History & Physical

Identification:

Name: Mr. A.S.
DOB: 03/14/1997
Date & Time: July 6, 2020 1246
Location: Queens Hospital Center CPEP (Comprehensive Psychiatric Emergency Program)
Source of Information: Self, reliable
Source of Referral: Mother
Mode of Transport: EMS

Chief Complaint:

"theres no point in living because all you do is finish school and get a meaningless job"

History of Present Illness:

Patient is a 23-year-old Bangladeshi male, unemployed, domiciled with parents, with past psychiatric history of Bipolar and polysubstance abuse (Cannabis, Alcohol, Molly, Mushrooms, LSD) and no significant past medical history. Patient was brought in by EMS, activated by his mom secondary to suicidal ideations with plan to starve himself to death. Upon admission to CPEP Patient was acutely agitated, threatening staff, ignoring verbal interventions, and was then medicated with stat IMs of Haldol 5mg and Ativan 2mg for agitation and anxiety. No side effects noted and patient tolerated well. Pt was observed overnight asleep, no aggression, or behavioral disturbances noted.

Upon morining evaluation Patient was noted to be dishelved in dysphoric mood, blunted affect, withdrawn, feelings of helplessness, hopelessness, worthlessness, and anhedonic. Patient reported feeling depressed and still does not want to eat. Patient stated that he last ate or drank on 7/4/2020 at 7:30p. He reports last hospittilization was at Jamaica hospital in January 2020 for similar episode. He states he was prescribed Lamictal 250 mg and Abilify 20 mg, and was taking them for about 6 months but felt no change and turned to LSD. He states has been using illicit drugs (Cannabis, Alcohol, Molly, Mushrooms, LSD) beginning at age 18, for relief of symptoms of depression. He states that marijuana, "it makes me to forget things", and LSD, "makes me see colors and feel better". Patient reports that he last used LSD on Friday 7/3/2020 and has had depressive feelings since dropping out of college 3 years ago from "mental breakdown". When asked how he obtains these substances he states, from friends he is associated with. Pt denies any active auditory and visual hallucinations and homicidal ideation.
He states that he had a previous episode of mania after his grandmother's death "I was feeling that I am jesus and I can help everyone", " I was hospitalized then too". Pt reports history of engaging in self harm behaviors in which he superficially cut his wrist and attempted to strangle himself with a belt. Pt denies engaging in these behaviors recently.

Writer spoke with patients mother, Dr. Sen (917-519-4906) who stated patient is compliant with medications. Mom verbalzes awareness of patients substance abuse, she states she had him do weekly drugs tests before. Mother states patient has been hospitalized 3 times previoulsy and each time, he required IV fluids because he refused to eat/ drink. She is concerned for his well being, and requested to visit him and unsure what to do at this point. She states patient is not interested in school but "so close to graduating." She also provided information for patients private psychiatrist Dr. Madhu Rajanna, (718)268-9595 and he currently sees a therapist Nick Gavalos as well.

Past Medical History:

Patient denies any past medical hx.

Allergies:
Diphenhydramine (Benadryl), reaction: Itching

Medications:
Aripiprazole (Abilify) 20 mg Tablet
Lamotrigine (Lamictal) 250 mg Tablet

Family History:
Denies family hx of any psychiatric disorders.

Social History:
Patient is a Bangladeshi American, high school graduate, living with parents, currently unemployed, states that he worked several summer jobs in retail and most recently at a pharmacy prior to Covid-19 pandemic. Patient had been attending Stonybrook University and studying psychology but states that he failed out of college and transferred to York College. Patient reports difficulty functioning in school due to symptoms of Bipolar Disorder, states that he would often spend large periods of time sleeping in bed and would miss classes. When asked about leisure or meaningful activities patient states that he was able to engage in basketball and play video games but reports no experiences of joy or excitement "I just go through the motion and make pretend I look happy". Patient denies having a girlfriend or being sexually active. He states he has a good relationship with his mother but his relationship with his father is "non-existent, we rarely talk." He reports that he has history of not eating or drinking whenever his depression worsens. He admits to illicit drug use (Cannabis, Alcohol, Molly, Mushrooms, and LSD) a few times a week. No history of arrests or incarcerations.

Review of Systems: Psychiatric
Admits: feelings of depression/sadness, hoplessness, anhedonia, anxiety

Physical Examination
General Survey
23 year old Bangladeshi-American male is Alert and Oriented x 3, in no apparent distress, well-nourished/well-developed, dishelved, medium frame, medium build, slouched posture, sleepy but easily arousable and appears his stated age.

