Rachel Freundlich
QHC Psychiatry
10/29/24

History:

Chief Complaint: BIBEMS secondary to bizarre and aggressive behavior

History of Present Illness:

49 y/o Russian-American female, single, unemployed, domiciled at Sanford Home with history of Schizoaffective disorder, Bipolar type and multiple hospitalizations. Pt was brought in by EMS and NYPD activated by group home staff due to bizarre and aggressive behavior within the context of medication non-compliance. Pt presents as manic, hyper-talkative and is a poor historian due to her cognitive impairment. Pt expresses tangential and pressured speech. She exclaimed "I love Guayanese men" upon seeing the PA and continued to express her dislike for other men throughout the interview. She reports that she is compliant with her medications; however she also states that her uncle brings her medications from India. When asked if she takes them, she states that she does not believe in any medications. Upon repeated questioning whether she takes her prescribed medications, she states that she hasn't taken them in a while. When asked about the date of her last dose, she reports that she has never taken her medication because she does not believe in it. During the interview, she continued to exhibit disorganized thoughts and internal preoccupation. She denies any alcohol or substance use. Denies any suicidal ideations, homicidal ideations or thoughts about hurting herself or others. Pt demonstrates poor insight, judgment, and impulse control. Pt was given 1mg Klonopin with noticeable improvement.

Past Medical History:

Hypertension
Hypercholesterolemia
Up to date on immunizations
Up to date on screening tests and results

Past Surgical History:

Denies any past surgeries or blood transfusions

Treatment History:

Pt has history of multiple hospitalizations due to agitation and aggressive behavior secondary to medication noncompliance. Was last seen in CPEP 05/09/24.

Medications:

10mg Atorvastatin nightly

5mg Amlodipine daily

6mg Paliperidone daily

Allergies:

NKDA

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Family History:

No known psychiatric family history

Denies known family history of diabetes, allergies, lung disease, gastrointestinal diseases, disease of urinary tract, or nervous disorders

Social History:

ES is a single female, residing in Sanford Home. She is not currently employed.
Habits- Patient denies any current/past illicit drug use or alcohol use.
Travel- denies any recent travel.

Diet- Pt follows inconsistently health diet
Exercise- Pt does not exercise
Sleep- Reports sleeping well
Sexual Hx- Pt denies being current or past sexual history
Education- High School

REVIEW OF SYSTEMS:

General –Denies recent weight loss or gain, loss of appetite, generalized weakness, fever or chills, or night sweats.

Skin, hair, nails – Denies changes in texture, excessive dryness, sweating, discolorations, pigmentations, moles/rashes, pruritus, or changes in hair distribution.

Head – Denies headache, vertigo, or head trauma.
Eyes –Denies glasses, dryness, visual disturbances, diplopia, fatigue with use of eyes, scotoma, halos, lacrimation, photophobia, or pruritus.

Ears – Denies deafness, pain, discharge, tinnitus or use of hearing aids.

Nose/sinuses –Denies discharge, epistaxis or obstruction.

Mouth/throat –Date of last dental exam unknown. Denies bleeding gums, mouth sores, sore tongue, sore throat, or voice changes.

Neck – Denies localized swelling/lumps or stiffness/decreased range of motion

Breast – Denies lumps, nipple discharge, or pain.

Pulmonary system – Denies cough, dyspnea, wheezing, hemoptysis, cyanosis, orthopnea, or paroxysmal nocturnal dyspnea.

Cardiovascular system – Denies palpitations, chest pain, irregular heartbeat, edema/swelling of ankles or feet, syncope or known heart murmur.

Gastrointestinal system – Denies intolerance to specific foods, nausea, vomiting, dysphagia, pyrosis, unusual flatulence or eructation, abdominal pain, diarrhea, jaundice, hemorrhoids, rectal bleeding, or blood in stool.

Genitourinary system – Denies nocturia, frequency, urgency, oliguria, polyuria, dysuria, or flank pain.

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Nervous –Denies seizures, loss of consciousness, sensory disturbances, ataxia, loss of strength, changes in cognition/mental status/memory or weakness.

Musculoskeletal system –Denies muscle/joint pain, deformity or swelling, or redness.

Peripheral vascular system – Denies intermittent claudication, coldness or trophic changes, varicose veins, peripheral edema, or color changes.

Hematological system –Denies anemia, easy bleeding or bruising, lymph node enlargement, blood transfusions, or history of DVT/PE.

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

Psychiatric – Admits history of Schizoaffective Disorder, Bipolar type.

Physical:

General: Overweight Caucasian female, appears agitated. She appears her stated age of 49 years, in no acute distress.

Vital Signs:

BP: Right arm, sitting 125/87

O2 Sat: 99% Room air

T: 97.7 degrees F (oral)

P: 93 beats/min, regular

R: 18/min, unlabored

Height: 5’4” BMI: 40.72

Mental Status Exam:

- *General*
    - Appearance: Overweight Caucasian female, appears stated age of 49 with appropriate hygiene. No scars on her face or hands. Exhibiting agitation in the triage chair
    - Behavior & Psychomotor Activity: No apparent tics, tremors, or fasciculations.
    - Attitude Toward Examiner: Patient was cooperative with examiner. Pt inappropriately expressed her preference for the PA that was treating her.
- *Sensorium and Cognition*

- Alertness & consciousness: Patient was conscious and alert throughout the interview.
- Orientation: Patient was oriented to the date, place, and time of the interview.
- Concentration & Attention: Displayed satisfactory attention. Unable to concentrate and respond appropriately to questions.
- Capacity to Read & Write: Patient was able to properly sign name and read.
- Abstract Thinking: Poor ability to abstract and use deductive reasoning.
- Memory: Pt expressed appropriate recall of memories.
- Fund of Information & Knowledge: Patient's intellectual performance consistent with assumed level of education.

