**BIPOLAR MOOD DISORDER**

**PATIENT’S BIODATA**

**Name**: David Munyoke Mutisya

**Age:** 41yrs

**Gender:** Male

**Ward:** 8M

**Marital status:**  Single

**Religion:** Christian

**Residence:** Machakos

**Occupation:** Artist(musician)

**Mode of admission:** It was involuntary, Patient was brought in by his aunt to

 Mathare.

**CHIEF COMPLAINT**

He was alleged to be:

* Aggressive and violent; fought his colleague in school.
* Talking a lot.
* Excessive alcohol drinking.

**HISTORY OF PRESENTING ILLINESS**

The patient`s problem began last year where he resolved into heavy alcohol and marijuana abuse following frustrations of dropping out of school . H also reports being angry about the situation.

Alleviating factors include company. His maniac episodes would usually result in violence, alcoholism and overindulgence in distractable activities.

Vegetative symptoms included reduced sleep, weight loss and increased sexual appetite.

**PAST PSYCHIATRY HISTORY**

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

* A rehabilitation Centre in Asumbi 2nd August 2013

He reports a history of depression while he was at school, Strathmore college.

Has suffered from depression in the past precipitated by low standards of living, however never attemted suicide.

This is the first admission in Mathare Metal Hospital.

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

**PAST MEDICAL HISTORY**

He has never been admitted before due to any medical condition and has never undergone any surgical procedure.

No seizures/convulsions.

He has no known allergies to any medications.

**FAMILY HISTORY**

Both his parents are late and were living together at the time of death.

Father(2002); Mother(2012). He associates his low mood to his parents death.

He is the 2nd born in a family of two siblings.

* The 1st born is his sister who is dental technologist; studied at Methodist University.
* Then his younger sister aged 19 , form 1 student, has also had visits to counseling services.
* He attended school up to college, however did not complete his CPA course. Reached level 2.

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 his elder sister due to drug abuse; but seeks to make things better.

**PERSONAL HISTORY**

**Prenatal, perinatal and early childhood**

The patient was born in 1973. His birth was planned and not accidental and his mother had normal length of gestation.

He was born in a hospital.

He was a normal baby at birth and his 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 at Kathama township. He was a good performer overall but especially in Maths where he says he would top the class.

He loved school and related well with peers and teachers.

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

He joined Kamari high school, he was an average student, made friends and related well with teachers. He achieved grade C+ in his final exams. He later joined Strathmore college where he reached CPA Section 2.

**Sexual history**

He had normal puberty

His first sexual experience was when she was 17 years old and it was by consent.

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

**Marital history**

He has no spouse.

**Hobbies**

The patient enjoys singing, he is a musician.

**Social history:**

The patient is very social with people around him. He drinks alcohol especially at the bars with company . His drinking started due to frustrations in college.

He would drink every day and during the holidays the drinking increased.

He agrees that his drinking is a problem.

He is not a chronic smoker, however tried marijuana for a while.

Religious Christian.

**Forensic history:**

He has no history of crime and has never been arrested by the police. He has been a law abiding citizen.

**PREMORBID PERSONALITY**

He was a happy social person who related well with other people.

**MENTAL STATE EXAMINATION**

1. **General Appearance and Behaviour**

He is kempt. However, he has a rather sluggish walk and has a normal posture. He is of ectomorphic stature.

**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. He is able to interact during the interview

1. **Mood**

 Normal

1. **Thought process**

Normal.

No circumstantiality, no tangetiality, 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.

Attention and Concentration- Good. He could do serial 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 his life events. Able to remember a no. I gave him, able to remember what he took for lunch and breakfast. Able to name all the past and present Head of State.

Abstraction thought: Good. He was able to give meaning of a simple proverb “Asiyefunzwa na mamaye hufunzwa na ulimwengu”

Insight: The patient is fully aware of being mentally ill. He wants to make things right with his sister.

Judgment: Good. He help a lost child by taking him/her to a police station.

