Diagnosis & Treatment of the Complex Psychiatric Patient-
An Interactive Case Study

Cindy Hayes, MSN, FNP-C, PMHNP-BC
University of Nebraska at Kearney
About BHECN

The Behavioral Health Education Center of Nebraska (BHECN, pronounced “beacon”) was created by the Legislature to address the shortage of behavioral health professionals in rural and underserved areas. BHECN recruits & educates students in behavioral health and trains & retains professionals in the workforce.

By increasing the number of behavioral health professionals, improving accessibility of behavioral health care, and building competence of the workforce, we are improving the health of all Nebraskans.

Learn more at unmc.edu/bhecn

Keep up with the latest events and trainings from BHECN: facebook.com/BHECN
About the Mental & Behavioral Health Care Webinar Series

Individual webinars will focus on common psychiatric disorders using a holistic approach to include cultural awareness, spirituality, interdisciplinary collaboration, psychopharmacology, and principles of recovery.

http://www.unmc.edu/bhecn/education/nurse-training.html
Acknowledgements

BHECN would like to acknowledge the collaboration with the American Psychiatric Nurses Association, NE Chapter (APNA-NE) in the development and implementation of this educational series.

Learn more at: www.apna.org
Presentation this evening

Cindy Hayes, MSN, FNP-C, PMHNP-BC
University of Nebraska at Kearney
“I have NO actual or potential conflict of interest in relation to this educational activity or presentation.”
Objectives

1. Use case-driven information to construct a differential diagnosis, refining list as more information is shared.
2. Refine medication/treatment options and therapy as patient assessment data indicates.
3. Identify possible co-morbid conditions/factors that need to be addressed as part of the treatment plan.
Background information

• 19-year-old female
• Hispanic
• Pt does not have insurance, but should have it within the year through dad’s new job
• She is attending UNK on a full financial-based scholarship and has to meet minimum GPA requirements
• Has started working with counseling. Stated she wants to “find out more about herself,” but would not elaborate. Has taken several self-assessments such as bipolar and generalized anxiety and is concerned that she has behaviors associated with these diagnosis.
• No prior counseling or medication
Presenting Problem

• May 10, 2013 - “My counselor suggested I talk to you”
• Ongoing problem with depression since around sophomore year in high school
• No identifiable trigger or precipitating events
• Depressed most of the time since then with an occasional day here and there when she feels happy
• Occasional, spontaneous anxiety-just feels like something bad is going to happen
Social/Family History

- From a small central Nebraska town
- Parents still married
- Is the oldest of 4 children (2 sisters, 1 brother)
- Family has been struggling financially for the past several years (Dad was laid off), but he is working again now
- Feels closest to her dad, gets along with siblings. Does not feel close to mom who has always seemed distant
- Undeclared major
- Works part time during the school year and full time in the summer at a grocery store
- Lives in one of the residence halls but goes home most weekends
- Family is not aware of symptoms or that she is seeking treatment
Symptoms/History of Present Illness

• Past medical history-
  – Regular development, menses are regular
  – Daily headaches since high school, has only seen family physician for this
  – No TBI or concussions
  – No other significant PMH
• Depressed with feeling of hopelessness
• Low energy and motivation
• Decreased concentrating ability
• Occasional anxiety-no panic attacks
• Not enjoying activities that she used to enjoy
• Difficulty functioning at school. Has been going to class but puts off assignments until the last minute
Symptoms/History of Present Illness Cont.

- No bipolar sx or mood swings
- No compulsive/impulsive behavior
- No s/s of eating disorders
- No self harm behaviors
- Low self esteem
- Not irritable or violent
- No hyperactivity
- History of suicidal thoughts with plan (ibuprofen OD) junior year of high school. Told younger brother and his reaction convinced her that this was not an option. No attempts
- Denies any visual, religious or olfactory hallucinations though states sometimes things look “weird”; pictures seem 3-D, walls look crooked. Pt feels strange and detached when this happens
Symptoms/History of Present Illness Cont.

