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CUNY York College - PA Program

HPI – # 3

CC: “Agitation” x 1 day

HPI: 22 year old Asian female with a psychiatric medical history of borderline personality disorder, generalized anxiety disorder, substance use disorder, domiciled with two roommates, employed (as a stripper/sex worker) brought in by EMS due to a public outburst that was activated by bystander on street. Patient reported that she went to court today to file a restraining order against her ex-boyfriend since they have a history of verbal conflicts and broke up a week ago. She mentioned that the court dismissed her case until next week due to errors in her paperwork. Patient states that she was talking with mother over the phone about this issue outside that resulted in her crying, screaming, kicking public walls and hitting her thighs. Patient uses daily marijuana, magic mushrooms and alcohol daily (2-3 cocktails every other day). Patient also mentioned that she has been sexually assaulted three times this year with the last case in 03/2024 as a sex worker. Patient reported that her clients would take off the condom without her permission and did not file any police reports as she deemed it “not necessary”. Patient states that she currently enjoys her work as a sex worker but is looking to pursue her education for further better employment opportunities and better income.

Collateral information was obtained by the patient's mother and she reported that her relationship with the patient is difficult. Mother lives a few hours upstate from the patient near Buffalo, NY. Mother has reported that the patient calls her late at night (lack of sleep), has frequent random bouts of frustration in social settings and repeatedly tells the mother that she wants to "kill herself" over the phone. Mother also states that the patient has a therapist and psychiatrist that she sees at Che Behavioral Health (telehealth) and that the last time the patient connected with them was over a week ago with the following appointment in August.

Currently, the patient is calm and cooperative and states that she gets easily frustrated when faced with daily life problems. Patient states that she has no suicidal ideations and that she has a habit of saying "I want to kill myself" but has no plan to carry it out. Patient was previously admitted last year (April 2023) in a psychiatric unit (Zucker hill hospital) over conflict with Ex-boyfriend over domestic abuse accusations between the patient's friends at the time. She was admitted for two days while being discharged on Lexapro 10 mg. Patient states that they are not always compliant with their medication, since she feels she needs a higher dose of the drug. Patient denied any auditory or visual hallucinations, suicidal ideation or intentions to hurt others.

Past Psychiatric History:

- Borderline personality disorder
- Generalized anxiety disorder
- Substance use disorder

Past Medical History:

-None

-Immunizations: Up to date on all immunizations

Past Surgical History:

-None

Medications:

-Lexapro 10 mg - QD

Allergies:

-NKDA

Family History:

-Mother - Alive and healthy.

-Father - Unknown

No HTN or DM II in either parent.

Social History:

-Patient lives with roommates

-Habits- Drinks 2-3 cocktails every other day.

-Patient sexual orientation - Straight

-Relationship status - Single

-Sleep - 5-6 hours at night (sometimes less)

-Appetite - Normal

-Exercise- Does not exercise.

-Past arrest/incarceration history – None

ROS:

General – Denies recent weight loss, generalized weakness/fatigue, fever or chills, or night sweats.

Eyes – Denies photophobia, visual disturbances, lacrimation, pruritus, or use of contact lenses.

Ears – Denies deafness, pain, discharge, tinnitus, or use of hearing aids.

Pulmonary- Denies shortness of breath or cough.

Cardiovascular- Denies chest pain or palpitations.

Gastrointestinal– Denies abdominal pain, nausea or vomiting.

Genitourinary– Denies urinary frequency or urgency, dysuria, incontinence, nocturia or flank pain.

Nervous– Denies hx of seizures, headache, dizziness, speech change, or weakness.

Endocrine– Denies polyuria, polydipsia, polyphagia, heat or cold intolerance, excessive sweating, hirsutism, or goiter.

Psychiatric– Denies any auditory or visual hallucinations, suicidal ideations or intentions to hurt others.

Physical exam:

General: Female, appears stated age, awake, alert and oriented x 3, in no acute distress, responds quickly to questions. Can ambulate without any assistance.

Vital signs:

BP: 110/70 mm Hg (Right arm)

Respiratory rate: 18 breaths/min, unlabored

Pulse: 75 beats/min, regular

Temperature: 97.8 degrees F (oral)

O2 Sat: 98% room air

Height: 5'2"

Weight: 133 lbs

BMI: 24.3

Mental Status Exam:**General**

1. Appearance: Alert, appeared of stated age, groomed, nourished, good eye contact in hospital clothes.
2. Behavior and Psychomotor Activity: Patient maintained good eye contact and spoke in normal tone.
3. Attitude Towards Examiner: Patient is cooperative during the interview.

