Type: Case Study
Subject: Substance Use & Mental Illness
Subject area: Nursing
Education Level: Masters Program
Length: 3 pages
Referencing style: APA
Preferred English: US English
Spacing Option: Double
Title: Mood Disorder Case Study
Instructions: review the case study, then use the case study template to complete the case and answer the assigned questions. to view the grading rubric for this assignment, please visit the grading rubrics section of the course resources. submit your assignment to the unit dropbox before midnight on the last day of the unit.
Focus: please fill in the case study template, the rx template and answer all the questions, this is not to be done in paper format
Important notes: i attached the case study with the case study template and questions that need to be filled in and answered as well as the rubric

MN660 Case Study Psychiatric SOAP Note and Rx Template

Patient Intake and History

The patient is a 26-year-old college graduate who is currently euthymic but who has a history of major depressive episodes.

He has experienced major depressive episodes, mostly untreated, of varying lengths and severities since he was a teenager.

His symptoms have included insomnia, despondent thoughts, depressed mood, low interest in activities, poor energy, and impaired cognition.

He says his self-esteem drops and he feels rejection-sensitive and guilt-ridden for no apparent reason.

He has never had suicidal thoughts.

Some of the depressive episodes have been incapacitating and have interfered with school and work.

He appears to have good interepisode recovery and is able to return to class and work.

The patient also has symptoms of social anxiety.

He is often nervous around new people and acquaintances.

He experiences anticipatory anxiety and will avoid certain social events.

These symptoms are present regardless of his affective state.

He has asked for a consultation because he has legal issues regarding drinking and driving that he thinks were likely fueled by his psychiatric symptoms.

At the time of the infraction (several months ago, just before graduating college), he had been started on a selective serotonin reuptake inhibitor (SSRI) for the depression and generalized anxiety disorder (GAD) symptoms.

Within days of starting he experienced elevated mood in a sustained fashion over several days.

He lost all anxiety, fear, and avoidance.

He was unusually talkative; had racing thoughts; was distractible, hyperactive, and impulsive; and had decreased need for sleep.

He exhibited grandiosity, in which he felt invincible and that the law did not apply to him; this led him to purposefully antagonize a man in a bar, drive while drinking, and challenge authority when police were called.

The mood elevation is complicated by the fact that the patient admits to heavy alcohol use on weekends throughout college.

The mood elevation abated with cessation of the SSRI treatment.

He has now completed college; he has few friends in the immediate area, but his family is very supportive.

He wants to be a news reporter and is planning on applying to graduate school.

The patient has no family history of bipolar disorder; his mother has GAD.

He is not currently taking any medications.

Vitals:

- 8
- 160/80
- 76
- 18
- 5'10″
- 190 lbs

Please use the case study template to complete the case and answer the questions listed below:

Use this SOAP Note and Rx template to complete the Case Study. There are different ways in which to complete a Psychiatric SOAP (Subjective, Objective, Assessment, and Plan) Note. This is a template that is meant to guide you as you continue to develop your style of SOAP in the psychiatric practice setting.

Criteria	Clinical Notes
Subjective *Include chief complaint, subjective information from the patient, names and relations of others present in the interview, and basic demographic information of the patient. HPI, Past Medical and Psychiatric History, Social History, Review of Systems (ROS) – if ROS is negative, "ROS noncontributory," or "ROS negative with the exception of...".*	The Patient's chief complaint include; insomnia, despondent thoughts, depressed mood, low interest in activities, poor energy and impaired cognition. The patient also present symptoms of social anxiety because he is nervous around new people and acquaintances. Past medical history indicate that the patient had been started on a selective serotonin reuptake inhibitor (SSRI) as a result of depression and SAD symptoms. However, after enrolling on SSRI program, he experienced elevated mood in a sustained fashion where he also lost all anxiety, fear and avoidance of social contexts. His mood elevation was abated because of the cessation of SSRI treatment.
Objective *This is where the "facts" are located. Include relevant labs, test results, vitals, and physical exam if performed. Include MSE, risk assessment here, and psychiatric screening measure results.*	Vitals signs, past medical history and physical assessment indicate that the patient has a mental illness. He was lonely, with racing thoughts, distractible, hyperactive, impulsive and insomnia. These are all forms that result to disruptive mood and behaviors which is common within bipolar with depression. To display his disruptive behavior, the exhibited grandiosity whereby he felt invincible and that the law did not apply to him which made him to purposefully antagonizing a man in bar while drinking and challenging the authority when police arrived. He also started on a selective serotonin reuptake inhibitor (SSRI) for depression and SAD symptoms.
Assessment *Include your findings, diagnosis and differentials (DSM-5 and any other medical diagnosis) along with ICD-10 codes, treatment options, and*	This 26-year-old graduate who is currently euthymic but who has a history of major depressive episodes reported; insomnia, despondent thoughts, depressed mood, low interest in activities, poor energy, and impaired cognition. Clinical examinations suggest bipolar with depression due to the above symptoms, past medical history and medical assessments.

patient input regarding treatment options (if possible), including obstacles to treatment.	
Plan *Include a specific plan, including medications & dosing & titration considerations, lab work ordered, referrals to psychiatric and medical providers, therapy recommendations, holistic options and complimentary therapies, and rationale for your decisions. Include when you will want to see the patient next. This comprehensive plan should relate directly to your Assessment.*	Plan to meet again in person at 3 pm next Tuesday, 06/02/2023. While, Selective serotonin reuptake inhibitor (SSRI) had played important roles for the reduction of triggers, it is important to start with the program alongside Lithium prescription for a period of 3 months. Families and immediate friends have been served with copies of safety plans for home-based care. Prescription; 1. Lithium – take 2 tablets every 12 hours within a span of 5 days. Follow up after 5 days if symptoms persist or worsen. Drink plenty of water and adhere to dietary principles.

