Waitemata
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Te Wai Awhina

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DOB

NHI B

I was asked to see by his clinician, looking particularly at the issue of I saw him today. This report is based on today's interview and his notes (a slightly cut down version of this, without some of the forensic and personal history was initially sent to the GP).

is currently on invalids benefit. His family are all in , and he has some contact with them. He has no children and is not currently in a relationship. He has two close friends.

His most recent contact with began on /08 when contacted wishing to re-engage. He had had a relapse to drinking over the New Year's holiday and wanted support to prevent this happening again. He was assessed '02/08. Since then he has engaged in 1:1 counselling and has had periods of abstinence. When I saw him he was absent of the one-week.

Re: Anxiety

Since his teens, has been obsessed with He does not like contact. The former will lead to up to 24 times a day. He does not or excessively (25-30 minutes a day). He thinks a lot about If other people have been , he has to before he . When the is at its worse he can spend up to one hour a day – he estimates one day a week He is also about but almost exclusively around his He has some mild and He has no obsessions about causing He has had treatment with citalopram which helps a little, and some exposure therapy at St Lukes which again helped a bit. Drinking alcohol initially improves the symptoms, but then they usually worsen after a binge.

He also worries a lot about the future, death, his health, though this does not seem to be associated with physical symptoms of anxiety or panic attacks. When he is withdrawing from alcohol he feels tense, shakes, and can get persecutory ideas.

He did not seem to have symptoms suggestive of post-dramatic stress disorder.

Re: Depression

has a history of prolonged periods of low mood, the last one being around 2006?, and prior to that 1988 in More recently his periods of low mood have been much briefer. I did not explore this in detail

Re: Anger

appears to get angry about a wide variety of things, and has since he was a teen, though many of them appear quite reasonable. His main complaint currently is the noise from his neighbours overhead. Frequently he will get angry when he feels he has been treated unfairly, particularly by authorities. He runs into problems when he is intoxicated and cannot control his anger. Frequently in these circumstances he will become verbally abusive. I did not elicit a history of assault. He did an anger management court in 1988, but did not find this greatly helpful.

Past Psychiatric History

reported that he suffered symptoms of since his early teens. reported depression since his teens. He saw a psychiatrist when he was 16-17, but no diagnosis was made.

In 198 he had a period of prolonged low mood secondary to immigration problems.

In 1989 he had a period of prolonged low mood secondary to relationship problems.

In 2003-4 he had a prolonged period of low mood relating to a dispute with his landlady. He saw a psychiatrist and was apparently diagnosed with depression (and possibly). He was initially treated with trimipramine, but found this too sedating, so he was changed to citalopram, which he has been on and off since. He found this helpful to some extent, though it may have led to weight gain (?).

Was referred to St Lukes by his general practitioner on /01/06 with concerns about mood in anxiety. He was seen by two psychiatrists for assessments and had three sessions with a clinical psychologist. It was thought he was suffering from an Adjustment Disorder with depressed and anxious mood, in the context of a stressful return to New Zealand. His alcohol problem was also noted -- it was thought to be the main problem. After a brief engagement he was discharged. His citalopram 40 mg was not altered.

had further contact with St Lukes in mid-2007 and received psychological treatment (exposure therapy) for hi which had some benefit.

Drug , Alcohol and Gambling

reports that he drank heavily since his teens, and that this drinking was problematic at the least since his mid-20s when he was noticing symptoms of withdrawal.

He attended Hamner Springs in 198 which he completed, followed by two months of abstinence.

Contacted in January 2006 at the suggestion of Dr C M of St Lukes Mental Health Centre. At that time reported consuming 12 + beers on a daily basis. Screens /01/06: AUDIT 19 (problematic or dependent drinking) LDQ 13 (moderate to high dependence), nil else. He initially engaged for 1:1 counselling, and later joined the Relapse Prevention Group. He later began the group program and appears to have had intermittent contact with this group at least until early 2007, though he was discharged from1:1 counselling in July 2006.

In June 2006 he again contacted interested in 1:1 counselling, as well as the Group. There were problems with the fit with his original counsellor, and due to administrative problems the transition to another councillor was not handled smoothly leading to a complaint. With the new counsellor he achieved abstinence, and after getting a job felt ready to be discharged from the service in 2007. Maintained abstinence following this until January 2008.

Forensics
History of DIC and disorderly behaviour charges

Medical History
Taking thyroxin for hypothyroidism
History of high blood pressure
198 had a car accident and lost his licence

Current Medication
citalopram one tablet (?dose)
thyroxine

Side Effects/Allergies
Mild allergy to

Family History
Oldest child
Two younger brothers -- little contact

Personal
was reported as having an unhappy childhood in previous notes, growing up on with a strict father who beat him. Howeve tells me the problems began in his early teens. He ran away from home several times in his late teens, but each time felt he had to go home. This was very shameful for him.

first came to New Zealand in 198 and after some immigration difficulties from 198 on, became a permanent residents in 198 Between 1987 and 1989 he was in a relationship. Between 2000 and 2005 he was in

Mental State Examination

presented casually dressed with no signs of neglect. There was good superficial rapport. There were no signs of withdrawal or abnormal movements, except his mouth would occasionally twitch. Talk was normal in speed volume and amount. There was no sign of delusional thinking or hallucinations. He was not suicidal. Cognition was not formally tested but appeared grossly normal. Affect was euthymic. Appeared to be on the Action stage of the Wheel of Change.

Impression

Long history of symptoms suggestive of with a partial response to SSRIs and exposure therapy. Probably also suffers from general anxiety and episodes of depression. also has a long-standing problem with anger, previously treated with an anger management group. He almost certainly has Alcohol Dependence, though I did not explore this in detail. He probably developed this in his 20s after a period of heavy alcohol use. It is hard to give a precise aetiology, as is common in these cases, but it is difficult upbringing probably contributed, and it seems likely that the mental health problems interacted with and exacerbated the drinking.

Plan

I have ordered the St Lukes notes, which hopefully will shed light on his previous psychological treatment. It may then be worth discussing his case with our psychologist.

With regards to medication I was a little unclear his current dose of citalopram. Sometimes the people with respond better to higher doses, says 60 mg daily. Alternatively, it may be worth at some stage trying clomipramine, which often works when SSRIs don't. However, given his past side-effects to imipramine, this may prove intolerable. Clomipramine requires specious recommendation these days, so if you decide to go down this route you may need to contact me.

With regard to 's other anxiety issues, I wonder whether he would benefit from the anxiety group Mindfulness treatments may benefit his anger. I understand his counsellor is already exploring this, and this may be worth discussing with our psychologist. reports trying meditation in the past, and not finding this helpful.

With regard to his drinking a further trial of disulfiram, or alternatively naltrexone are worth considering, and I understand his counsellor will further discuss this with

Yours sincerely,

Dr J B
psychiatrist