Read the case studies and annotate, looking for symptoms. Use your Unit 12 notes to find a diagnosis.

Case 1 DSM-5™ Clinical Cases
by Michael Gitlin, M.D.
Adapted

Nancy Ingram, a 33-year old stock analyst and married mother of two children, was brought to the emergency room (ER) after 10 days of what her husband described as "another cycle of dark days." His wife was tearful, then explosive, and she had almost no sleep.

Ms. Ingram's husband said he had decided to bring her to the ER after he discovered that she had recently created a blog entitled Nancy Ingram's Best Stock Picks. Such an activity not only was out of character but, given her job as a stock analyst for a large investment bank, was strictly against company policy.

Mr. Ingram said his wife was working on the stock picks around the clock, forgoing her own meals as well as her responsibilities at work and with her children. Ms. Ingram argued with her husband at this time and said, her blog "would make them rich."

The patient had first been diagnosed with depression in college, after the death of her father from suicide. On examination, the patient was pacing angrily in the exam room. Her eyes appeared glazed and unfocused. She responded to the examiner's entrance by sitting down and explaining that this was all a miscommunication, that she was fine and needed to get home immediately to tend to her business. She was speaking so rapidly, it was difficult for the examiner to interrupt.

She denied hallucinations, but admitted with a smile, to a unique ability to predict the stock market. She refused to be cognitively tested and she said, "I will not be a trained seal, a guinea pig, or a barking dog, thank you very much, and may I leave now?"

STUDENT NOTES

Case 2 DSM-5™ Clinical Cases
by Richard J. Loewenstein, M.D.
Adapted

Irene Upton was a 29-year-old special education teacher who sought a psychiatric consultation because "I'm tired of always being sad and alone." ...She had been hospitalized twice for suicidal ideation and severe self-cutting that required stiches.

She told the therapist that her sister reported "weird sexual touching" by their father when Ms. Upton was 13. There had never been a police investigation, but her father apologized to the patient and her sister as part of a church intervention.... Ms. Upton casually dismissed the possibility that she had ever been abused. She denied any negative feelings toward her father and said, "He took care of the problem. I have no reason to be mad at him."

Ms. Upton reported little memory for her life between about ages 7 and 13 years. Her siblings would joke about her inability to recall family holidays, school events, and vacation trips. She explained this by saying, "Maybe nothing important happened and that's why I don't remember."

Ms. Upton described being "socially withdrawn" until high school, at which point she became academically successful and a member of numerous teams and clubs. She did well in college. She excelled at her job and was regarded as a distinguished teacher of autistic children.

She denied use of alcohol or drugs, and described intense nausea and stomach pain at even the smell of alcohol.

She described herself as "numb" and said thoughts of suicide were "always around." She denied flashbacks or intrusive memories, but reported recurrent nightmares of being chased by a "dangerous man" from whom she could not escape. She reported an intense startle reaction and avoidance of dating men. She did not have instances of time loss or unexplained possessions or inexplicable skills, habits and/or knowledge.

STUDENT NOTES

COMORBIDITY – there are 3 potential diagnoses that co-occur or present simultaneously.

Case 3 DSM-5™ Clinical Cases
by Jason P. Caplan, M.D.
Theodore A. Stern, M.D.
Adapted

STUDENT NOTES

Paulina Davis a 32-year-old single African American woman with epilepsy first diagnosed during adolescence. She was admitted to a medical center after her family found her convulsing in her bedroom.

During her hospital admission, a routine electroencephalogram (EEG) was ordered. Shortly after the study began, Ms. Davis began convulsing. When the EEG was reviewed, no epileptiform activity was identified. Ms. Davis was subsequently placed on video-EEG (vEEG) monitoring. In the course of her monitoring, Ms. Davis had several episodes of convulsive motor activity; none were associated with epileptiform activity on the EEG. Psychiatric consultation was requested.

On interview, Ms. Davis noted that she had recently moved to the state to start graduate school; she was excited to start her studies and "finally get my career on track." She denied any recent specific psychosocial stressors other than her move and stated, "My life is finally where I want it to be." She was worried about missing the first day of classes (only a week away from the time of the interview). She was also worried about the costs of her hospitalization because her health insurance coverage did not being until the school semester commenced.