- *Mood and Affect*
  - Mood: Pt stated she felt "manic"
  - Affect: Labile
  - Appropriateness: Her mood and affect were congruent with discussed topics. She did not exhibit angry outbursts or uncontrollable crying.
- *Motor*
  - Speech: Rapid, pressured and loud speech.
  - Eye contact: Maintained eye contact.
  - Body movements: Body posture and movement is appropriate without psychomotor abnormalities noted.
- *Reasoning and Control*
  - Thought Content: Tangential with flight of ideas, paranoid ideation and persecutory delusions,
  - Impulse Control: Grossly impaired.
  - Judgment: Exhibits paranoia. No active auditory or visual hallucinations.
  - Insight: Poor insight.

Risk Assessment:

1. Wish to be dead – Have you wished you were dead or wished you could go to sleep and not wake up? No
2. Suicidal thoughts – Have you actually had any thoughts of killing yourself? No
3. Suicide behavior – While you were here in the hospital, have you done anything, started to do anything, or prepared to do anything to end your life? No

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Differential Diagnosis

1. Acute exacerbation of Schizoaffective disorder
    a. The patient presents with symptoms of mania such as rapid, pressured and impulsive speech as well as symptoms of psychosis presenting as delusions and disorganized thought process.
2. Manic episode secondary to medication noncompliance
    a. The patient reports inconsistent information regarding her compliance with medications. Based on the patient's presentation and statements that she "doesn't believe in medication" and "never started her new medication" it seems likely that the patient's current presentation is secondary to medication non-compliance.
3. Substance induced psychosis
    a. Although the patient denies any substance or alcohol use, it must remain a differential and a Utox should be completed to rule out intoxication.
4. Bipolar disorder
    a. The patient presents as manic, with rapid and pressured speech, disorganization, inappropriate speech and delusions. This presentation is most similar to a manic episode associated with Bipolar. The patient does not currently present or admit to any depression which is more commonly associated with Schizoaffective disorder.

Assessment:

49 y/o Russian-American female, single, unemployed, domiciled at Sanford Home with history of Schizoaffective disorder, Bipolar type and multiple hospitalizations BIBEMS due to bizarre and aggressive behavior within the context of medication non-compliance. Pt presents as manic, with pressured speech, tangential thoughts and hyper-talkative. Pt will be admitted to CPEP overnight for stabilization and observation and reevaluated in the morning.

Diagnosis:

- Acute exacerbation of Schizoaffective disorder secondary to medication non-compliance

Disposition:

- Admit to CPEP for stabilization and observation

Plan:

- Medication reconciliation
    - Restart Invega
    - Reinforce importance of medication compliance
- Contact Sanford Home for collateral information

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- Order and review basic labs
- Maintain safety, q15
- Reevaluate in the morning

Article: Pacchiarotti I, Tiihonen J, Kotzalidis GD, et al. Long-acting injectable antipsychotics (LAIs) for maintenance treatment of bipolar and schizoaffective disorders: A systematic review. *Eur Neuropsychopharmacol*. 2019;29(4):457-470. doi:10.1016/j.euroneuro.2019.02.003

Relapse in Bipolar disorder is most commonly associated with medication non-compliance. An estimated 40% of patients are noncompliant with their medications for a variety of factors such as lack of motivation, lack of understanding and aversion to side effects. Long acting injectable medications may be a viable alternative option for patients that are non compliant with their medication regimen. This article is a Systematic Review which evaluated the efficacy and benefits of long-acting injectables for medication non-compliant patients with Bipolar disorder. The analysis found that long-acting Risperidone was associated with reduced hospital admissions, emergency department visits, and reduced need for additional medications to be added to treatment protocol. While weight gain was observed in about 5-18% of the patient taking long-acting Risperidone, side effects were observed to be more minimal and manageable for patients. Furthermore, while LAI Risperidone was found to improve symptoms of mania, it was not as effective in treating depressive episodes. While Risperidone is not typically prescribed to treat Bipolar I disorder, it's important to note the benefits that LAI when treating noncompliant patients. Further research would be beneficial to better understand the role of long acting injectables when treating medication non-adherent patients. I thought that this was an interesting article to look into as the patient in the scenario discussed above does not comply with medications.

Article: Morris MT, Tarpada SP. Long-Acting Injectable Paliperidone Palmitate: A Review of Efficacy and Safety. *Psychopharmacol Bull*. 2017;47(2):42-52.

Long-acting injectable (LAI) medications offer the advantage of administration every 2 to 4 weeks instead of daily, providing more consistent serum levels and potentially fewer side effects compared to oral alternatives. Paliperidone palmitate, an LAI, generally begins to show effects within 8 days, with peak plasma concentrations occurring around 13 days after the initial dose. Treatment initiation involves two injections one week apart, followed by a maintenance dose every four weeks.

Paliperidone has been shown to improve acute psychotic symptoms associated with schizophrenia. In a double-blind RCT involving 652 patients with acute psychosis, those who received paliperidone injections on day 1, day 8, and monthly thereafter demonstrated greater symptom improvement than those on placebo, reaching appropriate drug levels within 8 days. Reported side effects included injection site pain (7.6%), dizziness (2.5%), and sedation (2.3%), with no significant differences in extrapyramidal symptoms (EPS) compared to placebo.

Paliperidone is considered a safe and effective treatment for acute schizophrenia exacerbations, with a favorable side-effect profile. When compared to oral antipsychotics, LAI treatment was associated with lower rates of treatment failure, improved medication adherence, and reduced hospitalization rates. Additionally, paliperidone injections typically achieve a steady state rapidly, reducing the need for concurrent oral medication.

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