

Farhana Chowdhury  
Psychiatry Rotation at Queens Hospital Center (CPEP)  
Due: October 15, 2020

**Identifying Data:**

Name: T.Z.  
Address: Jamaica, NY  
Age: 44  
Sex: Female  
Race: Asian, Bengali  
Religion: Islam  
Date & Time: October 07, 2020 at 10:30 am  
Location: CPEP-QHC  
Source of Information: Self  
Source of Referral: self  
Reliability: Reliable

**Chief Complaint:** “I cannot eat, sleep and feeling really depressed for the past 1 year”

44-year-old Bengali, female, domiciled with husband and 4 children (20 y/o, 12 y/o, 6 y/o and 11 months old), unemployed PPHx of depression PMHx of HTN BIBEMS activated by husband for depressed mood for the past 1 year.

During evaluation in CPEP, the patient appears calm, cooperative, good eye contact, organized thought process, and speaks in audible volume in complete sentences. Patient states, during her last pregnancy (June 2019) she started to experience decreased appetite and difficulty sleeping. S/P delivery of the baby in November 2019, patient’s symptoms have worsened as the patient no longer enjoys cooking, cleaning, taking care of her children, or doing any activities. Patient states she lost over 30 pounds over the past 1 year as the patient has no appetite and she can not sleep at all. Patient used to work as a cosmetic clerk in CVS (2017-2018) and she loved taking care of herself and she states “I had beautiful long hair but when I pulled my hair, I felt no pain and as a result I pulled all my hair out” Patient’s hair started to grow evenly and patient denies pulling her hair currently. Patient reports progressive loss of interest, decreased appetite, passive suicidal ideations with no plan, anhedonia, hopelessness, lack of energy, insomnia, poor self-care, poor hygiene” Patient reports, unwanted passive homicidal ideation toward her 11 months child as patient is worried that she might harm the baby. Patient denies auditory or visual hallucination or delusion, but the patient feels scared seeing people around her because she is worried that they will hurt her. Also, the patient fears electronics because she worries the electronics will hurt her. Patient states, her PCP referred her to an outpatient psychiatry (12/2019) and was given four medications but the patient cannot recall the name. Patient shared, after taking the medication, her baby was

sleeping for 13-14 hours and she felt the medication was not safe for the child so she stopped taking the medication. Patient realizes that she is losing control of herself as negative thoughts are engulfing her and requesting medical intervention to cope with the problem.

Collateral information was collected from husband, Muhammad Khan (917-966-0289) who states his wife was very happy and living a normal life until giving birth to the fourth child. The husband is really worried about the patient because she expressed a desire to cook, clean, take care of the family, take shower and interact with the children but she cannot do these things anymore. The husband states that his wife has been requesting him to stay home as the patient is worried that she will kill her children if he is not around. Also, Mr. Khan has seen the patient talking to herself, not eating, not sleeping, showering, or taking care of the children. Mr. Khan denies known suicide attempt or homicidal actions towards children by the patient.

Writer spoke to the CVS pharmacy regarding the medication and identified that the patient was prescribed Zoloft 100mg, Seroquel 100mg, Lorazepam 1mg BID, and Depakote 500 mg BID. Patient did not pick up the medication recently suggesting the patient is not compliant to medications.

**Past Medical History:**

HTN

**Past Surgical History:**

None

**Medications:**

Amlodipine (Norvasc) 5mg tablet

Hydrochlorothiazide 12.5 mg tablet

**Allergies:**

NKDA, denies other environmental or food allergies.

**Family History:**

Patient denies family history of depression, schizophrenia, bipolar disorder and any other family hx of psychiatric disorders.