• Reports ongoing auditory hallucinations, “hearing voices when no one is talking”, since sophomore year in high school. Not sure if depression or voices came first
• 3 male voices
  – Phil and Paul - present most of the time, make negative comments about her (fat b**, stupid b**)
  – Pat - occurs 1-2x week, tells her to kill herself or hurt other people
• She is able to resist the instructions, can ignore them much of the time, but sometimes they are stronger and more bothersome
Personal

- Denies any past abuse/trauma of any kind
- Occasional caffeine
- No alcohol use
- Ongoing problem with insomnia (early), often up until 3 am. Does not feel rested when she wakes in the am
- Has never been sexually active
Family History

• No significant medical history
• Is not sure about mental health- “they don’t talk about those things” but wonders about her mom because she sees her talking to herself a lot. Sometimes it seems like she is listening to something

Physical Exam

• Completely WNL
Diagnosis and treatment

• Differential Diagnosis at this point?
• Initial medication recommendations?
• Referrals/therapies?
• Further workup/evaluation?
• Issues/concerns?
• Additional information you would like to have?
1 Week Follow Up

- Taking meds as prescribed
- Initial nausea and dizziness has resolved
- Having daily HA in the evening (added ibuprofen/tylenol q. evening)
- Mood feels a little lighter, has a bit more energy
- No change in voices
- Sleep is inconsistent
- Exam WNL
2 Week Follow Up

- Still only taking ½ tab -has moved it to bedtime-making her sleepy
- Decrease in appetite but still eating regularly, No more HA
- Mood still better than before starting meds but is starting to slip a little
- Phil & Paul a bit quieter, Pat just as present
- Also hearing other sounds; video game, bells, baby crying-didn’t report before-not really bothersome
- Wondering about medicine for anxiety that she didn’t mention to NP before-reports social phobia, anxiety when around new people, larger groups-worrying about things excessively, feels like it does interfere with her functioning
- Exam WNL
- Med increase
June 17 Follow Up

- Medication received from company 6/12
- Taking as prescribed at 6pm
- Phil & Paul are much less present and bothersome
- Pat still not changed, but she is tolerating without distress
- Mood is unchanged-depressive sx persist, no suicidal thoughts
- Sleep is much better
- Sleepy with med but energized at the same time
- Affect a little more reserved and blunted today otherwise exam WNL
- Has told a friend about the depression & medication, but not the voices
- Has not told family anything about the treatment
- She continues to work with counseling, using the strategies to reduce anxiety, tearful when discussing voices
- Still no insurance, looking for a summer job
July 1 Follow Up

- Feels like medication effects are wearing off. Feeling more tired, less energy, voices are starting to come back stronger.
- Still feels down and depressed.
- Mood and energy are greatest concern.
- Sleeping a lot but doesn’t feel rested.
- Emoting more today. Exam WNL.
- Has talked to counselor more about anxiety. Has stated that Dad is very unpredictable and she never knows when he is going to get mad. Reports experiencing more emotions recently— not sure how to handle this. Feels like this was always discouraged at home.
Diagnosis and treatment

- Differential Diagnosis at this point?
- New medication recommendations?
- Referrals/therapies?
- Further workup/evaluation?
- Issues/concerns?
- Additional information you would like to have?
July 22 Follow Up

- Has been on current medication regimen for 3 weeks
- Pat is almost completely gone
- Phil & Paul are quieting down as well
- Has more energy and mood is starting to improve
- Anxiety seems to be increasing-strategies from counseling not helping
- Sleep is good
- Exam WNL
- Reviewed self-soothe sheet/strategies from counseling
- Pt to call with an update in 1 week
July 30 Phone Call

- Anxiety is decreasing
- Pat is gone
- Paul & Phil continue to decrease (approx. 5x day)
- Continue current treatments

August 28 Counseling Appointment

- Reports increased energy including anxious energy—very fidgety
- Still struggling with anxiety, feeling nervous and shy
- Pt Goals: become more social, more involved on campus, decreasing anxiety, expressing emotions
August 28 Follow Up

- Pat is gone, Paul & Phil unchanged
- Does not like antidepressant, not helping with mood anymore, increasing anxiety
- Classes are going well, living in a new hall, getting along with roommates
- Very positive and upbeat
- Reported to counselor sees walls moving or her extremities moving when they are not several times each week. Dissociative experiences scale completed
Dissociative Experiences Scales

• Average 36%
• 90% hears voices in her head
• 90% not recalling part of a trip while driving
• 70% looking at the world through a fog
• 70% realizing she didn’t hear all or part of conversations, 60% not recognizing self in a mirror
• 60% can’t remember if she actually did something or just thought she did
• 50% so involved in fantasy it felt like it was really happening
• 40% no memory for some important events in her life
Diagnosis and treatment

