

Case Consult Two

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Initial Notes and Observations

Mr. Capek is middle-aged and claimed to have a condition that causes chronic fatigue - namely Lyme Disease. He initially announced that his symptoms had persisted for a month, but his psychiatrist revealed that Capek had received care from him regularly for about twenty years. Mr. Capek initially experienced panic attacks that subsided with clonazepam. Mr. Capek dropped out of school, due to anxiety about a chronic disease he claims to have. Mr. Capek was noted to have felt emotionally and physically well most of the time, only occasionally experiencing fatigue, anxiety, and concentration difficulties. Mr. Capek states that the symptoms are "controllable." This is likely disqualifying for generalized anxiety disorder, as the symptoms are not constant and uncontrollable. He is averse to psychotropic medications, meaning that there was likely no chemical interference causing symptoms that may otherwise not be present. Mr. Capek exercises regularly and practices proper nutrition, leading me to believe that there are few depressant qualities to what is causing his troubles, if any. Capek is implied to have been coping with a panic disorder of some kind for the duration of his treatment with the psychiatrist. Mr. Capek's symptoms would occasionally get worse, but only during notably stressful situations. These situations would occur less than yearly. Possibly the most telling, Mr. Capek had been tested for Lyme disease multiple times, the results of which were all negative. Instead of accepting the results of the tests, Capek attempted to discredit the tests and continued to insist that he had Lyme Disease. Overall, Capek was noted to appear healthy and well-developed. He was visibly anxious, soft-spoken, and had trouble concentrating. He was able to relay information consistent with what the psychiatrist had provided, indicating that he was likely not being dishonest. Mr. Capek was informed that he had low hemoglobin - something that did not cause concern among his treatment team. Despite being reassured by medical professionals that it was not concerning, he began to panic.

Likely Diagnosis

I conclude that Mr. Capek's symptoms align most closely with Illness Anxiety Disorder (care seeking type). He has a preoccupation with having Lyme disease that has lasted for years. His symptoms are very mild - even self-described as "controllable," something that is rare for many other common anxiety disorders. Additionally, his response to the mild symptoms he is experiencing has been wildly disproportionate - even going so far as to abandon his education and limit his employment. Mr. Capek has molded his entire life around having Lyme Disease. Capek is noted as being an anxious man, and the mention of low hemoglobin was enough to throw him into a panic, despite reassurance from medical professionals that there was no trouble. Mr. Capek is noted as having received multiple medical checks as he attempted to treat Lyme Disease over the years. He even has a treatment team. This aligns with the diagnostic criteria outlined in (D.), "excessive health-related behaviors." As mentioned previously, Capek feels that he has been dealing with Lyme Disease for years - far exceeding the minimum threshold of 6 months listed in (E.). IAD has a high chance of comorbidity with panic disorders, which are

evidenced as being something that Capek has struggled with since the beginning of treatment with his psychiatrist.

Further Testing

If given the opportunity, I would like to administer the Personality Assessment Inventory to identify potential comorbidities. I would also like to rule out the existence of any trauma that might be fueling Capek's behavior. To complete a comprehensive baseline understanding of Capek's mental health, he should also be asked directly if he has taken drugs or experienced physical trauma that could have caused any brain-damage.

Treatment Recommendation

I would recommend cognitive behavioral therapy centered on helping Mr. Capek identify and overcome his preoccupation with having Lyme Disease (or any other illness). He would benefit from restructuring treatment that challenges his irrational beliefs about his health. He would also benefit from the adoption of mindfulness, which may train him to interpret physical sensations, which he might have previously associated with a physical illness or malady, differently. He may also begin the regular consumption of a SSRI in a modestly prescribed amount, since it is noted that his symptoms were relieved with a small amount of Clonazepam - a fast-acting benzodiazepine. Prozac might be the best option in this case.

References

French, J. H., & Hameed, S. (2023, July 16). *Illness anxiety disorder*. StatPearls - NCBI Bookshelf. <https://www.ncbi.nlm.nih.gov/books/NBK554399/>