MAIN ISSUES

From the **internal medicine side**, I need a doctor who can help with:

1. Suspected treatment-induced diabetic neuropathy after a very rapid HbA1c drop (from about 15 to 9.9 in ~2 months).

2. Deciding whether to start pregabalin for neuropathic pain and how to dose it safely.

3. Restarting a statin (e.g., atorvastatin) for significantly abnormal lipids; I was on it earlier for borderline/high cholesterol.

4. Managing a urinary fungal infection (candiduria/UTI) seen on my recent urine report, including antifungal (fluconazole) and any antibiotic therapy if needed.

5. Treating vitamin D deficiency and borderline iron deficiency as shown in my recent lab results.

From the **Psychiatry side**, I am currently on one drug from each of four CNS-active classes:

1. SSRI – Escitalopram (REXIPRA) 15 mg, 1-0-0
2. TCA – Clomipramine (CLONIL) 10 mg, 0-0-1 or 2 at night
3. Atypical antipsychotic – Risperidone (RISDONE-MT) 0.5 mg , 1-0-1, Total Daily 1 mg
4. Benzodiazepine – Chlordiazepoxide (LIBRIUM) 10 mg, 0-0-1 or 2 at night

Having all four classes together is creating a very strong CNS effect in me (sedation, cognitive slowing, "stoned" feeling, memory issues), and I feel the total load on the brain is too high. I urgently need a good psychiatrist who can:

1) Review whether I need each of these as of today:

- **SSRI (REXIPRA)**
- **Benzodiazepine (LIBRIUM)**
- **TCA (CLONIL)**
- **Atypical antipsychotic (RISDONE-MT)**

2) Decide which ones are redundant and can be tapered or stopped.

3) Design a guided tapering plan, especially for Librium and the overlapping antidepressants, so that the regimen becomes simpler and safer without destabilising my mental health.

Case History

- 59-year-old man with type 2 diabetes (dx 2009) and long-standing severe hyperglycemia (HbA1c 10–15 for at least 3–5 years).
- HbA1c ≈15 about 2–3 months ago; now 9.9 (Winter Wellness 25 Dec 2025), implying >5 percentage-point drop in roughly 2–3 months, with home glucose still high (fasting 200–250 mg/dL, 2-hr post-prandial 350–500 mg/dL).123
- New deep aching pain for 1 month, starting soon after major medication changes and HbA1c fall:
  - Pain: constant, deep ache, mainly right shoulder girdle and right upper limb muscles; severity ≈5/10.
  - Onset temporally linked to change in diabetes medications 2 months ago (now on Gemer-1 1000 mg b.i.d., Dapagliflozin 10 mg, Linagliptin 5 mg; all started ~2 months back).
- Weakness: difficulty climbing stairs and generalized heaviness; began around the same time as pain and HbA1c drop; subjectively gradually improving.
- Autonomic/other: urinary urgency/retention; existing fungal UTI on lab report (yeast, leucocyte esterase positive, leucocytes 18/hpf).
- Long psychiatric history and heavy CNS-active load (escitalopram, risperidone, clomipramine, chlordiazepoxide) complicate interpretation of cognitive and head pressure symptoms.

Key investigations (Tests carried out on 25th Deceber, 2025)

- Glycemic control: HbA1c 9.9 (poor control); average glucose ~237 mg/dL; glucosuria present.
- Lipids/cardio risk: LDL 188.6 mg/dL (very high), total cholesterol 258 mg/dL, hs-CRP 5 mg/L (high-risk).
- Renal: creatinine 0.93 mg/dL, eGFR 95 mL/min/1.73 m^2 (normal).
- Liver: GGT 86.8 U/L (elevated), other transaminases normal; possible NAFLD.
- Vitamin D: 25-OH vitamin D 19.27 ng/mL (deficient).
- CBC: Polycythemia (Hb 17.1, Hct 55.4, RBC 6.14×10^{12}/L).
- Uric acid: 7.7 mg/dL (mildly elevated).1

[4:53 pm, 26/12/2025] Vikram Sankhala: Psychiatric and cognitive history

- Lifelong anxiety and OCD-type symptoms since ~age 10 (≈49 years), with chronic subjective head pressure, strong internal anxiety, cognitive slowing, and short-term memory issues for ≈30 years.
- Current symptom description:
  - Continuous “stoned” or heavy-headed state, worse over the last year; present on waking but lower in the morning, then persists.
  - Marked short-term memory difficulty and slowed thinking.
  - Sleep: takes ~1 hour to fall asleep; sleeps about 5–5.5 hours; no major awakenings, no snoring or apneas reported.

Current psychotropic regimen (last 3 years, per patient)

- Rexipra (likely escitalopram) – morning, 1 tablet (dose unspecified).

- Clonil 10 mg (clomipramine) – morning, 1 tablet.
- Risdone-MT (risperidone) – morning, 1 tablet.
- Librium 10 mg (chlordiazepoxide) – 0–0–1 or 2 at night per original prescription; patient reports chronic long-term use.
- Patient reports that escitalopram particularly worsened the “sedated/stoned” feeling.

[4:55 pm, 26/12/2025] Vikram Sankhala: Provisional psychiatric diagnoses (working hypotheses)

Confidence estimates refer to diagnostic plausibility, not formal DSM/ICD coding:

1. Chronic generalized anxiety disorder with prominent somatic/perceptual symptoms – high (≈80–90%)

2. OCD spectrum disorder – moderate–high (≈70–80%) by patient history.

5. No clear evidence of active psychosis; risperidone is more for augmentation/anxiety/insomnia than for primary psychotic disorder