Question one:

1. Obsessive Compulsive Disorder
   1. DSM-V criteria: “Recurrent and persistent thoughts…that…cause marked anxiety or distress”
      1. Eric’s symptom(s): recurrent anxiety about his inability to obtain a job, his inadequacy, and his inability to concentrate
   2. DSM-V criteria: “Repetitive behaviors…that the individual feels driven to perform in response to an obsession. The behaviors or mental acts are aimed at preventing or reducing anxiety or distress…however, these behaviors…are clearly excessive”
      1. Eric’s symptom(s): overpreparing for job interviews, excessively rewriting his resume, and hoarding newspapers in fear of missing a job posting
2. Generalized Anxiety Disorder: 300.02 (F41.1)
   1. DSM-V criteria: “Excessive anxiety and worry, occurring more days than not for at least 6 months, about a number of events or activities”
      1. Eric’s symptom(s): excessive anxiety about everything, “including his inability to hold a job to be self-supporting, losing support from his family or being too much of a burden on them, the possibility of his car breaking down, accidentally insulting people, and his lack of a girlfriend”
   2. DSM-V criteria: “The individual finds it difficult to control the worry”
      1. Eric’s symptom(s): “He claimed that he was having considerable difficulty controlling these worries to put them out of his mind and concentrate on something else”
   3. DSM-V criteria: “The anxiety and worry are associated with three (or more) of the following six symptoms (with at least some symptoms having been present for more days than not for the past 6 months):

1. Restlessness or feeling keyed up or on edge.

2. Being easily fatigued.

3. Difficulty concentrating or mind going blank.

4. Irritability.

5. Muscle tension.

6. Sleep disturbance”

* + 1. Eric’s symptom(s): restlessness, characterized by obsessive pacing, difficulty concentrating, and muscle tension

1. Schizoaffective disorder, Bipolar type: 295.70 (F25.0)
   1. DSM-V criteria: “An uninterrupted period of illness during which there is a major mood episode concurrent with criterion A of schizophrenia”
   2. DSM-V criteria: Criterion A of schizophrenia: Two (or more) of the following, each present for a significant portion of time during a 1 -month period (or less if successfully treated). At least one of these must be (1 ), (2), or (3):

1. Delusions.

2. Hallucinations.

3. Disorganized speech (e.g., frequent derailment or incoherence).

4. Grossly disorganized or catatonic behavior.

5. Negative symptoms (i.e., diminished emotional expression or avolition).

* + 1. Eric’s symptom(s): After Eric quit his job as a stockbroker he experienced an extended period of major depression in which he also suffered paranoid delusions that the CIA was monitoring his actions and setting him up to fail. In later episodes he also began to hallucinate the voices of CIA agents telling him to take his medication.
  1. DSM-V criteria: “Symptoms that meet criteria for a major mood episode (major depressive or manic) are present for the majority of the total duration of the active and residual portions of the illness”
  2. Criteria for bipolar I disorder: Manic Episode
     1. “A distinct period of abnormally and persistently elevated expansive or irritable mood and abnormally and persistently increased goal-directed activity or energy, lasting at least 1 week and present most of the day, nearly every day”
        1. Eric’s symptom(s): during his freshman year of college Eric experienced a classic manic episode, where he had an elevated mood and was very energetic (talked often in class) and goal-directed (such as rearranging his furniture). This manic episode would recur sporadically
     2. “During the period of mood disturbance and increased energy or activity, three (or more) of the following symptoms are present to a significant degree and represent a noticeable change from usual behavior.”

1. Inflated self-esteem or grandiosity.

2. Decreased need for sleep (e.g., feels rested after only 3 hours of sleep).

3. More talkative than usual or pressure to keep talking.

4. Flight of ideas or subjective experience that thoughts are racing.

5. Distractibility (i.e., attention too easily drawn to unimportant or irrelevant external

stimuli), as reported or observed.

6. Increase in goal-directed activity (either socially, at work or school, or sexually) or

psychomotor agitation (i.e., puφoseless non-goal-directed activity).

7. Excessive involvement in activities that have a high potential for painful consequences

(e.g., engaging in unrestrained buying sprees, sexual indiscretions, or

foolish business investments).

* + - 1. Eric’s symptom(s): More talkative than usual, distractible, increase in goal-directed activity, and involvement in activities that have a high potential for painful consequences (experimenting with recreational drugs)
  1. Criteria for bipolar I disorder: Major Depressive Episode Episode
     1. Five (or more) of the following symptoms have been present during the same 2-week period and represent a change from previous functioning

1. Depressed mood most of the day, nearly every day, as indicated by either subjective report (e.g., feels sad, empty, or hopeless) or observation made by others (e.g., appears tearful). (Note: In children and adolescents, can be irritable mood.)

2. Markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day (as indicated by either subjective account or observation).

3. Significant weight loss when not dieting or weight gain (e.g., a change of more than 5% of body weight in a month), or decrease or increase in appetite nearly every day. (Note: In children, consider failure to make expected weight gain.)

4. Insomnia or hypersomnia nearly every day.

5. Psychomotor agitation or retardation nearly every day (observable by others; not merely subjective feelings of restlessness or being slowed down).

6. Fatigue or loss of energy nearly every day.

7. Feelings of worthlessness or excessive or inappropriate guilt (which may be delusional) nearly every day (not merely self-reproach or guilt about being sick).

8. Diminished ability to think or concentrate, or indecisiveness, nearly every day (either by subjective account or as observed by others).

9. Recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide.

* + - 1. Eric’s symptom(s): Depressed mood most of the day, every day, anhedonia, psychomotor agitation (pacing the floor), feelings of worthlessness, diminished ability to concentrate, and recurrent thoughts of death.

Question two:

It is my opinion that schizoaffective disorder is the most likely explanation for Eric’s symptoms. However, there is not enough information in his case report to satisfactorily fulfill all criteria for schizoaffective disorder. For example, it is unclear as to whether there has been any period of time where Eric has suffered from delusions or hallucinations in the absence of a major mood episode. I would encourage Eric’s father to continue his habit of documenting Eric’s symptoms and use that information to analyze his ability to fit the criteria of schizoaffective disorder.

Additionally, I would further analyze his ability to fit the criteria for Obsessive Compulsive Disorder. The diagnosis of OCD is a tenuous one, as his compulsions (obsessively revising his cover letters and resume) are not the classically unrealistic compulsions usually associated with OCD. Additionally, although it is clear that Eric is unable to maintain normal relationships with people, it is unclear as to whether this is due to his compulsions, or his other symptoms. I would ask him to write me a schedule of his daily activity, and attempt to pinpoint which symptoms are contributing to his lack of social success.

Question three:

I would diagnose Eric with schizoaffective disorder and generalized anxiety disorder. Schizoaffective disorder covers his depressive, manic, and psychotic symptoms accurately, and generalized anxiety disorder covers his anxiety symptoms where schizoaffective disorder cannot. I do not believe that his compulsions are strong enough to warrant a diagnosis of obsessive-compulsive disorder. It does not seem to be the compulsions that are disrupting Eric’s life, but more the anxiety underlying the compulsions. This anxiety is explained by GAD and is what should be treated. However, anxiety is not the only severe symptom that Eric suffers from, which is why I would also diagnose him with schizoaffective disorder. It is important that Eric focus on curing his psychotic symptoms, as well as his symptoms of mood disorder. They seem to be the primary reason that he is unable to function at a high level in society and should be the first point of treatment. Based on the evidence in question one these are the most likely two disorders from which Eric is suffering.

Question four:

The first thing that I would do for Eric is to make sure that he is continually taking his antipsychotic medication. Obviously medication is not the only solution to Eric’s plethora of problems, but it is a good starting point. It is important to return him to a level of reality so that therapy can actually be useful. Because Eric is suffering from so many side effects of his medication, perhaps it would be useful to switch his medication. A second generation antipsychotic (such as resperidone or olanzapine) may be more effective than a conventional antipsychotic. Unfortunately, there is little therapeutically that can be done for Eric’s psychotic symptoms. However, he would benefit greatly from cognitive behavioral therapy in order to control his other symptoms.

Cognitive behavioral therapy would provide a safe space for Eric to work through his generalized anxiety disorder. Receiving constant reassurance from a therapist would allow Eric to control his anxieties. Additionally, he would be given coping mechanisms of how to control his anxieties more effectively. CBT would also help greatly with the bipolar aspects of Eric’s schizoaffective disorder. A therapist would help him work through his depression, and possibly even give him a more positive outlet for his frequent manic episodes.

Of course medication could also be of use in treating Eric’s bipolar and anxiety tendencies, but it is my inclination to avoid medication until it is necessary. If Eric is able to begin functioning in society with frequent CBT then medication is not necessary. Unfortunately, an inpatient program would be the most helpful for Eric at this point. This would provide the highest level of assurance that he was taking his medication and attending all therapy sessions. However, knowing that his parents cannot afford another hospitalization, his current situation is manageable. I would discuss the necessity of keeping therapy and doctor’s appointments with Eric and his family so that they no longer keep him at home when he is at his worst. Additionally, I would discuss coping mechanisms with Eric’s parents so that they could help Eric if he flies into an uncontrollable manic state.