**Demographics**

AN is a 29-year-old single white female who lives alone in North Vancouver.

She was referred to the clinic for diagnostic clarification. Specifically, she has a history of mixed mood disorder, substance use and childhood adverse events.

**Medical history**Intermittent migraine headaches, which respond well to Sumatriptan.

**Family history**

* Father-unsupportive, controlling, stubborn, untruthful, manipulative. Alcohol abuse, Chronic cannabis use.
* Mother – confrontational, could not focus, poor memory, poor listener. She failed grade 3 and dropped out of school in grade 10.
* Younger brother- 26, diagnosed with dyslexia and attention deficit disorder as a child; did not graduate high school. Chronic cannabis use.

**Childhood history**

“There was a lot of yelling, a lot of fighting. I only ever saw my dad on weekends. But when he was around, he was very angry, controlling and violent. I was afraid of him. As soon as I heard his car in the driveway, I ran and hid in my bedroom closet.”

“The high point of my adolescence was graduating high school. I was the first one in my family ever to do so. My parents started treating me differently. They let me be more independent and I enjoyed that.”

**Social history** The last place she graduated from was high school.

“I tried College, but I couldn't handle it, I was too disorganized and was always falling behind. My boyfriend smoked a lot of pot. So I started too. It helped me slow down my racing thoughts. It helped me sleep. I dropped out after second year and that was that.”

There are numerous socio - economic factors at play in her disorder

* Finances – she is on disability
* Housing – she is in government subsidized housing
* Support – she has a limited social network, and accesses it infrequently
* Education – she receives provincial education subsidies and accommodations based on her permanent disability status
* Transportation – she gets a government subsidized bus pass. She did not passed her drivers license exam, even after three attempts
* Food security- there are questions about her ability to afford healthy food, and difficulty in attending to cooking and shopping

**Mental Health Condition**

She meets criteria for at least four different axis one disorders.

1. **296.3** - Severe to extreme major depressive disorder, starting in her pre-teens, before any history of substance use. She has had more than 10 about lasting more than two weeks in a row longest of which was between three and six months. She has had multiple potentially lethal suicidal attempts. In one case, at the age of 21, she was found unconscious by her mother, after trying to hang herself.
2. **300.2** - Moderate to severe anxiety generalized anxiety, associated with agoraphobia, panic attacks, gastrointestinal symptoms and disrupted sleep.
3. **314.1** – severe attention deficit disorder, mixed type with cognitive and executive dysfunction, some cognitive hyperactivity, but not impulsivity. She’s had these symptoms since elementary school, corroborated by school reports. Her symptoms affect her function: at school, at work, in her ADLs and intimate relationships, as well as affecting her driving, finances and self-esteem.
4. **304.3** – moderate active cannabis use disorder. She smokes, Sativa daily to manage her sleep and cognitive hyperactivity.
5. She also has traits consistent with Dysruptive Mood Regulation Disorder, but not enough to meet criteria. This was very prominent as a child, but has continued even into her twenties.
6. In terms of personality, she scores highly for: attention seeking oppositionality, and internal locus of control. She does not have antisocial traits and there’s not enough information to make a diagnosis of borderline personality disorder, but that is suspected.
7. She has a past history of mild anorexia nervosa, but she no longer meets criteria.

**Medication**

* Abilify 4 mg qam
* Seroquel 6.25 mg qhs
* Birth control pill

**Allergies**No known allergies.

**Current Assessment of Function**

Self – assessed function, on a scale of 0 to 10, where 10 is the best, in the last three months, her scores are as follows:

* Activities of daily living 3.5
* Work 6.0
* Cognitive function 3.0
* Productivity 4.0
* Psychological function 3.2
* Diet/ Fitness/ Sleep 3.4
* She has an extremely poor diet; no fitness activity to speak of and an extreme sleep dysfunction marked predominantly by initial insomnia and unrefreshing sleep.

**Global Assessment of Function -** 41.2 (previously Axis V ) which is consistent with severe dysfunction

**Sheehan Disability Score** – 68/100, where 35 is the upper level of the normal range

**Physical Exam**Unremarkable physical exam, other than:

* Multi-coloured hair
* Multiple facial piercings
* Pale skin
* Predominant affect is anxiety and worry, with emotional instability

**Lab tests** – urine drug screen positive for cannabinoids

**Imaging**

SPECT scan – Images of cerebral perfusion show reduced activity in the prefrontal lobes. This is usually reflected by a patient with difficulty focusing on external stimuli.

**Final diagnosis** – See above

**Treatment Outcomes**

* SSRIs – made her feel flat and further impaired her cognitive function
* Mood stabilizers – she had a rash on Lamotrigine and cognitive impairment on Topiramate.
* Stimulants – She had significant gains in cognitive and executive function on Dexedrine SR and Adderall XR, the trade off being unacceptable worsening of her anxiety, which she could not tolerate, even at the lowest dosage.
* Abilify – she had a moderate improvement in mood and mood stability associated with moderate improvement in cognitive function and full cessation of cannabis use, marked by a negative urine drug screen.
* Seroquel – she had a significant improvement in sleep onset and duration.

**Plan**

* Ongoing close monitoring by outpatient mental health team
* Supportive, Dialectical Behavioral and Insight-oriented Psychotherapy
* Continuation of low-dose atypical antipsychotics