL DIAGNOSIS**

**Axis 1**

 **General psychiatric disorder**

Bipolar mood disorder:

Manic episode characterized by grandiosity, insomnia, increased talking

**Axis 2**

**Personality disorder**

None; milestone normal

**Axis 3**

**General medical condition**

None

**Axis 4**

**Psychosocial and environmental stressors**

Indiscipline cases and disagreement with teachers

People who call him insane

His father at times can be very harsh on him when he does mistakes

**Axis 5**

**Global assessment of function**

 His Global Assessment of Functioning is 61-70. Symptoms are mild and he can live a

Meaningful life

**MANAGEMENT**

Investigations:

Full Haemogram

 TFTs to rule out hyper/hypothyroidism

 U/E/C to rule out other metabolic derangements

 Head CT-scan to rule out brain lesions

 TPHA for syphilis and Western blot for HIV.

Pharmacotherapy:

Mood stabilizers-Either Carbamazepine, Sodium Valproate, Lithium

Carbonate, Lamotrigine, Gabapentin or Topiramate.

Neuroleptics-Haloperidol or Risperidone to control psychotic symptoms. Lorazepam to control agitation and insomnia. Fluoxetine (SSRI) for depression.

Psychotherapy: Individual therapy and family therapy

**PROGNOSIS**

Good social support and Good premorbid personality and conduct

 No co-morbid disorder

The risk of progression to antisocial personality disorder is still present even with the good prognostic factors.

**ADOLESCENT CASE**

**CONDUCT DISORDER**

**Biodata**

**Name:** Jeremiah Omondi

**Age**: 16

**Sex**: Male

**Residence:** Kibera

**Occupation**: Student

**Marital status**: Single

**Clinic**: Youth Clinic-KNH.

**Mode of Referral**

Jeremiah was brought by step-mother, Millicent Juma, to the Youth clinic, KNH.

**Presenting Complaints**

Not eating at home

Staying out from home often

Smoking bhang

Frequent fights

Indiscipline at school

**History of Presenting Complaints**

He was suspended from school 19/02/2010 after he was found in possession of marijuana. The school principal suggested that Jeremiah attend counseling while the school determined whether or not to re-admit him.

Jeremiah claimed that the drugs were not his and that he was merely acting as a middleman between the buyer and seller, both of whom are fellow students at the school.

He said that his fellow students denied ever having supplied him with the drugs as they did not want to run into trouble. He denied using the drugs.

**Corroborative History**

His step-mother said for the past three years Jeremiah’s behavior had become worse. He refused to eat at home, stayed out late a lot and that in the past year he has been seen smoking bhang and getting into fights more often. Before he was transferred to the boarding school, Jeremiah had started walking around with a sack collecting scrap metal and stealing items to sell.

**Past Psychiatric History**

He has no history of any psychiatric illness

**Past Medical History**

He has no history of any major illness

**Medication**

He is not on any medications

**Family and Social History**

Jeremiah’s father, James Omondi, is 43 years old and works in Industrial Area. He is married to Millicent Juma. He is HIV positive.

Jeremiah’s birth mother died from AIDS in 2001.

His step-mother is 36 years old and is a house-wife. She is HIV positive.

Jeremiah is the 3rd born with 2 sisters, 1 brother and 2step-brothers and a step-sister.

His elder brother, Luke Otieno, is 20 years old and he works as a manual labourer.He uses bhang.

His elder sister, Lucy Atieno, is 18 years old. She dropped out of school in class 7 because she got bored with school. She is unemployed.

His younger sisters, Janet Achieng who is 14 yrs old and step siblings are well and attending Olympic primary school.

Jeremiah generally gets along with his siblings. He has been arguing with his parents because of his disobedience and misbehavior i.e. petty theft, staying out late. Both his father and his elder brother are responsible for disciplining him usually by beating him.

Jeremiah usually stays out late after being disciplined. His step-mother said that his siblings are better behaved.

**Personal History**

Prenatal/Postnatal/Infancy history

 Could not be obtained

Schooling:

He started school at Undugu society primary school. He could not remember what specific age he started school but it was late due to financial constraints.

His step-mother says that his performance at school was good. He stayed there until he completed phase 4(equivalent to classes 4 & 5). He was then transferred to Kajiado primary school last year where he joined class 5. His performance at the school has been average.

**Psychosexual history:**

 None

**Social history and Hobbies:**

He said he has many friends with whom he gets along well. He likes watching action movies and football.

**Drug abuse history**:

He denied using alcohol or tobacco and bhang although he has friends who smoke

Bhang. His step-mother claimed otherwise.