• Differential Diagnosis at this point?
• New medication recommendations?
• Referrals/therapies?
• Further workup/evaluation?
• Issues/concerns?
• Additional information you would like to have?
September 18 Follow Up

- Pat is still gone, Phil & Paul continue to talk to her and talk back and forth about her
- Anxiety and mood are better but feeling more tired
- Reporting to counselor less energy, low motivation, decreased appetite, poor concentration for about 3 weeks
- Swimming and attending activities with others
- Some days feel like a dream-has more energy and gets more done these days
- Also has days when she feels like she is in a fog
- Attending Zumba class
- Using her coping skills
- Overall she is very pleased with progress
October 2 Follow Up

• Noticed improvement in energy and mood after med increase.
• Recently not sleeping well again, only getting 6 hours a night, wakeful
• Under a lot of stress with mid-semester class demands, is still doing well in her classes
• Worrying more and can’t shut this off
• Paul & Phil are becoming clearer again, having harder time ignoring them, telling her she is fat, ugly
October 15 Counseling Appointment

- Struggling with interest in school and concentration
- Sleep is a little better
- Eating only once a day and drinking a lot of coffee
- Goals: eat regular meals, continue exercise, sleep hygiene
October 21 Follow Up

- Does not like the antidepressant, thinks it’s making things worse
- Friends have commented that she does not seem like herself
- She feels more depressed
- Has been eating at least two meals a day
- Sleep is a little better but still takes 30-60 minutes to fall asleep and wakes about 5x a night
Diagnosis and treatment

• Differential Diagnosis at this point?
• New medication recommendations?
• Referrals/therapies?
• Further workup/evaluation?
• Issues/concerns?
• Additional information you would like to have?
October 30 Follow Up

- Mood, energy and anxiety are better
- Sleep is a little better, less wakeful, still tired in the am though
- Voices unchanged but tolerating it better
- Pt is happy with progress and current medications
- Affect is brighter

November 12 Counseling Appointment

- Pt again denied any history of trauma or abuse, however when asked if she would tell counselor if anything had happened, she declined to answer
- States not always comfortable sharing things if there could be repercussions, doesn’t want to get anyone in trouble
November 20 Follow Up

- Mood stable
- Energy better
- Voices unchanged
- Sleep is still an issue
- Classes are going well, grades are good
- Eating regularly
- Denies any abuse/trauma
Diagnosis and treatment

• Differential Diagnosis at this point?
• New medication recommendations?
• Referrals/therapies?
• Further workup/evaluation?
• Issues/concerns?
• Additional information you would like to have?
December 16 Follow Up

- Tolerating new sleeping medication and it seems to be helping
- Mood, energy, motivation continue to improve
- Two remaining voices are quiet, though just as frequent
- Pt discloses that she has been having “blackouts” since 7th grade (about 3 years before the voices) approx. 1-2 x week
- First time, she was going to her locker and blacked out for over 10 seconds as reported by friends who were there
- She will be talking with people or hanging out and everything goes black for about 5 or 10 seconds
- She remembers everything before and after the incident, but not during
- Others have commented that she doesn’t seem to be listening
- Severity and frequency of these episodes unchanged since they began
December 17 Counseling Appointment

• Pt shared family information
  – Close to dad, can tell him almost anything-He comes to her frequently for advice and she likes feeling more like a parent than child
  – Does not feel close to mom and doesn’t feel like she can be open with her
  – Whole family lived with her uncle until she was 5
  – Many financial struggles
    – She slept in parents room until she was 8, younger brother is 9 and still sleeps there
• Pt has always been very hard on herself: negative self talk/self image, very high standards for self, negative body image
• Voices have told her “stop trying you stupid b**, nothing’s going to help”
• Using list of 200 activities to help distract self from the voices
January 22 Follow Up

• Mood and anxiety are good
• No change in voices, but coping well
• Energy and motivation may be backsliding a bit
• More tired during the day but sleep is much better. Feels rested in the morning
• Thinks blackouts may be decreasing in frequency
• Now has insurance. Not sure about coverage or copays
Diagnosis and treatment

- Differential Diagnosis at this point?
- New medication recommendations?
- Referrals/therapies?
- Further workup/evaluation?
- Issues/concerns?
- Additional information you would like to have?
Questions and Evaluation

• Questions?

• To receive your CNE certificate, complete the evaluation: [http://app1.unmc.edu/nursing/bhecn/live/](http://app1.unmc.edu/nursing/bhecn/live/)

• Slides and a recorded version of the webinar will be available soon.