When the findings of the vEEG study were discussed with Ms. Davis, she quickly became quite irritable asking, "So, everyone thinks I'm just making this up?" The psychiatrist/clinician tried to ease Ms. Davis' concerns by telling her that about 10% of people with epilepsy also experience non-epileptic seizures (NES). NES can be caused by subconscious thoughts, emotions or 'stress', not abnormal electrical activity in the brain. Professionals do not believe that the seizures are purposely or fictitiously produced. The clinician told Ms. Davis she would not be exposed to unnecessary medication or studies, and that treatment, in the form of psychotherapy was available.

Case 4 DSM-5™ Clinical Cases
by James L. Levenson, M.D.
Adapted

STUDENT NOTES

Norma Balaban is a 37-year-old married woman who was referred to a psychiatrist by her primary care physician. Other than obesity and undergoing gastric bypass surgery 6 years earlier, Ms. Balaban had been generally healthy.

As she entered the consulting room, Ms. Balaban handed the psychiatrist a three-page summary of her physical concerns that have been occurring over the past year. Nocturnal leg spasms and daytime aches were her initial concerns. She then developed sleep difficulties that led to "brain fog" and head heaviness. She had intermittent cold sensations in her extremities, face, ears, eyes, and nasal passages. She also had neck stiffness with accompanying upper back spasms.

Ms. Balaban's primary care physician had evaluated the initial symptoms and then referred her to specialists. A rheumatologist (arthritis and autoimmune diseases) diagnosed mechanical back pain without evidence of inflammatory arthritis. Several neurologists examined her and diagnosed possible migraines. A review of tests done at the two local medical centers indicated that she had received the following essentially normal tests: two electroencephalograms (EEG), ... three brain and three spinal magnetic resonance images (MRI), ...and serial laboratory exams. Ms. Balaban shared with the psychiatrist that she was very frustrated that despite having seen several specialists, she had received no clear diagnosis and she was still very concerned about her symptoms.

Ms. Balaban found it difficult to concentrate and complete her work and was spending a lot of time on the Internet researching her symptoms. She also felt bad about not spending enough time with her children or husband.

Case 7 DSM-5™ Clinical Cases
Jennifer J. Thomas, Ph.D.
Anne E. Becker, M.D., Ph.D.
Adapted

Valerie Gaspard a 20-year-old single black woman who had recently immigrated to the United States from West Africa with her family to do missionary work. She visited the hospital due to frequent headaches, poor concentration, and chronic fatigue.

She was only 78 pounds and her height was 5 feet 1 inch, resulting in a body mass index (BMI) of 14.7. *This is severely underweight.* Ms. Gaspard had missed her last menstrual period. When Ms. Gaspard recalled her meals the day before she was consuming only 600 calories. Ms. Gaspard provided multiple reasons for her poor intake. The first was lack of appetite: "My brain doesn't even signal that I'm hungry," she said, "I have no desire to eat throughout the whole day. Secondly, she said, "I just feel so uncomfortable after eating."

She walked approximately 3-4 hours per day. She denied that her activity was motivated by a desire to burn calories. She did not have a car and disliked waiting for the bus. Ms. Gaspard said, "I know I need to gain weight. I'm too skinny. She said her family had been "nagging" for a year about it.

Case 8 DSM-5™ Clinical Cases
James E. Mitchell, M.D.
Adapted

Wanda Hoffman was a 24-year-old white woman who presented with a chief complaint: "I have problems throwing up." These problems began in early adolescence, when she began dieting despite a normal BMI. At age 18, she went away to college and began to overeat in the context of new academic and social demands. A 10-pound weight gain led her to routinely skip breakfast. She often skipped lunch as well, but then famished, would overeat in the late afternoon and evening. She felt out of control. Worried her habits would lead to weight gain; she saw self-induced vomiting as a way of controlling her fears. She appeared well nourished: Her BMI was normal at 23.

Case 12 DSM-5™ Clinical Cases
Ming T. Tsuang, M.D., Ph.D., D.Sc.
William S. Stone, Ph.D.
Adapted

STUDENT NOTES

Gregory Baker was a 20-year-old African American man who was brought to the emergency room (ER) by campus police of his university. He refused to leave a classroom after randomly walking into a lecture hall and shouting to the audience.

