Final Case Study

Joan, a 43-year-old Caucasian woman, presents her story mixed with family issues, religious conflict, and mental health issues. This diagnostic paper will examine Joan's symptoms, differential diagnoses, and cultural formulation leading to the best diagnosis for her given background and complex symptoms. For an actual patient, a detailed diagnostic, such as this, could be used to ensure correct diagnosis and provide them with the best treatment and interventions.

DSM-5 Diagnoses

Joan's DSM-5TR diagnosis is **Cyclothymic Disorder (F34.0) with mild anxious distress**. I had originally thought she had bipolar II Disorder; however, it said her hypomanic episodes only last two days, and the criteria is at least four days for Bipolar II Disorder. She has several of the hypomania symptoms according to the DSM-5TR including involvement in activities that have a high risk of painful consequences which include high alcohol use and sexual promiscuity, she also reported the social impact of sexual promiscuity during these periods has contributed to the demise of nearly every intimate relationship in her life. She also experiences the hypomania symptom of high energy resulting where she cleans the entire house in less than two hours, but as mentioned above these periods last only up to two days. She reports no other substance use when she is not having one of these high-energy episodes.

The DSM-5TR criteria for a major depressive episode in bipolar II disorder require the symptoms present during the same 2-week period, and the client case history we were given did not specify this. However, Joan also experiences several depressive symptoms including a desire to stay in bed to "avoid life", appearing depressed with congruent affect, and Joan reporting feeling "empty" and alone on most days and acknowledging periods of intense sobbing. In

addition, she reported having issues sleeping “some” nights, and drinking 3 to 4 energy drinks daily as well as sometimes more when she feels low on energy. She has shared that she had the thoughts of worthlessness that the kids, parents, and nobody loves her. Lastly, she had a suicide attempt in the past and recurrent suicidal ideation without a specific plan.

In addition to her hypomania and depression symptoms meeting the DSM-5TR criteria for cyclothymic disorder due to her symptoms not meeting all of the qualifications for bipolar II disorder, she has also met the criteria due to her symptoms lasting for more than two years, since she mentions she has had this happen for long as she remembers, and how she describes it, her symptoms on both sides, hypomania and depressive, seems to occur at least half the time since she has described her depressive symptoms as some or most days, and the hypomania symptoms last about two days. She does not meet the criteria for any psychotic disorders since she is not experiencing any hallucinations or delusions, and her symptoms are not due to substance use since she stated she only uses substances when she is in a hypomanic state. These symptoms cause distress in her life and in her relationships, particularly in regard to her sexual promiscuity when in a hypomanic state. Lastly, Cyclothymic disorder usually begins in adolescence or early adult life and the vast majority of youth with cyclothymic disorder experience the onset of mood symptoms before age 10 (American Psychiatric Association, 2022). She has mentioned having these symptoms for as long as she can remember, so this also fits the criteria.

In addition to her diagnosis of cyclothymic disorder, she also experiences anxious distress. She has the following two symptoms of anxious distress, which would give it a severity of mild: She often feels very tense, for the past two years as well as sometimes feels like she cannot shut her brain off and says that she worries about anything and everything.

Differential Diagnoses

Borderline Personality Disorder

Borderline Personality Disorder would seem like a very likely diagnosis for Joan. Some of the DSM-5TR criteria that are listed that fit Joan's symptoms is impulsivity in at least two areas that are potentially self-damaging, in her case, including sex and substance abuse, as well as recurrent suicidal behavior, and chronic feelings of emptiness. Two more areas that could also potentially be included are affective instability due to a marked reactivity of mood and a pattern of unstable and intense interpersonal relationships characterized by alternating between extremes of idealization and devaluation, but since not enough information is given about what causes her mood to shift as well as the complete dynamics of her personal relationships, I will choose to exclude these. Though some of her symptoms fit, borderline personality disorder requires five of the criteria to be met and she only officially has three met. Also, this paper is supposed to be on disorders we covered this semester and I do not recall this being one of those.

Bipolar and Related Disorder Due to Another Medical Condition

Another potential diagnosis could be bipolar and related disorder due to another medical condition since her history specifically listed some of her medical history including hypertension with a blood pressure of 170/115. In searching for the way that hypertension affects mental health, I came across one article that said that there was a relationship between hypertension onset and the onset of mental health conditions (Rozario & Masho, 2018; Stein et al., 2014), whereas other studies showed that mental health disorders and stress potentially caused or contributed to hypertension (Ayerbe et al., 2018; Liu et al., 2017). So, this being said, I feel that this differential diagnosis cannot be completely ruled out, but more information would be needed

as well as Joan corroborating with treatment for hypertension from her PCP to completely come to a conclusion about this diagnosis.

Physical Symptoms of Hypertension

According to the Mayo Clinic, Joan has stage 2 hypertension and the symptoms of may include headaches, shortness of breath, and nose bleeds, and just to note their website does not mention mental health issues as being a cause (2022). Both the Centers for Disease Control (2021) and the Mayo Clinic (2022) state that often there are no symptoms of high blood pressure so often it goes untreated. Taking this information into account, it is unlikely that her high blood pressure could be masking or mimicking her mental health condition.

Cultural Formulation

Joan has a few diversity variables to take into consideration. First, she identifies as Christian but currently does not attend due to her church not supporting her divorce or her same-gender relationship. Another diversity variable is that she is LGBTQ+ since she is currently in a relationship with a female. When it comes to her conflict with her religion, I automatically thought I would search and find many articles on how leaving the church because someone is LQBTQ would cause mental health issues. But I didn't find that. Most professional articles that I was able to access were more about the positive integration of religion and sexuality, or about the decline in attendance in Christian churches. The one I found that I thought would give me something to confirm my theory instead ended up saying that religious factors were not associated with higher rates of depression or suicidal ideation (Trecartin et al., 2022).

As for her being LGBTQ+, sometimes those in marginalized communities may have increased rates of co-occurring psychiatric disorders and may be wary to seek treatment due to

fear of discrimination (Yarbrough, 2017). Should Joan be bisexual, which is an assumption since she was married to a man and is now with a woman, one study found that bisexual individuals showed higher levels of depressive and anxiety symptoms than lesbians and gay men (Chan et al., 2020). Given this information and other research out there, it is a strong possibility that her being LGBTQ could somehow correlate to her currently experiencing mental health issues.

Conclusion

In conclusion, Joan's case offers an interplay of mood fluctuations, including depressive episodes, mild anxiety, and brief periods of heightened energy. The most fitting diagnosis, supported by the DSM-5 criteria, appears to be Cyclothymic Disorder with mild anxious distress. Differential considerations include borderline personality disorder due to chronic mood fluctuations and bipolar and related disorders due to another medical condition due to her history of hypertension. Additionally, Joan's LGBTQ+ identity and conflict with her religious community were important to take into consideration regarding her diagnosis.

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complained of feeling irritable most days and often feels very tense for the past two years.