

**STUDENT:** Arpit Davé

**PATIENT:** "R."

Demographic Category:	Value:
Age	6_ years
Race	Caucasian
Gender	Male
Marital Status	Divorced
Occupation	Retired

**CHIEF COMPLAINT:** Patient brought by assisted living facility staff who reports patient has been "delusional all day," looking for his 14 year old bride.

**HISTORY OF PRESENT ILLNESS:** Mr. R is a 6\_ year old Caucasian male veteran of the Vietnam war with a past medical history of hypertension and poorly controlled Type II diabetes who Patient was in usual state of moderate health until one week prior to admission when nursing home staff reported he began telling other residents that he had 14 year-old bride that he was trying to move to \_\_\_\_\_ to be closer to him. He also reported that he was a renowned "podathrist, you know, one of them foot doctors" and owned a number of aircraft that he stored at the local airport. At the same time, he stopped taking his medications for blood pressure, and, three days prior to admission, "messed his pants" and refused to clean himself up without assistance. On the day of admission, patient went into the manager's office and questioned her as to where his in-laws and his new bride were because he noticed their things were gone and he was expecting them to meet him in the dining room. Patient reportedly began walking around and looking in other residents' rooms for his wife stating, "She couldn't have gone that far, I wore her out last night." At that point, the facility manager contacted the \_\_\_\_\_ VA who gave instructions instead to take the patient to the psychiatric ED.

He was admitted to the medicine floor to rule out delirium or other reversible causes of possible psychotic episode and, after clearance, was transferred to the psychiatric wing for further evaluation. At this time, he says he has trouble sleeping at night but is tired during the day. He denies loss of interest, guilt, low energy, difficulty concentrating, or poor appetite. He currently denies suicidal ideations.

His 14-year old bride is named " \_\_\_\_\_," and he states he met her one year ago in \_\_\_\_\_, and they were married shortly thereafter. He does not know her real name nor her telephone number. He states, "Her mother was for it, but her dad, well, he got a little hot

about it." He claims to know that marrying a 14 year-old is illegal but that they were married in West Virginia where he believes it is legal to do so.

**PAST PSYCHIATRIC HISTORY:** None reported

**PAST MEDICAL HISTORY:** Hypertension, Diabetes Mellitus Type II

**FAMILY HISTORY:** Patient's step-mother died about \_\_\_\_ years ago from natural causes, father died \_\_\_\_ years ago from an unknown cancer. His stepsister committed suicide last year. He and his real wife divorced approximately one year ago, and he states that he met "\_\_\_\_\_" shortly thereafter, which, according to the patient, was "kinda weird, I know, but it's been a good thing so far."

**SOCIAL HISTORY:** Mr. R was born in \_\_\_\_\_ and raised by both parents. He reports having a "normal, I guess," childhood, participating in football and basketball, and was an A/B student. He denies that he was ever physically or sexually abused when growing up. He completed high school and attended some college classes before dropping out to serve in the Navy. His dates of service are from \_\_\_\_\_ through \_\_\_\_\_ during the Vietnam War but he was not directly involved in combat. Patient R states after leaving the military, he sold cars for one year and after that became an insurance salesman for the next 20 years and then retired. During that time period, he was married "six times and ended each one because they wanted to tell me what to do and how to do it." He states he has one son, but reports having lost the telephone number on the drive to the hospital but was able to provide an address. In the past one year, Mr. R has been living on the streets, vacant houses and lots until one month prior to admission when he was able to move into the above-mentioned assisted living facility.

**Alcohol and Substance Use Hx and Current Use:** Patient R reports not having had any alcohol in the past six years with heavy, regular drinking prior to that. He states he couldn't afford to drink as much as he did, so he had no choice but to quit. He does not smoke and denies using any other substances. He admits he smoked marijuana while serving in the Vietnam theater but that he stopped when he returned to the United States.

**PHYSICAL EXAM:**

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**VITALS**

<b>Temp:</b>	99.1 F	<b>Heart Rate:</b>	80 bpm
<b>BP:</b>	175/90	<b>Resp:</b>	16/min, reg.
<b>Weight:</b>	2__ lbs.	<b>BMI:</b>	26

**GENERAL:** Patient stands approximately \_\_\_\_ inches tall despite a hunched posture when both seated and standing. He has two tattoos on his left arm indicating his division and years of service.

**HENT:** Head is normocephalic and atraumatic. Tympanic membranes appear hazy bilaterally, and the left tympanic membrane is slightly less reactive to bulb insufflations. There are no visible fluid levels or erythema noted. Neck exam reveals no anterior cervical lymphadenopathy and no thyromegaly. There is no supraclavicular, pre-auricular, or occipital lymphadenopathy noted. Patient has average dentition, no signs of erosion. Throat is clear, no erythema or exudates. Uvula is midline.

