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24 February 2021  
(clinic 22.2.21)

Dear Doctor

Re: [REDACTED]

I had a medical review with [REDACTED] day, 22 February 2021 in the presence of his Care Coordinator, [REDACTED] over the telephone.

Recently he was assessed by the liaison psychiatry after he was transported to A&E by ambulance after overdose of 22 x 20mg Escitalopram. He said that he had been thinking about overdose for two days, was unclear about the trigger, generally feeling "overwhelmed". [REDACTED] was very keen to leave us; he had been here overnight and was finding the environment quite difficult. [REDACTED] is currently have his dose of Duloxetine reduced and thinks that this medication has contributed to his feeling of anxiety recently.

During today's telephone conversation I was trying to conduct as full a medical review as possible which revealed as followed:

### Summary of Background History

[REDACTED] is living together with his boyfriend and possibly has a flatmate. He has a transgender history. He has three sisters and a brother. All of his sisters have some mental problem; one sister who is 14 years old has suspected diagnosis of OCD and anxiety. According to [REDACTED] his mum has "mood shifted very often", sometimes she has low mood. From dad's side there were a lot of aunties which suffer from mental disorders, including bipolar disorder; his dad had mild depression at the age of 20.

[REDACTED] is on testosterone medication for at least two years; the first 1 ½ years it was prescribed by the GP and the last 6 months [REDACTED] got testosterone from the internet. He has no established history of use of the drugs and takes alcohol quite moderately, maximum one bottle a week, together with his boyfriend on Fridays. He said that he had an argument with his boyfriend about a week ago and his mood was low after that. He told us that he had suicidal thoughts for the time being and he was taking the medication intentionally but after that he doesn't have any suicidal ideations, neither any active preparations has been done. It should be mentioned that [REDACTED] has overdosed frequently in the

[REDACTED]

past, the last time about a month ago. He was diagnosed with EUPD but during our assessment quite a few more psychiatric conditions came to my attention.

### **Current Treatment**

According to his word he was only taking 30mg Duloxetine at the last time and he is keen to discontinue the medication. Before that he was prescribed with Fluoxetine, Sertraline, Mirtazapine, Escitalopram and all these medications were discontinued because of the side effects.

### **Present Mental Health**

██████████ presented with quite a broad range of severe psychiatric symptoms. He said that his mood is quite volatile, sometimes he has really good days when he wakes up with the intention to do a lot of things during the day, but after some time he might end up in the day with extremely low mood symptoms, about "I don't know technically who I am". He said that he is uncertain about his personality.

He admitted having sometimes the periods of high mood and at the same time he said that he has a lot of delusions and hallucinations which doesn't necessary correlate to the mood state. For example, he cannot leave the house because he is afraid that somebody watches him. He knows that this is not realistic but at the same time he still fears about that. He broke up with his boyfriend but they have a good relationship again. Everything was very intense and he was really tired.

At the age of 14 he thought that his parents hid his hair colour and particularly because of that he has a problem taking bathes. Although the fear of "hided hair's colour" was almost diminishing, ██████████ is avoiding taking bathes. Adjustment to the new situations is very stressful to ██████████ he may have a lot of delusions, fears of infection, feeling of falling down, and possibly visual hallucinations especially when tired or overstressed.

██████████ also admitted having some kind of OCD which was much pronounced when ██████████ was a child; ██████████ was keeping time particularly tidy trying to write everything in his diary. Even now although ██████████ does not follow the time precisely, the patient trying to do everything happening in some particular order.

### **Impression**

During our conversation ██████████ was in extremely good contact, logical and spoke in a calm voice, concentrated on a topic and in long sentences. ██████████ was precisely orientated to himself, time and space. He was openly discussing even difficult things about his symptoms and was very keen to get help. At the moment he didn't show any signs of suicidal thoughts and he was quite thankful for getting advice on his medication and future plans. ██████████ still has the diagnosis of EUPD, however, according to the conversation ██████████ might have quite a few other psychiatric disorders, including but not limited to OCD and psychotic disorder, that will be assessed in due time after the initial conversation. During periods of stress ██████████ is prone to disturbances in his mental state that include emotional dysregulation and reduction in general performance and impulsivity with risk of harm.

### **Plan**

As per NICE guidelines a combination of both psychotropic medication and psychological therapy as a combination is far superior that either used alone.

*Medical recommendation:* I suggest to start with mood stabiliser and antipsychotic medication as follows:

Start Lamotrigine at a dose of 25mg in the evening and Aripiprazole at a dose of 5mg in the morning. ██████████ Care Coordinator will contact him frequently in order to assess possible side effects of the medication, ██████████ was given instructions of discontinuation of the medication if any side effects would occur. At the same time he was instructed to contact the Recovery Team if he has any concerns about his medication or his mental health state.

*Psychological therapy recommendation:* ██████████ is very keen of psychological therapy. We had discussed the type of therapy which would be recommended for him, including psychoanalysis, sexual therapy and DBT. ██████████ will think about possible therapy which he might want to participate in. As a

result of care with [REDACTED] Mental Health [REDACTED] Care Coordinator will be in regular contact with him and will give the feedback to the doctor if necessary.

*Crisis contingency plan:* If [REDACTED] is to experience any acute changes in his mental state, including any concerns about his ability to cope or manage his safety then he can have access to the Crisis Service, Tel: No. [REDACTED]

Please do feel free to contact the team if you wish to discuss anything in more detail. I will remain in contact and keep you updated with his progress.

Yours sincerely

[REDACTED]  
[REDACTED]  
**Locum Consultant Psychiatrist**  
[REDACTED]