Vital Signs:
BP: 148/86 Pulse: 86 Resp: 18/min unlabored Temp: 98.3 °F (36.8 °C) oral O2 Sat: 99% on Room air
Height: 73" Weight 198 lbs. BMI: 26.1

Mental Status Exam

General

1. *Appearance*: AS is a tall, overweight and medium build, Bengali male with wavy black hair that ends by his ears and wearing black colored eyeglasses. He appeared disheveled but well-nourished/developed, laying in bed, and appeared his stated age. His hygienic state was unkept, noted body odor, not shaven. He had no scars, tattoos, or atypical body features. He was wearing the light blue patient clothing set.

2. *Behavior and Psychomotor Activity*: AS fidgeted for most of the interview while laying in bed. Patient appeared calm but guarded and internally preoccupied during the interview. He had poor eye contact as his eyes did not look up much during the interview.

3. *Attitude Towards Examiner*: AS was wary at first but eventually started saying more when asked questions. He was cooperative during the examination and I was able to establish rapport for the purposes of the interview.

Sensorium and Cognition

1. *Alertness and Consciousness*: AS was alert and his level of consciousness did not change throughout the interview.

2. *Orientation*: AS was oriented to person, place of the exam, and the date.

3. *Concentration and Attention*: AS had normal ability to concentrate on any directions throughout the interview. Although sometimes distracted by another patient that was loud in the unit.

4. *Capacity to Read and Write*: AS had normal reading and writing ability in English.

5. *Abstract Thinking*: AS was able to express abstract thinking when prompted to do so. When prompted by, "How is a banana like an apple," he stated, "They're fruits."

6. *Memory*: AS's recent, remote, and immediate memory were intact as he was able to recall his previous hospitalizations and medications, his mother's phone number, and recent use of drugs.

7. *Fund of Information and Knowledge*: AS intellectual performance was consistent with his level of education (some college). He had good knowledge of current and past events indicating that his intellectual functioning was in the average range.

Mood and Affect

1. *Mood*: AS mood was a combination of dysphoric, sad, depressed, and dysthymic. His his head was down and he was not smiling much.

2. *Affect*: AS's affect was sad and constricted.

3. *Appropriateness*: AS's mood and affect were congruent throughout the interview.

Motor

1. *Speech*: AS's speech pattern was normal in rate, rhythm and effort. He spoke in a low tone and volume.

2. *Eye Contact:* AS had poor eye contact throughout the interview.

3. *Body Movements*: AS had no extremity tremors or facial tics. His body movements were purposeful and not excessive. Prior to exam, he was in bed with sheets over his head.

Reasoning and Control

1. *Impulse Control*: AS has poor impulse control as indicated by his suicidal ideations, previous plans, and refusing to eat or give urine/blood for workup.

2. *Judgment*: AS's judgement is impaired. When suggesting he may have an impact on the world after graduating from college, he said "what's the point, to get a meaningless job." He did not have auditory or visual hallucinations, or paranoia.

3. *Insight*: AS has poor insight into his present condition. He refused bloodwork and urine analysis. As he does not believe killing himself would make a difference and how it would effect others. He reports no goals in life.

A: Patient is a 23-year-old Bangladeshi male, unemployed, domiciled with parents, with past psychiatric history of Bipolar I and polysubstance abuse (Cannabis, Alcohol, Molly, Mushrooms, LSD) and no significant past medical history. Patient was brought in by EMS, activated by his mom secondary to suicidal ideations with plan to starve himself to death. Differential diagnosis includes major depressive disorder, borderline personality disorder and Schizoaffective disorder.

Major Depressive Disorder: the patient exhibits > 5 depression symptoms, which have been present for more than 2 weeks.

Borderline Personality Disorder: the patient appears unstable, with unpredictable mood & affect, unstable self-image, suicidal and lacks impulse control.

Schizoaffective disorder: the patient exhibited a previous episode of grandiose delusion and mania and now presents with major depression episode.

P:
1) Admit to Extended Observation Unit (EOU) for observation and stabilization.
2) Labs: CBC, CMP, THC, UA, urine toxicology,and methamphetamines, COVID- 19 PCR Test
3) Start Abilify 20 mg Tablet and Lamictal 200 mg Tablet
5) Reevaluate in the morning for Inpatient Psychiatric admission and Cognitive behavioral therapy
6) Reassess suicidality and do safety plan

At this time, based upon current depressive symptoms and suicidal ideations, patient is deemed to be a danger to himself. Patient at this time has limited insight and judgement. He is still committed to "starving himself to death" in addition to not urinating or defecating. Patient is in need of further psychiatric evaluation and requires overnight EOU admission for observation and re-evaluation in the morning. Case discussed with attending doctor.

ICD-10-CM

1. Bipolar 1 disorder (HCC) F31.9
2. Polysubstance abuse (HCC) F19.10
3. Suicidal behavior without attempted self-injury R46.89