**FORMULATION**

David Munyoke Mutisya is a 41 year old male who was brought to the hospital by his sister due to complaints of excessive alcohol consumption and being violent, dangerous to herself and others. He has history of psychiatric treatment in 2013. The patient is currently on his way to recovery as evidenced by increasing insight and dealing with the consequences of the maniac episodes. He 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.

**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.

**ANXIETY DISORDER**

**PATIENT’S BIODATA**

**Name**: Paul Kamau

**Age:** 40 years

**Gender:** Male

**Marital status:** Married

**Religion:** Christian

**Residence:** Kericho

**Occupation:** Unemployed

**Ward:** Presented at Clinic 24 in Kenyatta National Hospital during Clerkship on

 24TH September 2014

**Mode of visit:** Voluntary. He came unaccompanied.

**CHIEF COMPLAINT**

* Fear of unfamiliar crowds.
* Palpitations
* Onset insomnia. He is finding it difficult to sleep when he goes to bed.
* Headache
* Tremors

**HISTORY OF PRESENTING ILLINESS**

The patient was well until 1999. He has been jobless for a while, seeking employment from construction sites which he would get at times and this led to his frustrations and development of symptoms.

**PAST PSYCHIATRY HISTORY**

 Admitted to Mathare hospital in 2001 following episodes of palpitations headache, tremor and fear of crowded places. He frequently visits Kenyatta Hospital for check ups and clinical reviews.

**PAST MEDICAL HISTORY**

* He tested positive for HIV in 1999
* He was treated for syphilis in 1999.which recurred again this year and he is undergoing treatment for it.
* Diagnosed of cryptococcal meningitis in 2005.

**FAMILY HISTORY**

Both her parents are alive and still living together.

His mother, Sarah Wangeci, 66 years of and is a farmer. She is of sound health except for a few tremors.

His father Henry Kamunye, 81 years old is a business man in Eastleigh.

Paul is the 5th t born in a family of six siblings.

* The 1st born - John Gitau was born in 1963. Lives in Mihoko and was retrenched from Kenya Power Company where he used to work.
* The 2nd born –Mary Waithera died in 2010.She died of breast cancer. She was born in 1965 studied till form 4. She is married with a family.
* The 3th born - Patrick Kilungu died in 2005 of unknown cause while being treated in Maragwa Hospital. He was born in 1967 and studied until form 2.
* The 4TH born - David Njoroge works as a nurse in Kenyatta National Hospital.
* The 6th born –Duncan Kathetho was born in 1980 and is a business man

He has a good relationship with all his family members.

No history of alcoholism, suicide attempts or drug abuse.

There is no family history of any psychiatric or chronic medical condition.

**PERSONAL HISTORY**

**Prenatal, perinatal and early childhood**

The patient’s pre and post natal history are normal.

The patient had no major traumatic experience during development

**Education and adolescence**

He went to nursery school when he was 7 years old at Gathera nursery school. He then went to Gathera primary school in class 1, he repeated class 1.

He had several friends in school. He did KCPE and attained 299/700 marks .He proceeded to Gathera secondary school. In form 2, he had problems with one of his teachers who alleged that he had led a strike in company of other students. He was expelled and he joined Maragwa secondary school where he studied in 1993 and 1994. He did not read in form four but just registered for KCSE. He did KCSE and has never gone to see his results.

**Occupational history**

After school he went to Eastleigh and began making money by doing business of selling bags for 5 years, from 1998 he worked as a barber and went back home in 1999. He has worked in several places at construction sites and currently manages his father’s plots in Maragwa. After onset of his problem, he could not work as before. He is stressed that his age mates are prosperous and age is catching up with him.

**Sexual history**

His first sexual encounter was when he was 15 years old.

He has had several sexual partners. He is sexually oriented.

**Marital history**

He is married to Grace and is a father of 4 children.

**Social history:**

He used to be a chronic alcoholic but stopped.

He only takes alcohol, 4-5 cups during celebrations for example dowry payment. He does not smoke cigarettes and does not use any other substance abuse.

**Forensic history:**

He has been arrested by police twice. In 2005 and in 2012. Due to misbehaving after excessive alcohol drinking.

**PREMORBID PERSONALITY**

He lived a stressful life before and after illness.