PRESCRIPTION (for student use-Not VALID)

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PATIENT DETAILS: **DATE:**

NAME
……Patient
Doe……..…..

DOB …….……..

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00123……..

℞

_____
Prescriber's signature

1. **Does the patient's history support a diagnosis of bipolar disorder even though his symptoms appear to have been triggered by a selective serotonin reuptake inhibitor**?

Yes, the patient's history supports a diagnosis of bipolar disorder, however we should note that bipolar disorder varies from person to person because it is majorly influenced by genetics. Therefore, the pattern, severity and frequency vary from person to person. All the patients with bipolar disorder show mood disruptions on four different dimensions; mania, hypomania, depression and mixed episodes. Within our case, the symptoms were not triggered by an intake of selective serotonin reuptake inhibitor because common side effects of SSRI include nausea, vomiting, headache, agitation, sexual problems and changes in appetite which can lead to either an increase or decrease in weight. Therefore, the symptoms were not entirely triggered by the intake of selective serotonin reuptake inhibitor.

2. **What would be the expected future course of illness for this patient?**

Because it is bipolar with depression, the next course of illness will be change of mood from time to time from the manic stage to depressive stage. The change of mood will occur as often because it is the main symptoms associated with bipolar with depression. These mood swings will also be unpredictable affecting patient's daily life. To stabilize the patient, these depressive and manic episodes should be treated to stabilize the patient or it will continue to fully develop suicidal thoughts because of the distress brought about by the unpredictability of mood swings.

3. **If the patient develops another depressive episode, how would you treat it?**

The choice of treatment of bipolar disorder must be considered after ascertaining whether it is manic or depressive episodes. The best treatment so far is use of Lithium. However, patient recovery and patient's reaction to medicine also may suggest the use of other medications. Other medications can include anti-depressants to help with the treatment plan. Psychotherapy another treatment option that is important in dealing and balancing with bipolar with depression. Psychotherapy helps build open communication which primarily let the patient vent out his or her feelings further helping with the reduction of triggers to these episodes and eventually completely avoid the triggers (Abu-Hijleh et al., 2021). As a commonality within mental health care, close watch is important during treatment of depressive episode which is needed because more often these patients may develop suicidal thoughts as the severity continues. Continuous development of depressive episodes will need proper management and care.

4. **What medication would you choose? (There could be many correct answers.) What is the mechanism of action (MOA) of this medication? (Be specific: What receptor does it work on? etc.)**

As I had alluded herein, Lithium will be the best choice for bipolar disorder. The administration route of Lithium is through mouth either by tablet or syrup. Lithium helps in reducing the severity and frequency of mania, that is the elevation, the euphoric end and the mood scale. Therefore, it will work to reduce these triggers, the risk of suicide and depressive episodes. The MOA of Lithium works within the neuron system. Within this level, lithium reduces excitatory (the glutamate and dopamine) and increases inhibitory (GABA)

neurotransmission (Czarnywojtek et al., 2020). Additionally, Lithium increases the activity of CREB at the point of convergence of multiple signaling pathways.

Lithium therefore interacts with the transportation of monovalent or divalent cations to bring about mood stabilization. Generally, lithium works by inhibiting of catecholamines hormones which are important for flight or flight response. This works by reducing triggers because catecholamines will be stabilized and relaxed (Volkmann & Köhler, 2020). Influenced by excitatory neurotransmitters glutamate, lithium woks by reducing depressive moods. Therefore, Lithium works by inhibiting inositol to reduce triggers. When the patient has started the prescription, abrupt discontinuation is highly discouraged because it can cause a withdrawal effect which at times might be disastrous. Therefore, when the implicated results have been achieved, gradual change in dosage or cessation is critical and recommended.

Other medicines such as NSaids, Calcium channel blockers and Ace inhibitors must be prescribed, they are not advice to be used alongside Lithium for proper results. It is advisable to reduce intake of alcohol drinking when taking medications to prevent over dosage as it may cause more damage to the patient. Thyroid function and renal function test should be monitored as least every 6 months to prevent renal and thyroid problems because of lithium toxicity.

References

Abu-Hijleh, F. A., Prashar, S., Joshi, H., Sharma, R., Frey, B. N., & Mishra, R. K. (2021). Novel mechanism of action for the mood stabilizer lithium. *Bipolar Disorders*, *23*(1), 76-83.

Czarnywojtek, A., Zgorzalewicz-Stachowiak, M., Czarnocka, B., Sawicka-Gutaj, N., Gut, P., Krela-Kazmierczak, I., & Ruchala, M. (2020). Effect of lithium carbonate on the function of the thyroid gland: mechanism of action and clinical implications. *J Physiol Pharmacol*, *71*(2), 191-199.

Volkmann, C., Bschor, T., & Köhler, S. (2020). Lithium treatment over the lifespan in bipolar disorders. *Frontiers in Psychiatry*, *11*, 377.