**Forensic history:**

 None

**Present social circumstances**:

He is currently living with his parents and siblings in a single roomed house in Kibera. He says poverty is the major stressor in his life and that’s why he resorted to selling scrap metal and stealing.

**Premorbid personality**:

His step-mother says that as a child his behavior was normal and his performance at school was average.

Mental State Examination

Appearance: Unkempt, posture and gait were normal, no abnormal movements and he could

 Maintain eye contact.

Speech: It was spontaneous, tone was normal, volume was audible, rate was normal and there was coherence.

Mood: Felt angry for having been suspended from school.

Affect: Congruent to mood, appeared irritated.

Thought: Form: He had no flight of ideas, no derailment, no incoherence.

 Content: No delusions

 Control: Has no thought withdrawal, no thought broadcasting and no thought

 Insertion.

Perception: No hallucinations, no illusions

Cognitive functions:

 Orientation-normal

 Insight- He knew he was wrong for engaging in drug but he didn’t seem to regret his actions.

 Judgment- normal

 Attention- normal

 Concentration- normal

 Intelligence- normal

 Memory- normal

**FORMULATION**

Jeremiah Omondi is a 16 year old primary school student who was suspended from school for bhang possession. He claimed he doesn’t smoke bhang though corroborative history from his step-mother suggests the contrary. He has a history of disobedience, petty theft and fighting. His friends abuse bhang. His biological mother died of AIDS in 2001 and his parents are HIV positive. They live in Kibera sharing a single room all the nine family members.

His major stressor in his life is poverty.

He had no history of any psychiatric or major medical illness. There is no history of any psychiatric illness in his family.

**Multi-axial Diagnostic Criteria**

**Axis I: Psychiatric diagnosis: Conduct disorder**

DSM-IV symptoms: adolescent, shows persistent deceitfulness, theft, staying out late despite parental prohibitions, lack of guilt.

**Axis II: Personality disorder and mental retardation**

 **None**

**Axis III: General medical conditions**

 None

**Axis IV: Psychosocial and environmental problems**

 Jeremiah lives in a crowded environment with his family (9 people in a single room).

 Financial difficulties.

 Death of the mother and the fact that his live parents are HIV positive.

 His close friends and his elder brother smoke marijuana.

 Beating from father and elder brother as a form of discipline.

**Axis V: Global Assessment of Functioning**

 (71-80) Transient and expectable reactions to psychosocial stressors.

**Management Plan**

Investigations: Psychiatric evaluation

Psychotherapy: Cognitive Behavior Therapy

 Family Therapy

 Peer group Therapy

**Prognosis**

Good prognosis: Late onset of disorder,

 Good social support

 Good premorbid personality and conduct

 No co-morbid disorders

The risk of progression to antisocial personality disorder is still present even with the good prognostic factors.

**SCHIZOPHRENIA**

**BIODATA**

**NAME**: Clement Odhiambo

**AGE:** 25

**SEX:** Male

**RESIDENCE:** Kombewa, Kisumu

**MARITAL STATUS:** Single

**RELIGION:** Catholic

**OCCUPATION:** Prison warden

**MODE OF ADMISSION:** Involuntary. Admitted in the company of colleague police wardens.

**WARD:** 9M

 **PRESENTING COMPLAINT**

Quarrelling

Talking a lot

Burning mattress

Claiming to hear voices

Seeing objects which other people don’t see or perceive

Not sleeping

Violence

**HISTORY OF PRESENTING ILLNESS**

Clement was well until January of 2010 when his colleague police wardens at Thika Prisons noted a change in his behavior, he could talk a lot, quarrel people for no reason, he turned violent burning mattresses claiming one of his colleague had placed a juju on the mattress. He claimed his colleague had a plan to kill him since he was jealous of his future plans since he had shared his secrets with him. He was admitted on 17/01/2010 in Mathari hospital.

**PAST PSYCHIATRIC HISTORY**

Clement had been diagnosed with depression last year at Thika District Hospital where he was an outpatient on five different occasions.

**PAST MEDICAL HISTORY**

Alleges to have suffered severe headache and malaria as a kid and was admitted for two weeks.

**FAMILY AND SOCIAL HISTORY**

Clement is the second born in a family of 3 boys and 2 ladies.

His 50 year old father, Maurice Odhiambo, worked for Alico Insurance Company. They separated with the mother when Clement was still young and he doesn’t know of his current whereabouts.

Her 45 year old mother, Melenia Adhiambo works as an Administrator at D.O’s Office. She has brought them up all by herself.