**VEGETATIVE SYMPTOMS**

His appetite is good.

His bowel habits are normal.

He has insomnia; he is unable to initiate sleep.

His libido is normal.

**MENTAL STATE EXAMINATION**

1. **General Appearance and Behaviour**

Middle-age 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

Tone: normal

Volume: normal

Speech was coherent.

**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 and depressed

1. **Thought process**

There is no thought disorder. Thought process is normal. He has recently had suicidal ideas in 2014 but has not attempted.

**COGNITIVE EVALUATION**

**Level of Consciousness** - Fully conscious

**Orientation** - Well oriented in place, time and person.

**Attention and Concentration**- Good. He 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:** Good. He gave the meaning of kikulacho ki nguoni mwako as, your very friends can be the source of your problems..

Insight: The patient is fully aware of being mentally sick

Judgment: Good. When asked what he would do in a situation of a burning house with a baby inside, he would go and save the baby.

**CASE FORMULATION**

Paul Kamau, is a 40 year old male from Maragwa, married with 4 children. He presented with symptoms of: fear of crowds, palpitations and insomnia which have lasted since 1999 and began after he went looking for a job and did not get any. Was admitted to Mathare hospital in 2001 and had presented with similar symptoms. He has had several episodes of depression. He is HIV positive, has ever had syphilis and meningitis. No history of psychiatric illness in the family.

A mental state exam reveals a well groomed man, normal gait, coherent speech with moderate tone, pitch and volume, a depressed mood, a congruent affect, no perceptual disorder and normal thought process however with suicidal ideations. His cognitive function test reveals good memory, judgement and abstract thinking. He has good insight. His concentration is poor.

**MULTIAXIAL DIAGNOSIS**

**AXIS I (Principal diagnosis)**

Anxiety disorder

He has Fear, Headache, Palpitations, insomnia

**Differential diagnosis**:Social phobia

 Substance induced anxiety

**AXIS II (Personality disorder)**

No collaborative history

**AXIS III (General Medical Condition)**

Syphilis, meningitis, HIV positive

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

Financial stresses, unemployment, social stresses.

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

He can still perform his daily duties and is still productive

**MANAGEMENT PLAN**

**Investigations**

Laboratory investigations including, urea, electrolyte, creatinine, liver function tests, renal function tests, hemogram thyroid function test, to exclude any underlying cause of his symptoms.

Radiological investigations like chest x-rays and also echocardiogram to exclude any condition in the lung or heart.

**PSYCHOSOCIAL TREATMENT**

**Psychotherapy**

*Cognitive behavior therapy to enable him change his thoughts so that he can change his behavior.*

Family therapy-educate the family about his condition so that they can be supportive.

**Pharmacotherapy**

Antidepressants can be given, TCAs and SSRIs

Benzodiazepines and buspirone can also be administered to relieve anxiety

**PROGNOSIS**

Good

Condition is well managed

**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.

Bizarre behavior: picking rubbish, quarrel and fight with the brother.

Disturbs people and when asked become violent for 1/52.

**HISTORY OF PRESENTING ILLINESS**

The patient`s problem started when he was in standard 6; twelve yrs ago where is used bhang, due to peer pressure. His substance abuse continued until recently when he developed bizarre behavior such as picking rubbish.

**PAST PSYCHIATRY HISTORY**

Has been to rehab nine months ago, March 2013, for three months due substance abuse.

**PAST MEDICAL HISTORY**

Has been receiving medication for ulcers.

No other applicable medical history.

**FAMILY HISTORY**

Paul is the last born in a family of four siblings.

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. Has no known psychiatric ailment.

**Mother** ; Magarett Mwikali 52 years old a Nurse in Machakos district hospital. The mother has no known medical condition or psychiatric ailment.

* **1st born brother** - Maalim Ndambuki, 35 years old gradute married and works with Flight emirates. Uses alcohol and cigarette.
* **2nd born sister** – Sarai Ndambuki 29years old married, studied upto a diploma level, sells vehicles.
* **3th born brother** - 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.