Patient admits to family history of HTN

**Social History:**

T.Z. is a 44 years old Asian female, who lives with her husband and 4 children (20 years old boy, 12 year old girl, 6 years old boy, and 11 months old boy)in a private house. Patient completed

12th grade from Bangladesh and moved to the USA in 1998. She used to work as a cosmetic clerk in CVS and loved to put makeup, color hair, stay clean, cook, clean, hang around with friends and care for her children and husband. However, since she gave birth to the child in November, she feels fatigue, low energy and has no interest in taking care of herself, children or husband. He stopped cooking for the past 1 year and now she has no desire to clean herself or put on makeup. Patient is not working correctly and her husband is financially supporting the family. Patient reports, she feels heavy around the eyes but can not fall asleep (sleeps less than 1 hour). Patient shares that she has decreased appetite as she feels no taste in her mouth and lost more than 30 pounds. Patient denies alcohol and illicit drug use. Patient is currently sexually active with her husband. She denies any history of sexually transmitted illnesses.

**ROS:**

**General:** Admits to generalized weakness/fatigue, insomnia, and loss of appetite. She denies fever, chills, or night sweats.

**Pulmonary system:** Denies dyspnea, cough, wheezing, hemoptysis, or paroxysmal nocturnal dyspnea.

**Cardiovascular system:** Denies chest pain, HTN, palpitations, irregular heartbeat, syncope or known heart murmur.

**Endocrine system:** Denies polyuria, polydipsia, polyphagia, heat or cold intolerance, excessive sweating, hirsutism, or goiter.

**Psychiatric** – Admits to depression, hopelessness, helplessness, and sadness . Patient admits of seeing an outpatient mental health professional for her depression, decreased appetite and insomnia.

**Physical**

Vital Signs:

BP: right seated 147/87

Pulse: 65

Temp: 98.9 °F (oral)

Resp: 16

SpO2: 96%

Height: 65 inches Weight: 135 lbs BMI: 22.5

**General:** 44 year old female, Alert and Oriented x 3. Pt is of medium build, sitting in the interview room. Pt is well dressed, poor hygiene, and appears to be mild distressed.

**Skin:** Nonicteric, no lesions noted, or scar tissue noted or no tattoos.

### **Mental Status Exam:**

#### **General**

1. **Appearance:** T.Z. is a medium build Bangladeshi female with gray wavy short hair in unkempt fashion. She appeared poorly groomed and hygiene. She was wearing a dirty Indian Attire. Patient had no scars, tattoos, body piercing or atypical body features. Appears to be older than stated age, mal-nourished and developed.
2. **Behavior and Psychomotor Activity:** T.Z. was fidgeting for most of the interview while tears filled her eyes while talking. Patient appears alert and oriented x 3, calm. She had good eye contact as she was looking at the writer while speaking.
3. **Attitude Towards Examiner:** T.Z. was cooperative, compliant and coherent thought process while answering the questions. Patient was answering in audible volume. I was able to establish a trust worthy rapport as I continued to speak to the patient for 3-4 minutes.

#### **Sensorium and Cognition**

1. **Alertness and Consciousness:** T. Z. was alert and his level of consciousness did not change throughout the interview.
2. **Orientation:** T.Z was oriented to person, place of the exam, and the date.
3. **Concentration and Attention:** T.Z demonstrated good concentration and attention throughout the entire interview.
4. **Capacity to Read and Write:** T.Z had normal reading and writing ability in English.
5. **Abstract Thinking:** T.Z was able to demonstrate adequate abstract thinking. For example, when the patient was asked, “what is the similarity between a banana and a strawberry?”, patient was able to answer “ they are fruits”
6. **Memory:** T.Z’s recent, remote and immediate memory was intact as the patient was able to recall the year her parents came to the USA, when she came to the USA, her son’s phone number and her son’s workplace.
7. **Fund of Information and Knowledge:** T.Z. has an adequate fund of knowledge as she completed 12th grade from Bangladesh.

#### **Mood and Affect**

1. **Mood:** T.Z’s mood was depressed, sad, teary, dysphoric and worried about her health condition and her children.
2. **Affect:** T.Z.’s affect was appropriate; it was congruent with his current mood.
3. **Appropriateness:** T.Z.’s mood and affect were consistent throughout the interview.

