

Grace Lee

Student in GCN 7700.OA Psychopharmacology
Case #1 – Initial Interview Assessment
Masters in Mental Health Counseling Program
Alliance Graduate School of Counseling

Client's name: Anthony
Address: N/A
Gender: Male
DOB: 1955
Date of Interview: October 12, 2020
Interviewer's name: Grace Lee

Referral and Purpose of Evaluation:

Anthony came for a psychiatric evaluation with his daughter. Fifteen months ago, Anthony lost his wife suddenly after a fatal myocardial infarction. He is suffering from early and middle insomnia, decreased appetite with a 25-pound-weight loss over the past year, decreased energy, poor concentration, and increased forgetfulness. His daughter is extremely worried about Anthony. He has shared that his forgetfulness and memory dysfunction over the past year has increasingly worsened.

History of Presenting Complaints/Concerns:

Anthony's presenting problems at this time include sleep disturbance, difficulty concentrating, decreased appetite, and increased forgetfulness. His daughter mentioned that her dad has been isolating himself "to the point of being a recluse" and that he has not been the same since her mother passed away. He lost 25 pounds in the past year and his lack of appetite is alarming. He has been experiencing an increase in forgetfulness and memory dysfunction over the past year and there is no pattern or consistency to his cognitive dysfunction. He has stopped partaking in his daily activities such as his morning walks and bowling. Since the first anniversary of Anthony's wife's death, his symptoms have significantly worsened over the past three months. He struggles with hopelessness, distractibility, worthlessness, isolation, and anhedonia. He has shared that he has had thoughts of "wanting to join his wife" but he has had no acute suicide plan or intent. Anthony's current provisional diagnosis is of Major Depression, Single Episode, Moderate (F32.1).

Anthony was started on sertraline (Zoloft) 25 mg/day for the first week, then 50 mg/day thereafter. Anthony himself had requested this medication. After two weeks of taking Zoloft, it was unclear whether he was benefiting from the medication or not. There were side effects reported at the time, thus, the sertraline was increased to 75 mg/day for the third week, and then 100 mg/day thereafter. He reported moderate response to the Zoloft 100 mg/day during his next visit after taking it for two weeks. The only side effect he shared was mild loosening of his bowel movements, which he claimed was tolerable. His doctor, however, decided to switch him to vilazodone (Viibryd) 20 mg/day. Anthony seemed to tolerate the new medication better than the sertraline.

After three months of partaking in psychotherapy and taking vilazodone, Anthony's mini-mental status exam (MMSE) was 30/30, revealing that he was cognitively intact. His preliminary cognitive dysfunction was caused by his depression rather than to any dementia process. The combination of psychotherapy as well as medication management has been helpful in restoring Anthony's previous level of functioning.

Description of Client/Behavioral Observations/Mental Status Exam:

Anthony has identified as male and is 65 years of age. He is African American and has a daughter. Anthony's wife passed away suddenly fifteen months ago after a fatal myocardial infarction. They were married for forty years. He has denied any personal history of depression or emotional problems as well as any in his family. Anthony has shared that his extended family and daughter have been very supportive during this difficult time of grief. Anthony has also dabbled in using spiritual resources that had been somewhat helpful, however, he seemed to fall back into the grieving process. His daughter has reported that Anthony has been isolating himself to the point of being a recluse.

Anthony completed a mini-mental status exam during his initial visit with the score being 27/30 (-1 orientation, -1 attention, -1 recall). It is clear that Anthony is experiencing a decreased level of energy and poor concentration due to his depression. As stated before, his memory has been compromised and forgetfulness is ever increasing. There was no pattern or consistency to his cognitive dysfunction. There is no further information on his state of appearance, attitude, speech, behavior, and thought processes.

Alcohol and Substance Use

Anthony has drunk one glass of red wine daily for the last 20 years without any history of abuse.

Medical History

Prior to his visits, Anthony's only medication was one aspirin and a multivitamin daily. His internist examined Anthony and reported that he is of good health. Anthony was initially prescribed 25 mg/day of sertraline (Zoloft), then 50 mg/day thereafter. He reported no side effects. His sertraline was increased to 75 mg/day for the third week, then 100 mg/day thereafter. He experienced positive results from the 100 mg dosage, however, he reported mild loosening of his bowel movements. He was then switched to vilazodone (Viibryd) 20 mg/day which he seemed to tolerate better.

Family Psychiatric History

Anthony has shared that he does not have any personal history of depression or emotional problems, as well as any in his family.

Academic and Occupational History

N/A

Interpersonal and Social History

Anthony is a recently widowed African American. He was married to his wife for forty years before she passed suddenly. He has one daughter. Anthony has used spiritual resources;

however, he has not indicated that it is a large part of his life. The passing of his wife has been traumatic and the leading causal factor to his depression.