Maximizing the Psychiatric Case Review

Case Narrative #1: Billy

Billy is a 24-year-old gay male and recent college graduate who works as a baggage handler at the airport. He has medical insurance through work and lives in an apartment with roommates. He is referred by his PCP, based on his report of feeling tired all the time for several months. He has trouble falling asleep, but he can get up with his alarm. He reports some trouble focusing at work. His performance reviews are only ok, though he doesn't think the job is hard and he rarely misses work. He admits to some low mood and feeling like life is just not that great over the last 4-5 months. He notes these feelings get worse during the dark winter months.

Billy was treated briefly once in the past for "nerves," he thinks with an antidepressant. He took the medication for 2-3 weeks, and then stopped because he felt better and thought the medication was making him gain weight. He's unsure about taking medications again, but he is willing to talk about it and learn more. Today, his PHQ-9 score is 14, and his GAD score is 10.

He does not endorse symptoms consistent with mania, and he denies ever having heard voices, or had paranoid thinking. He has occasional fleeting thoughts of wishing to be dead when he is unhappy with his life but does not have any active suicidal plan or intent, and no history of suicidal behavior.

He reports that his mother has been in treatment for depression with medication, and that his father and brother have a history of alcoholism. In college, Billy would sometimes drink to intoxication and use recreational drugs, but he no longer uses alcohol or drugs as he worries he is "susceptible to addiction." He has some close friends, but has not been in a romantic relationship yet, and he is concerned he'll always be alone, since he is "24 already, and not really even dating." He reports his family's southern Baptist affiliation makes it hard for him to talk to them about his sexual orientation.

He is generally in good health, though somewhat overweight and his BMI is 31. He thinks that he should exercise regularly but doesn't find this enjoyable. He reports infrequent sexual encounters and practices safe sex; however, he still worries about STDS and gets tested regularly. His results have been negative. He does not have a significant history of traumatic experiences and gets along fairly well with his family. He would like to not be so tired all the time, and to "be making more progress" in his life.

Now review a sample case presentation for Billy:

Billy is 24 yo SB gay male. Some sx of depression over several months, including fatigue, lowered mood, difficulty concentrating, poor work performance. No suicide risk, no meds or significant med or SA history, no bipolar symptoms for him or family. Prior rx, med unknown, stopped prematurely. PHQ 14, GAD 10.

Case Narrative #2: Jane

Instructions:

1. BHCMs and psychiatric consultants: Read Jane's case narrative below.
2. BHCMs: On the next page, make notes about how you would present Jane's case to your psychiatric consultant, using **Case Review Formats** handout as a guide. (6 minutes)
3. BHCMs: Practice presenting Jane's case to your psychiatric consultant. (3 minutes)
4. Psychiatric consultant: provide constructive feedback with the following considerations. (2 minutes)
    a. Is this presentation about the length useful for a caseload review session?
    b. Does it contain the information needed for clinical decision making?
    c. Is the information organized in more or less the expected structure?

Jane is 75 years old and married for the third time to her present husband of 15 years. She is retired, having worked for 20+ years as a veterinary assistant, a job she loved. She can no longer work due to serious osteoarthritis. She now mostly putters around the house, trying to avoid her husband, who "gets on her nerves."

She is referred from her PCP, to whom she reported a history of depression on and off since her teenage years which she doesn't like to talk about. She currently takes amitriptyline 75 mg po hx for the depression, and says that "she has been better, she has been worse." Side effects from the amitriptyline include some dry mouth and feeling "cloudy." Her PHQ today is 15 and her GAD is 6. She has intermittent insomnia 3-4 nights a week and she sometimes takes over-the-counter sleep aids. She feels sad often and misses her kids, who moved away and only call occasionally. She loves her dog and says that she doesn't know what she would do without him. She reports being a "great cook" but has lost interest in cooking and her appetite.

She has no active suicidal plan or intent at this time but has long wondered if it would be easier if God would just take her. She says that she would not take her own life because "it would be horrifying for my grandchildren." She has had problems with alcohol in the past, though she hasn't had a drink in two years. She has not had formal alcohol treatment and feels she is too shy to attend AA. She does not endorse psychotic symptoms or manic symptoms.

Her medical history is positive for hypertension, type II diabetes, and arthritis. She takes amitriptyline 75 mg, Lisinopril 10 mg daily, metformin 500 mg twice daily, and Celebrex 200 mg daily.

Her prior treatment with antidepressants includes Prozac up to 60 mg a day for at least 12 months, (tolerated ok, but stopped being helpful), Zoloft up to 100 mg for 2 months (gave her headaches), venlafaxine up to 150 mg daily (caused her blood pressure to increase, but she thought that it was helpful), and bupropion up to 100 mg per day ("made me too jittery.") Her present dose of amitriptyline has been in place for about 9 months but hasn't been adjusted. She was treated with psychoanalysis as a young woman but stopped due to scheduling constraints. She has seen a therapist on and off for the last 5 years.

She denies problems with her memory. When asked about a history of trauma or abuse, she reports being touched improperly by a teacher at age 13. She did not report this to anyone, and she had trouble applying herself to school for a long time after this.

Goals: She had kind of given up on hoping, but she would like to sleep better and have a better mood.

Use the space below to write any notes for your practice case presentation:

NOW:

1. **BHCM: Deliver concise presentation, including your consultative question.**
2. **Psychiatric consultant provide feedback with the following considerations:**
    a. Is the BHCM's case presentation about the length useful for a caseload review session?
    b. Does the BHCM's case presentation contain the information needed for clinical decision making?
    c. Was the case information presented by the BHCM organized in more or less the expected structure?