#### **Motor**

1. **Speech:** T.Z.'s speech pattern was normal in its rate, rhythm and effort. She was soft spoken, in audible volume and displayed no delayed response.
2. **Eye Contact:** T.Z. had good eye contact throughout the interview.
3. **Body Movements:** T.Z. had no extremity tremors, facial tics or other abnormal movements. Her body movements were purposeful and not excessive.

### **Reasoning and Control**

1. **Impulse Control:** T.Z. has good impulse control because she was able to control herself from hurting her and the child. Also, due to this negative thought, the patient asked her spouse to send her to the hospital. Patient is still very depressed and has constant negative and suicidal thoughts with no plan.
2. **Judgment:** T.Z. has adequate judgment as she realizes that it is a wrong desire to want to hurt her children. She acknowledged as a mother she should feel love toward her children rather than negative thoughts. She denies auditory/visual hallucinations, paranoia.
3. **Insight:** T.Z. has poor insight as the patient feels she is really tired of fighting these constant negative thoughts and there are no energy to continue with life.

### **Assessment**

44-year-old Bengali, female, domiciled with husband and 4 children (20 y/o, 12 y/o, 6 y/o and 11 months old), unemployed PPHx of depression PMHx of HTN BIBEMS activated by husband for depressed mood for the past 1 year. Patient presentation of insomnia, depression, anhedonia, decreased appetite, hopelessness, helplessness, loss of energy, and thoughts of hurting the baby warrants CPEP admission as there is high suspicion for Postpartum psychosis.

### **Differential Diagnosis:**

**Postpartum Psychosis:** Patient meets the diagnostic criteria for postpartum psychosis, as within 4 weeks of delivery the patient started to experience rapid mood swing, insomnia, paranoid, auditory hallucination and was very irritable.

**Postpartum Depression:** Patient meets the postpartum depression criteria as patient is feeling really sad, lack of interest, change in appetite, fatigue, insomnia, increase purposeless physical activity, feeling guilty to hurt her child, thoughts of harming the bay, thought to harming herself and guilty feeling for being a bad mother.

**Major Depressive Disorder:** Patient meets the diagnostic criteria as she has at least 5 symptoms: depressive mood, decreased appetite, insomnia, suicidal thoughts, and anhedonia for the past 1 year.

**Plan:**

1. Patient will be admitted to the Inpatient psychiatry unit for stabilization and further evaluation
2. Labs:
  - a. CBC, CMP, Depakote level, Hemoglobin A1c, Thyroid panel (T4, TSH), UA, Utox, COVID- 19 PCR Test
3. Imaging:
  - a. CT of the head without contrast
4. Medication will be initiated
  - a. Mirtazapine (Remeron) 15mg daily in the night time
    - i. Rameron was initiated because according to the American Family Physicians, Remeron, which is an atypical antidepressant, is not contraindicated in lactating women. AFP suggests tricyclic antidepressants and SSRIs should be considered in lactating women who have severe PMD. Furthermore, plasma concentration of antidepressant drugs is usually low in the breast-fed infant so safe to use.
  - b. Risperidone (Risperda) 1mg two times daily
5. Counsel patients on the importance of medication compliance and warn about abrupt cessation of medication. Also, advise patients if they miss or skip dose then do not double dose or discontinue immediately.
6. Reassess patient for medication compliance and tolerance of medication

At this time, based on evaluation, the patient appears a threat to herself and to her child. Patient is struggling to cope with the depression, and insomnia. Based on the presentation, the patient warrants further psychiatric evaluation and Inpatient psychiatry admission for observation, re-evaluation, and stabilization. Case was discussed with the PA and the attending physician. Also, the treatment plan was discussed with the patient and patient is expressing concern about taking care of the 11 months old child. The physician spoke to the patient's husband to arrange accommodation for child care. The inpatient unit was requested to provide the patient with a breast pump so she can preserve the milk and the husband can pick it up later. Patients agree with the treatment plan and are willing to adhere to the medication regimen.