Case Consult Three

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Initial Notes and Observations

Rachel is a 15-year-old who is experiencing social disruptions at home and at school. She has lost many of her long-time friends, and she is experiencing a lot of conflict with her mother. Rachel's grades have dropped, which might signal that she is having trouble concentrating. She has been treated for ADHD since she was 8 years old and regularly takes a methylphenidate-based medication. Following her medication, Rachel's symptoms significantly improved and remained stable for six years. Rachel's mother claims that "Rachel's meds aren't working," presumably because of her prior ADHD diagnosis. Rachel's mother describes Rachel's current behavior as being highly depressive for "days," during which she isolates herself, complains about her friends, and experiences hypersomnia. Rachel also experiences periods in which she is frequently and easily agitated, although it is not clear precisely how long she remains this way. Rachel's father was medicated with lithium for an unknown diagnosis, signaling that genetics may play some role in her recent struggles. Rachel also experiences periods of having a relatively elevated mood for approximately two-week periods. During these periods, she's described by her mother as being "giddy" and will take initiative with regard to performing household chores. This may be a sign of mania. Rachel is otherwise healthy and claims that she does not take drugs or alcohol. Rachel is described as being coherent, goal-directed, wary, and sad. The fact that she appears to be goal-oriented may be attributable to either mania or her medication. Rachel describes herself as being depressed for week-long periods, having a few days of elevated mood, and then extreme anger. Her account of how long she remains happy does not line up with her mother's description, and it is undisclosed how long she experiences anger. She could not identify a direct reason for the mood changes and denied psychotic symptoms, confusion, and suicidal or homicidal thoughts.

Likely Diagnosis

I conclude that Rachel's symptoms most closely align with cyclothymic disorder (possibly with anxious distress). She has been experiencing hypermania and depressive symptoms for the past two years, but these symptoms are not long enough to be classified as periods. This meets criteria A and C. The consistency of Rachel's symptoms over the past two years meets criteria B. Rachel is described as being coherent and competent while denying any psychotic symptoms. This would suggest that she is not being affected by a schizoaffective disorder, fulfilling criteria D. Rachel also claims to be free of drug and alcohol use, which fulfills criteria E. Finally, Rachel is described as isolating herself socially, losing her friends, and presenting to the examination as "wary" (despite having been evaluated before). This is sufficient to satisfy criteria F.

The nature of her symptoms originally seemed to point towards the possibility of bipolar disorder I or II. However, she is missing many of the criteria that are characteristic of bipolar disorder, most notably that her depressive and manic symptoms do not last long enough. This aside, she meets many of the other criteria, including the subcriteria of hypomania. It is likely safe to

assume that this can be attributed to her consumption of ADHD medication, however, which is probably causing some symptoms that match features of hypermania.
If Rachel is lying about her use of drugs and alcohol, she might fit more neatly into substance/medication-induced bipolar and related disorders. It is important to note here that she is described as "wary." This defensive response might be a natural reaction to the clinical setting, but there is a chance that it is indicative of dishonesty.

Further Testing

I would administer the Personality Assessment Inventory (PAI) in an attempt to gain a more thorough and comprehensive baseline of Rachel's status. It is possible that there are other affecting symptoms that are indicative of comorbidities—or even a different diagnosis—that are not being addressed because they are not currently at issue. To confirm that no substance other than her ADHD medication is affecting her symptoms, I would also suggest Rachel undergo a drug test. Since dishonesty is a possibility in this situation, it is important to rule this out if possible.

Treatment Recommendation

I would recommend cognitive behavioral therapy for symptom management. Helping Rachel to identify any risk factors, become more self-aware when her symptoms are occurring, and teach her how to intervene gives her a chance to overcome some of her difficulties. I would also recommend undergoing family therapy to help maintain her relationships with her immediate family members. If Rachel's mood changes worsen, even when undergoing CBT treatment, she may benefit from a mood stabilizer like lithium (anti-manic) to reduce irritability.

References

French, J. H., & Hameed, S. (2023, July 16). *Bipolar and Related Disorders*. StatPearls - NCBI Bookshelf. https://www.ncbi.nlm.nih.gov/books/NBK554399/