His sister said that he had quit seeing his friends and spent most of his time lying in bed staring at the ceiling. She also explained that she repeatedly saw him mumbling quietly to himself and noted that he would sometimes, at night, stand on the roof of their home and wave his arms as if he were "conducting a symphony." Mr. Baker defended himself by saying that he felt liberated and in tune with the music when he was on the roof.

During the prior several months, Mr. Baker had become increasingly preoccupied with a female friend, Anne, who lived down the street. While he insisted to his family that they were engaged, Anne told Mr. Baker's sister that they had hardly ever spoken and certainly were not dating.

On examination in the ER, Mr. Baker became enraged when the staff brought him dinner. He loudly insisted that all of the hospital's food was poisoned and that he would only drink a specific type of bottled water.

Ultimately, Mr. Baker agreed to sign himself into the psychiatric unit, stating, "I don't mind staying here. Anne will probably be there, so I can spend my time with her."

Case 13 DSM-5™ Clinical Cases
Charles L. Scott, M.D.
Adapted

Ike Crocker was a 32-year-old man referred for a mental health evaluation by the human resources department at a construction site. Although he presented as a very motivated and skilled worker at the interview with two carpentry certificates, in the first two weeks of employment, he has had frequent arguments, absenteeism, and made many dangerous mistakes. When confronted by supervisors, he was dismissive of the problem and said if someone got hurt, "it's because of their own stupidity."

When the head of human resources met with him to discuss termination, Mr. Crocker said he would sue on the grounds of the American Disability Act: He demanded a psychiatriatric evaluation for attention-deficit/hyperactivity disorder (ADHD) and bipolar.

During the mental health evaluation, Mr. Crocker focused on unfairness at the company and how he was "a hell of a better carpenter than anyone there could ever be." He had been married twice and had two children. Mr. Crocker refused to pay child support, which is why he said both ex-wives "lied to judges and got restraining orders saying I'd hit them." He was not interested in seeing his children. He said they were "little liars" like their mothers.

During high school, he said he "must have been smart" because he was able to make Cs in school despite only showing up half the time. He spent time in juvenile hall at age 14 for stealing "kid stuff, like tennis shoes and wallets that were practically empty." He left school at age 15 after being "framed for stealing a car." He pointed this out to show how he had overcome injustice. Mr. Crocker concluded the interview by demanding a note from the examiner that said he had "bipolar" and "ADHD."

Phone calls revealed that Mr. Crocker had been expelled from two carpentry training programs and that both of his certificates had been falsified. He got fired from his job at one local construction company after a fistfight with his supervisor.

STUDENT NOTES

Case 14 DSM-5™ Clinical Cases
Robert L. Findling, M.D., M.B.A.
Adapted

STUDENT NOTES

Rachel a 15-year-old girl, was referred for a psychiatric evaluation because of worsening difficulties at home and at school over the prior year. The mother said her chief concern was that Rachel's grades had dropped from As and Bs to Cs and Ds.

Instead of being a "bubbly teenager," Rachel would spend days by herself and hardly speak to anyone one. These periods of persistent sadness began around age 14: She slept more than usual, complained that her friends didn't like her anymore, and did not seem interested in anything.

At other times, her mom said she would yell at the family to the point that everyone was "walking on eggshells" in fear of upsetting her. The clinician asked whether there had been times in which Rachel was in an especially good mood. The mother recalled multiple periods in which her daughter would be "giddy" for a week or two. She would laugh at "anything" and would enthusiastically help out and even initiate household chores.

On examination while alone, Rachel appeared wary and sad. She did not like how she had been feeling, saying she felt depressed for a week, then okay, then "hilarious" for a few days, then so angry like someone was "churning up" her "insides." She did not know why she felt like that, and she hated not knowing how she would be feeling the next day.

Case 17 DSM-5™ Clinical Cases
Richard A. Friedman, M.D.
Adapted

Andrew Quinn a 60-year-old businessman, returned to see his longtime psychiatrist 2 weeks after the death of his 24-year old son. The young man was tragically killed in a car accident.

Mr. Quinn was very close to his son and he immediately felt crushed, like life had lost its meaning. In the ensuing 2 weeks, he felt constantly sad, withdrew from his usual social life, and was unable to concentrate on his work. His psychiatrist told him he was struggling with grief and that such a reaction was normal. Mr. Quinn was to return for ongoing assessment.