**CARDIOVASCULAR:** Chest wall appears normal, without signs of trauma or surgery. PMI is at the fifth intercostals space in the midclavicular line on the left. No thrills are palpable. No bruits are heard. Rate and rhythm are regular. S1 and S2 sounds are regular. No accessory sounds are noted. No murmurs, clicks, rubs, or gallop beats are noted. No carotid bruits are heard bilaterally. Peripheral pulses are 2+/2+ in all distal extremities.

**LUNGS:** No anterior-posterior widening is seen grossly. No tactile fremitus, and no signs of consolidation upon percussion in all posterior lung fields. Mild crepitus was heard with deep inspiration bilaterally but cleared immediately with cough.

**ABDOMEN:** Abdomen shows no signs of prior surgical or traumatic penetration. Non-distended. Bowel sounds are normal in all four quadrants. Soft, non-tender to palpation. No organomegaly, no masses.

**GI/GU:** Deferred as patient has no complaints.

**NEUROLOGIC:**

**CRANIAL NERVES:** Patient does not wear glasses and does not have difficulty reading, even with small text at distances greater than 12 inches. Extraocular motions are intact, pupils are equal, round and reactant to light and accommodate normally. Able to chew all foods without issue. Fine touch sensation to upper and lower aspects of face is present and equal bilaterally. Rubbing fingertips next to patient's ears revealed subjective hearing impairment in the left ear vs the right. Patient reports no swallowing difficulties, and tongue does not deviate to either side when protruded.

**MOTOR:** Motor strength in all major muscle groups in the four extremities is excellent.

**REFLEXES:** Reflexes 2+/2+ in achilles, patellar, biceps, brachioradialis and triceps tendons.

*SENSORY:* Sensation intact to heat, cold, sharp and fine touch on all extremities, plantar surface of foot, and on face.

*COORDINATION:* No dysmetria, no past-pointing. Patient able to do heel-to-shin rub.

*GAIT:* Patient's gait is slow, but not shuffling. He shows no lateral preference when walking and is stable on his feet.

**MENTAL STATUS EXAM:** (Note: Cognitive testing, including the MoCA, was carried out over a period of days while the patient was in the ward the tests, the summary of results are shown here.)

*GENERAL/APPEARANCE:* Patient is an imposing presence. Posture is stooped while standing though upright when seated. He appears disheveled and unshaven, though well-nourished. He is wearing hospital pajamas. He is cooperative and easily engaged. His attitude is positive but he complains that the treatment team is "keeping me from my wife." Patient is well-behaved. He shows no signs of overt psychomotor changes, no tremors, nor bradykinesia.

*ORIENTATION:* Patient is alert, oriented to self as Patient R; current location \_\_\_\_\_; date as \_\_\_\_\_; and reason for admission, stating, "You all think my wife is made up. Well she's not."

*SPEECH/LANGUAGE:* Mr. R. speaks fluently in English, no neologisms, paraphasias or word-finding difficulties noted. His speech is normal in volume, intonation, rhythm and clarity, but he talks rapidly, though he is interruptible and redirectable.

*THOUGHT PROCESS/CONTENT:* Mr. R's thinking is linear and goal-oriented and as evidenced by his constant references to wanting to go meet his wife. He denies current suicidal ideation, stating, "No, I wouldn't do that, I like myself too much." He also denies homicidal ideation though he states, "If you all don't let me leave soon, I'll punch something - let's hope it's none of you, you folks are pretty decent." He states that his wife has been to the assisted living facility, but when asked if she stays with him in his room there, he states, "Oh no, she can't stay there. It's against the rules." When probed further, he states that she is a good "companion" and that she "also happens to be good eye-candy." But when asked what her hair color is he states, "Oh I don't know, you know how women are with those things." He is unable to describe her height, eye color, voice quality, or even dress. He still contends that he is married to a 14 year-old. He also has elements of grandiose thinking as he describes his jet fleet and status as a podiatrist.

**MOOD/AFFECT:** When asked how his mood was, Mr. R replied, "I'm irritated that I'm being kept here. My wife is waiting for me at the \_\_\_\_\_ airport and I have to go pick her up." His affect is constrained and congruent with his mood.

**COGNITION:**

**ATTENTION/CONCENTRATION:** Patient is able to repeat 7 digit spans but had difficulty with 3 digit reverse digit span. He could spell "WORLD" forward and backward without difficulty. He is able to process the first four iterations of serial sevens but made two consecutive errors after that. He was able to tap on the table correctly when he heard the letter A within a sequence of letters.

**MEMORY:**

**Short Term:** Mr R. required two trials to remember "face, velvet, church, daisy, and red." He then required cuing assistance for "church" and "daisy" and multiple choice options for "red." Patient is able to recall "blanket, tree, and car" at 5 minute interval with cuing for blanket spawning recollection of the remaining two.