**PERSONAL HISTORY**

**Prenatal, perinatal and early childhood**

Thee patient was a wanted pregnancy was born through normal delivery. He does not remember whether he attained his milestones normally but says he had a peaceful and happy childhood.

**Education and adolescence**

The patient started school at 6 years of age. Went to Machakos primary school from class 1-4 where he was an average performer. Taken to boarding school in kitale where his performance was average and attained 325 marks in Kcpe. Started using drugs of abuse in boarding school. Later joined Machakos high school where he was expelled in form 3 when found with bhang. He loved school but he did not enjoy it that much.

**Occupational history**

Was a waiter in a pub for 6/12. Also worked in a cyber cafe before admission.

**Sexual history**

Not married, had a girlfriend when he was 18 years of age, not in any relationship currently.

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 and surfing the internet.

**Substance abuse**:

Started in boarding school, Kitale.

Abused spirits 3 bottles of 250 milliliters weekly.

Cigarette smoking 3 sticks daily.

Had abused heroin supplied by the cousin but stopped. Used it for 4 months.

**Forensic history:** Was arrested due to roaming at night. Bailed by the mother.

**PREMORBID PERSONALITY**

He was a joyful person.

**MENTAL STATE EXAMINATION**

1. **General Appearance and Behaviour**

Well groomed and of normal gait and posture. His standards of hygiene are commendable.

**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**: No flight of ideas or any disorders of thought form.

**Content:** No thought poverty, preoccupations, suicide, no delusions.

**Perception** Has visual and auditory hallucinations

**COGNITIVE EVALUATION**

**Level of Consciousness** – Alert.

**Orientation** - Well oriented in time, place and person.

**Attention and Concentration**- Good. He did the serial 7 well.

**Memory**:

Good working memory able to remember my name.

Short term memory good able to remember what he ate for breakfast and luch.

Long term memory good; able to name all past and present Heads of State.

**Abstraction thought:** Good. Gave the meaning of “haba na haba hujaza kibaba”

Insight: He has a good insight. He is aware that is mentally unwell and is willing to receive any form of treatment.

Judgment: Good. He would ask for help as he tries to rescue a child trapped in a house on fire.

**CASE FORMULATION**

Stephen Ndambuki is a 20 year old young adult, form 3 dropout who was brought voluntarily to Mathare Mental Hospital by the parents because of substance abuse for 6 months and bizarre behavior such as picking rubbish.

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.

**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 using free time, to develop friendship and to re-establish rewarding relationship with the family members.

**PROGNOSIS**

Good; Social support.

Aggravating factors are identifiable.

Acute onset.

**PSYCHIATRY LOGBOOK**

ATERA VICTOR MOMANYI

H31/39989/2011

CASES:

* SCHIZOPHRENIA
* MOOD DISORDER
* ANXIETY DISORDER
* ADOLESCENT

SUPERVISOR:

DR. MULINDI.

**SCHIZOPHRENIA**

**NAME:** Moyo Harrison Mao

**AGE:** 45

**SEX:** Male

**RELIGION:** Christian

**OCCUPATION:** No job

**MARITAL STATUS:** Single; has never married.

**RESIDENCE:** Githurai 44

**WARD:** 1M

**MODE OF ADMISSION:** Involuntary; he was brought in by his uncles.

**PRESENTING COMPLAINTS:**

Sad; 3months

Thinking a lot and staying indoors.

Hear people talking about him and of what he has become, “Amekuwa mwendawazimu”.

Purposeless motor function that make it difficult for him to speak.

**HISTORY OF PRESENTING COMPLAINT:**

The patient was brought in by his uncles following presentation of the above symptoms, he had social dysfunctions where he would stay indoors most of the time. He was preoccupied in his own thoughts and even heard voices of people talking of what he had become” Amekuwa mwendawazimu”. He is however not in fear of these voices.

**RELIEVING FACTORS:**

He feels better following medication and the purposeless movements cease.

**AGGRAVATING FACTORS:**

Stopping medication causes a recurrence of symptoms.

**PAST PSYCHIATRIC HISTORY:**

He has had no past episode of these symptoms neither has he been admitted before at a mental hospital. He denies ever having depression or visiting counseling services.