Sensorium and Cognition

1. Alertness and Consciousness: The patient was conscious and alert throughout the entire interview.
2. Orientation: Patient was oriented to the date, place, and time of the interview.
3. Concentration and Attention: Good concentration and unimpaired memory. Gave relevant responses to questions.
4. Capacity to read and write: Patient is able to read and write at a highschool level.
5. Abstract thinking: Unknown
6. Memory: Memory was unimpaired with recent and remote memory being intact.
7. Fund of information and knowledge: Consistent with the level of highschool education.

Mood and Affect

1. Mood: Calm
2. Affect: Stable
3. Appropriateness: Mood and Affect were consistent throughout the interview.

Motor

1. Speech: Patient's speech was normal rate and rhythm throughout the interview.
2. Eye Contact: Patient made good eye contact throughout the interview.
3. Body Movements: No psychomotor abnormalities

Reasoning and Control

1. Impulse Control: Appropriate to setting.
2. Judgment: Patient has a fair sense of judgment.
3. Insight: Patient has fair insight into psychiatric condition.

Initial labs/imaging:

-None were done

Differential Diagnosis:

- 1) **Borderline Personality Disorder (BPD):** This is the most likely diagnosis for this patient and is the top differential as they already have a history of BPD. The DSM-5 criteria for BPD include a pattern of unstable relationships, identity disturbance, impulsivity, recurrent suicidal behavior, affective instability, chronic feelings of emptiness and intense anger. This patient's history of intense relationships with her ex-boyfriend (restraining order), recurrent suicidal threats (no plan), substance use (marijuana, magic mushrooms), and emotional instability can suggest this diagnosis.
- 2) **Generalized Anxiety Disorder (GAD):** Second on my list is GAD. This patient's history of anxiety and difficulty in coping with her court case, relationship issues, and employment stressors fits this pattern. The DSM-5 criteria for GAD include excessive anxiety and worry occurring more days than not for at least six months, difficulty controlling the worry, and three or more symptoms such as restlessness, being easily fatigued, difficulty concentrating, irritability, muscle tension, and sleep disturbance. This patient already has a history of GAD and may be causing her current situation although it does not explain the suicidal threats to her mother or drug use.
- 3) **Intermittent Explosive Disorder (IED):** This would be third on my list. This patient's history of recurrent aggressive outbursts and difficulty controlling impulses may suggest this. IED is characterized by sudden episodes of unwarranted anger. The DSM-5 criteria for IED include recurrent behavioral outbursts such as failure to control aggressive impulses, as either verbal aggression or physical aggression toward property/individuals, occurring twice weekly for a period of three months, or three behavioral outbursts involving damage or destruction of property and/or physical assault involving physical injury against animals or other individuals occurring within a 12-month period. This is not likely my choice though as she presented with other symptoms that are more consistent with BPD and or GAD (unstable relationships, suicidal threats).
- 4) **Bipolar Disorder Type I:** This is last on my list. This disorder is characterized by one or more manic episodes, often accompanied by at least one manic episode and may show signs of depressive episodes but not required. According to the DSM-5 criteria, a manic episode typically involves a period of abnormal and persistent elevated, expansive, or irritable mood and abnormally increased activity or energy, lasting at least one week. Although she did not present with a clear history of manic episodes, her impulsivity (risky sexual behavior), substance use, and emotional instability (relationship) could suggest this.

Assessment: 22 year old Asian female with a psychiatric medical history of borderline personality disorder, Generalized anxiety disorder, substance use disorder was brought in by EMS due to a public outburst that was activated by bystander on street. On assessment, the patient was cooperative, not an immediate danger to self or others and displayed no signs of acute mania or psychosis that required emergency psychiatric intervention.

Plan:

-Currently, the patient is calm, collective and not a danger to self or to others, thus warranting discharge from the observation unit and is medically stable.

-Due to substance abuse and risky behavior with current employment, it's strongly recommended for patients to abstain from further alcohol abuse and follow up with outpatient chemical dependency program.

-No new medication to be prescribed at this time and advised patient to continue follow up with their psychiatrist via telehealth for dialectical behavioral therapy (at least 6 months).

-Provide education and resources for the patient about substance abuse, anxiety and the available support systems (911, nearest hospitals).