

Final Case Study

Laura Gibbs

School of Social Work, Southern Adventist University

SOCW 632: Psychopathology, Clinical Assessment, & Diagnosis I

Dr. Evie Nogales-Baker

December 14, 2023

Introduction

This is a diagnosis for Joan, a client who is presenting with depressive and manic symptoms and a history of suicidality and activities that have a high potential for painful consequences. Client reports most symptoms being within the past two years, with some allusions to symptoms before that time with comments indicating she does not remember a time she did not feel this way.

DSM-5 Diagnoses

Joan is a 43-year-old, Caucasian female who meets the criteria for the DSM 5 TR diagnosis of persistent depressive disorder, late onset, with persistent major depressive episode, severe, with mixed features (F34.1). Client reports low energy and self-esteem, and also reports a minimum of five of the following symptoms of major depressive disorder for the past two years, and it represents a change from normal functioning. Client reports depressed mood most of the day, nearly every day, feeling “empty” and alone and acknowledged periods of intense sobbing. Client has markedly diminished interest or pleasure in all activities and reports a desire to stay in bed to “avoid life.” Client feels a loss of energy and expressed feelings of worthlessness “My kids don’t love me” and “Nobody loves me. My parents never truly loved me either.” and guilt wondering if she made the “right” decision to divorce. Joan appeared depressed with congruent affect. She was oriented x4 and denied a history of psychosis. Joan complained of feeling irritable most days and often feels very tense for the past two years. She has trouble sleeping during the night.

Mixed features is added as a specifier due to the client experiencing periods (up to two days) of high energy, where she experiences an increase in goal-directed activity and cleans the entire house in less than two hours. She stated, “I love it when I have energy.” Joan also cited a

history of increased or excessive involvement in activities that have a high potential for painful consequences such as alcohol use and sexual promiscuity during these periods but denied the use of alcohol or other drugs at all other times. Sexual promiscuity has contributed to the demise of nearly every intimate relationship in her life. Client also cited racing thoughts preventing her from sleeping some nights. “Sometimes I feel like I cannot shut my brain off.” “I worry about anything and everything!”

Joan meets the criteria for the DSM 5 TR diagnosis of a history of suicidal behavior Z91.52. Client had a suicide attempt 2 years ago (OD-prescribed Xanax). Client has been hospitalized two times for suicidal ideation and intent but denied having a plan. No current suicidal or homicidal ideation was present during this interview. Past psychiatric history includes history of both outpatient and inpatient behavioral health was reported. No behavioral services have occurred in the past two years when she was released from an inpatient hospitalization after the attempted suicide.

Differential Diagnoses

As a differential diagnosis, Joan almost meets the criteria for the DSM 5 TR diagnosis of bipolar I disorder. She fails to meet the criteria for manic episodes of 4 days minimum which is why she is instead diagnosed with persistent depressive disorder, late onset, with persistent major depressive episode, severe, with mixed features. What aligns well with bipolar is that when she was asked about the age of onset in reference to these periods of ‘high energy’, she stated, “I can’t remember a time when I did not feel this way.” This could indicate an earlier onset of symptoms than the two year time frame she describes her current symptoms. Client also has a history of poor adherence to medical treatment, which is common among people with bipolar disorders (Youn et al., 2022).

Pending laboratory results, Joan could meet the criteria for the DSM 5 TR diagnosis of E03.9 hypothyroidism: F06.31 depressive disorder due to hypothyroidism; with mixed features. Client has a prominent and persistent disturbance in mood that predominates in the clinical picture. There is evidence from her history of high blood pressure, 170/115, that the disturbance is the direct pathophysiological consequence of hypothyroidism. Currently, the disturbance is better explained by another mental disorder, as manic symptoms from hypothyroidism are rare. (Adiba, 2019) (Pattanayak & Pattanayak, 2014) The disturbance in the client's mood causes clinically significant distress.

Cultural Formulation

Joan identifies as a Christian and has not attended her church in over a year. Client cited that her church did not support her divorce and does not support her relationship with her current partner of two years, Marie. Joan's three teenage children have expressed dislike for Marie and do not understand their mother's decision to divorce their father. Joan could be experiencing psychosocial stressors as a result of discrimination from her church, family, and friends, and her children based on her sexual orientation. The timeline of two years between the onset of her symptoms and relationship align.

Conclusion

Joan is diagnosed with persistent depressive disorder, late-onset, with persistent major depressive episode, severe, with mixed features (F34.1) due to meeting the criteria outlined in the DSM-5 TR (American Psychiatric Association, 2022) and pending a thyroid examination from her primary care physician. This assessment also resulted in ruling out the diagnosis of bipolar I due to not the client not meeting the 4 consecutive day requirement to constitute a manic episode.

References

- Adiba, A. (2019). Association of thyrotoxicosis with mania. *American Journal of Psychiatry Residents' Journal*, 14(5), 8-10. <https://doi.org/10.1176/appi.ajp-rj.2019.140504>
- American Psychiatric Association. (2022). *DSM-5-TR(tm) classification*. American Psychiatric Publishing.
- Pattanayak, R. D., & Pattanayak, S. (2014). Chronic manic episode associated with hypothyroidism due to Hashimoto's disease: A case report. *The Journal of Neuropsychiatry and Clinical Neurosciences*, 26(4), E27-E27. <https://doi.org/10.1176/appi.neuropsych.13100302>
- Youn, H., Lee, M., Jeong, H., & Kim, S. (2022). Evaluation of factors associated with medication adherence in patients with bipolar disorder using a medication event monitoring system: A 6-month follow-up prospective study. *Annals of General Psychiatry*, 21(1). <https://doi.org/10.1186/s12991-022-00411-4>