The siblings include Anthony Okello who is married and is a casual laborer, Patrick Onyango a local businessman, Maureen Achieng who is now married and last born, Berryl Atieno who is in primary school.

There is no history of psychiatric problem in the family.

**PERSONAL HISTORY**

Pre and Peri-natal history: Unremarkable

Developmental Milestones: No delay noted in early childhood development.

School Age: Attended Ndiemo primary school,he was an average performer in class. He had a good discipline record and never involved in truancy. He later joined Nyagondo Secondary School after completing primary level education. He could frequently miss classes because of lack of school fees but he managed to complete his secondary level education. He later trained as a prison warden.

 Psychosexual History: He couldn’t reveal the primacy but he alleges to have had a mistress when working as a warden who they frequently had sex.

Occupation: Worked for G4S Securicor’s as a guard for 1 year before joining Thika Prisons as a prison warden.

Drug and Alcohol History: Used to abuse alcohol until 2008 when he alleges to have stopped because he could become violent and talk too much when drunk. He has never smoked or abused other drugs.

Hobbies: He enjoys playing football and reading novels and newspapers.

Forensic History: He has never been arrested or involved in any criminal activity.

Pre-morbid Personality: Less talkative, not temperamental, sociable, describes himself as a ‘cool guy’.

**MENTAL STATE EXAMINATION**

**Appearance**

He was casually dressed with no evidence of self neglect, his posture and gait were okay, and He could maintain eye contact.

**Speech**

His speech was coherent, rate was slow, tone was normal, volume was audible, pitch was normal, flow was continuous, and there was clarity. He had no pressure of speech and no flight of ideas.

**Mood**

Sad, mood is congruent with thoughts.

**Affect**

Tearful, there is congruency with mood

**Thought**

Thought form:

He had no flight of ideas, no derailment, and no incoherence.

Thought content:

He has delusions, believes his fellow prison wardens have brought him ‘juju’ and are planning to kill him. Have delusions of guilt for revealing his secrets to his fellow prison warden which he alleges has brought him misery. He also has homicidal ideation on the father for abandoning them when they were young.

Thought control:

Have no thought withdrawal, no thought broadcasting and no thought insertion.

**Perception**

Has commentary auditory hallucinations, he hears voices commenting on everything he is about to do. He also has visual hallucinations; he claims to see the dead grandmother and converses with her.

**Cognitive functions**

His consciousness was good, he is well oriented in time and place, has a good attention, his concentration was good, his intelligence is good, his short-term and long-term memories are intact.

**Insight**

Good

**Judgment**

Good

**CASE FORMULATION**

Clement Odhiambo is a 25 year old male from Kisumu, worked as a prison warden at Thika Prisons. Admitted to Mathari Hospital in the company of a colleague with complaints of violence, talking a lot, burning mattresses, hearing voices and seeing things that other people could not see. He had been treated before 5 times at Thika District Hospital with depression. He is the second born in a family of five, his parents were separated since he was young and there is no history of family psychiatric problem. He doesn’t abuse alcohol or drugs.

He is sad and tearful, has delusions (believes his fellow wardens have brought him juju) and homicidal ideation’s on the father for abandoning them, has visual hallucinations (sees dead grandmother) and commentary hallucinations.

**MULTI-AXIAL DIAGNOSIS**

**Axis 1: Clinical Disorder: Schizophrenia- Visual and auditory hallucinations, Delusions**

 Subtype: Paranoid

 **Differential Diagnosis**: Schizophreniform psychosis

 Schizoaffective disorder

 Mood disorder

**Axis II: No development derangement.**

**Axis III: No physical disorders or other medical derangements.**

**Axis IV: Psychosocial and environmental factors**

 He regrets sharing secrets with colleagues

His parents’ separation.

**Axis V: His global assessment of functioning is 61-70**.

Symptoms are mild, one can live a meaningful life.

 **INVESTIGATIONS**

Hematological: FBC with differentials

Biochemical: TFT to exclude hypo/hyper-thyroidism, U/E/C to rule out other metabolic derangements, RBS.

Immunological: HIV (ElISA test) and Syphilis (TPHA) tests.

Radiological: Head CT scan or MRI to exclude brain lesions.

**MANAGEMENT**

Pharmacotherapy: Antipsychotics- Haloperidol

 Risperidone

 Lorazepam

Use a single antipsychotic and change over if they are ineffective after a 6 week trial period.

Psychotherapy: Individual counseling and family therapy.

**Prognosis**: Good. He is complying with medication and has a supportive family. There is no

Family history of psychiatric problem, Good premorbid personality and absence of co-morbid disorders. Course: Maintenance should be continued for at least one year