**Long-Term/Fund of Knowledge:** Patient recalls 1963 as the day President Kennedy was assassinated but believes Carter was president during his military service. He is able to state that Barack Obama is the current president and his predecessor was "The guy they threw shoes at - Bush."

**LANGUAGE:** He was able to name "pen," "coin," and "telephone" as well as name "Lion," "Rhinoceros" and "Camel" from pictures. He was able to repeat "No ifs, ands, or buts" without difficulty. He was able to write the sentence, "I would like to go home," and follow written instructions.

**VISUOSPATIAL FUNCTIONING:** Patient was able to draw a clock but exhibited poor planning as numbers on the face ended up primarily to one side leaving a large remaining gap after '11.' He was unable to correctly draw the hands to represent ten minutes past eleven. He was able to draw intersecting pentagons and copy a cube well. He was unable to complete a pattern trailing test of "1-A, 2-B, 3-C" verbally or by drawing.

**EXECUTIVE FUNCTION:** He was able to follow the multi-step command "take this paper with your left hand, fold it in half, and place it on the floor," as well as generate 13 words beginning with the letter F in one minute. He demonstrated concrete thinking when asked similarities for watch/ruler ("numbers") and train/bicycle ("wheel"), but was able to relate banana/orange as "fruit."

**JUDGEMENT/INSIGHT:** Insight into his own condition is limited as Mr. R believes he is "wasting my time here" since his "wife is waiting at the airport." He also refuses finger sticks from nursing on a regular basis to test for blood glucose despite being a known diabetic. Prior to admission, he refused his blood pressure medications and had elevated BP on admission.

When asked what he would do if he were to be in a theater and smell smoke, he stated, "I'd watch the rest of the show, no, just kidding, I'd leave." Inability to judge the social appropriateness of marriage to a 14 year old girl also further demonstrates poor judgment.

PSYCHOMETRIC SCALING:	SCORE:
Montreal Cognitive Assessment (MoCA)	21/30

**LABS:**

Metabolic:	Value:	Urine Tox:	Value:	Serum:	Value:	CBC	Value:
Na	137	Methamph.	Neg	TSH	2.62	WBC	6.0
K	3.7	Cocaine	Neg	HbA1c	7.4	RBC	4.33
Cl	101	Opiates	Neg	BUN	34	Hb	12.5
CO2	28.6	PCP	Neg	Cr	3.0	Hct	38.0
Ca	8.5	TCA	Neg			MCV	83.3
						Plt	243
						Diff	normal

**ASSESSMENT:** Patient R is a 6\_ year-old male with past medical history of hypertension and diabetes who presented after staff at his assisted living facility found him wandering around the facility searching for his 14 year-old wife. Differential diagnosis includes the following:

- 1) Delusional disorder: This is most likely as patient does not appear to actually see his 14-year-old wife, the delusion is non-bizarre, and is fixed despite evidence to the contrary regarding both her existence and his grandiosities, all the while existing on a background of social unacceptability.
- 2) Mild Cognitive Impairment: While cognitive screening reveals elements of mild cognitive impairment, further neuropsychological testing is warranted at this time.
- 3) Bipolar disorder, current manic episode, with psychotic features: rapid speech pattern, irritability toward staff, and elements of grandiosity in his story favor this diagnosis if we have failed to correctly ascertain a visual hallucination of a 14-year old girl, but lack of risk-taking behavior, decreased need for sleep, distractibility, or excessive focus on goal-directed activities make this unlikely.

**DSM-IV Axis/Prognosis:**

Axis I: Delusional disorder, predominantly erotomanic with grandiose features; Mild cognitive impairment NOS; Alcohol abuse in full sustained remission.

Axis II: No diagnosis, insufficient data

Axis III: Type II diabetes, hypertension

Axis IV: Prior homelessness, divorce from wife, loss of stepsister.

Axis V: GAF 30 as behavior is considerably influenced by delusion.

**PLAN:**

PSYCHIATRIC: Focus on intrusive thoughts and continue to evaluate delusion vs. mood disorder vs. psychotic episode

- 1) Risperidone 1mg PO qhs for intrusiveness of delusional thoughts
- 2) Consider Valproic Acid 2500 mg PO qhs for mood stabilization if not improving
- 3) Continue to challenge delusion
- 4) Encourage patient to speak with psychologist for psychotherapy evaluation.

MEDICAL: Restart previous BP regimen and follow sugars

- 1) Amlodipine 10 mg PO qdaily for blood pressure
- 2) Daily finger sticks for blood glucose paired with
- 3) Insulin sliding scale

DISPOSITION: Continue to evaluate and stabilize patient with goal of returning to assisted living facility. Encourage patient to limit the people with whom he shares this delusion.