**PAST MEDICAL HISTORY:**

He has a surgical procedure to correct an abdominal hernia. He does not report of any chronic illness or past admission to a hospital.

**FAMILY HISTORY:**

Mother alive; Father died in 1995 and were living together at the time of his father`s death. Mother has no mental health problem. He says that he has had a good relationship with his parents especially in his childhood.

He has seven brothers, they are all in good health and he enjoys a decent relationship with each of them.

**PERSONAL HISTORY:**

Does not report any problem surrounding his birth or milestones. He does not recall of his upbringing, does not report any period of separation from his parents. Went to Ngomongo Primary where the patient had a happy moment with colleagues and teachers. Only missed school when out for fees.rrr He reached Class 8 and never proceeded to secondary education.

**SEXUAL DEVELOPMENT AND MARITAL HISTORY:**

His first sexual encounter was when he was 14yrs and it was by consent. He has never married and not in any relationship at the moment.

**OCCUPATION HISTORY:**

The patient has no job. He reports of staying at his parent`s home.

**SUBSTANCE ABUSE:**

Uses alcohol, cigarette and marijuana. Has three positive responses in the CAGE questionnaire; guilt, eye opener and annoyed when criticized about his drinking.

He consumes three glasses of “kumikumi” worth Ksh. 30 when he gets money.

**FORENSIC HISTORY:**

He has never been arrested.

**PREMORBID PERSONALITY:**

He was generally withdrawn and anti social with few friends.

**SYSTEMIC INQUIRY(Vegetative function):**

Libido he is not interested.

No pain from hernia reduction site.

Reports episodes of insomnia.

**MENTAL STATUS EXAMINATION:**

**Appearance and behavior:**The patient looks unkempt and his dressing portrays signs of self neglect. Grimacing of variable degree. No deteriorated appearance and manners.

**Gait and posture:**

Normal.

**Attitude:**

The patient is generally cooperative.

**Psychomotor activity:**

Has purposeless waxy flexibility.

**Speech:**

Rate is normal.

Volume is variable. Sometimes high and sometimes low.

Tone is normal.

Has derailment, incoherent speech.

**Mood:**

Euthymic mood.

**Affect:**

The mood and affect were incongruent. Inappropriate response; smiles when talks of his father`s death.

**Thought:**

Form there is loosening of association.

Content was normal.

**Perception disturbance:**

Auditory- the patient has 3rd person hallucinations.

No visual, gustatory, tactile or olfactory hallucinations.

**Cognitive function:**

Level of consciousness; alert

Well oriented in time, person and place.

Attention and concentration; good, managed serial 7 from 100.

Memory: Good working memory, able to remember a no. I gave.

Short term memory: Good, he is able to remember what he ate for lunch and breakfast.

Long term memory: good, he is able to name past and current presidents of Kenya.

Intelligence: He is of average intelligence with the ability to resolve, solve problems, apply previous knowledge to new situations and learn new situations.

Abstract thinking: Good, he could give meaning of proverb “Haba na haba hujaza kibaba”

Insight: He is aware he has a problem and that he requires some interventions medically.

Judgement: Good. He would seek help from a police officer if he comes across a lost child.

**FORMULATION:**

Moyo a 45yr old single adult male residing in Githurai, came presenting with positive symptoms, 3rd person auditory hallucinations, insomnia and purposeless waxy movements. The patient has insight into his condition.

**DIAGNOSIS:**

Schizophrenia.

**Lab Investigation:**

Full blood count.

HIV test.

Liver function tests.

Screening test for syphilis( RPR)

**Management:**

Pharmacotherapy:

a). Chlorpromazine

b). Haloperidol.

c).Benzodiazepines.

Psychotherapy:

a). Cognitive behavior therapy

b). Family therapy

c). Individual supportive therapy

d). Counselling therapy.

Psychosocial treatment with emphasis on social skills training to improve functioning and decrease relapse.

**PROGNOSIS:**

**Good prognostic factors:**

Acute onset.

Late onset.

**Bad prognostic factors:** Single, pre morbid personality and work history.