By the sixth week, of visiting the psychiatrist, his symptoms had worsened. He started to become preoccupied that he should have been the one to die, not his son. He had trouble falling asleep, but he also tended to wake up at 4:30 A.M. and just stare at the ceiling, feeling overwhelmed with fatigue and sadness.

Case 18 DSM-5™ Clinical Cases
Katharina Meyerbröker, Ph.D.
Adapted

Olaf Hendricks a 51-year-old businessman, complained of his inability to travel by plane. His only daughter had just delivered a baby, and although he desperately wanted to meet his first granddaughter, he felt unable to fly across the Atlantic Ocean to where his daughter lived.

Mr. Hendrick's colleagues saw him as a forceful and successful businessman who could "easily" deliver speeches in front of hundreds of people. When specifically asked, he reported that as a child, he had been "petrified' that he might get attacked by a wild animal. This fear had led him to refuse to go on family camping trips or even on long hikes in the country. As an adult he did not have these fears because he lived in a large city and took vacations by train to other large urban areas.

Case 21 DSM-5™ Clinical Cases
Barbara L. Milrod, M.D.
Adapted

Nadine was a 15-year-old girl whose mother brought her for a psychiatric evaluation to help her with long standing shyness.

Although Nadine was initially reluctant to say much about herself, she said she felt constantly tense. She was generally unable to speak in any situation outside of her home or school classes. She reused to leave her house alone for fear of being forced to interact with someone. She was especially anxious around other teenagers, but she also became "too nervous" to speak to adult neighbors she had known for years. She said it felt impossible to walk into a restaurant and order from "a stranger at the counter" for fear of being humiliated.

Nadine also felt she constantly on her guard, needing to avoid the possibility of getting attacked. She was the most confident when she was alone in her room. From seventh grade to ninth grade, Nadine's peers turned on her. The bullying was daily and included intense name-calling (for example - "stupid," "ugly," "crazy") and physical threats. One girl (the ringleader) had been Nadine's good friend in elementary school, but hit her and gave her a black eye. Nadine did not fight back. She refused to tell her parents what happened, but cried herself to sleep at night.

Nadine transferred to a specialty arts high school for ninth grade. Even though the bullying ended, she could not make friends. Nadine felt even more unable to venture into new places. She felt increasingly self-conscious that she could not do as much on her own.

Nadine was even scared to read a book by herself in a local, public park. She had nightmares about the bullies in her old school. She spent whole weekends "trapped" in her home.

STUDENT NOTES

COMORBIDITY – there are 3 potential diagnoses that co-occur or present simultaneously.

Case 22 DSM-5™ Clinical Cases

Ryan E. Lawrence, M.D.
Deborah L. Cabaniss, M.D.
Adapted

Peggy Isaac was a 36-year-old administrative assistant who was referred to outpatient evaluation by her primary care physician. Ms. Isaac had lived with her longtime boyfriend until 8 months earlier, at which time he had abruptly ended the relationship. Before the break-up, she always had a boyfriend: She was alone for the first time and hated it.

Ms. Isaac began to agonize about the possibility of making mistakes at work. She felt uncharacteristically tense and fatigued. She worried about money, and to economize, she moved into a cheaper apartment in a less desirable neighborhood. She repeatedly sought reassurance from her mother and office-mates, but soon she worried about being "too much of a burden."

She even started to get her food delivered, so she could avoid going to the store: She felt "exposed and vulnerable," like something bad would happen.

Case 23 DSM-5™ Clinical Cases

Mayumi Okuda, M.D.
Helen Blair Simpson, M.D., Ph.D.
Adapted

Samuel King , a 52-year-old janitor smelled of strong disinfectant on examination. He said that he was worried about contracting diseases like HIV, so he washed his hands incessantly with bleach. On average, he washed his hands up to 30 times a day. He also avoided touching practically anything outside of his home, but if he felt contaminated, he would wash.

Mr. King also had intrusive images of hitting someone and fears that he might offend or disturb the neighbors. He often apologized for fear he might have sounded rude. When he showered, he made sure that the water in the tub only reached a certain level for fear he could flood his neighbors. He recognized that his fears and urges were "kinda crazy," but he felt they were out of his control.