

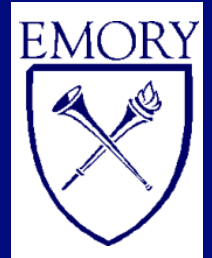
CASE STUDY 1

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CASE STUDIES



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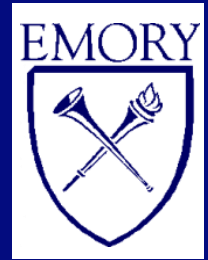
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CASE STUDY 1

A 24-year-old female medical student is brought to the ER after ingesting 20 Tylenol and 10 aspirin in a suicide attempt. After an ICU admission because of rising liver enzymes, she is medically cleared, and admitted to the inpatient psychiatric service. A diagnosis of major depression is made. By history she has had two previous depressive episodes, both untreated. Family history is positive for depression in her mother and alcohol abuse in her paternal grandfather.

CASE STUDY 1: Question 1

The antidepressant you begin treatment with is:

- A. Bupropion
- B. Sertraline
- C. Mirtazapine
- D. Desipramine
- E. Tranylcypromine

CASE STUDY 1: Question 2

In terms of adjunctive treatments at this point, which Psychotherapy would you recommend?

- A. Psychodynamic based psychotherapy to provide insight into unconscious wish to die
- B. Rogerian Non-directive therapy
- C. CBT focused on suicidal ideation
- D. IPT focused on prior losses and developing better social skills

CASE STUDY 1 (cont.)

She is discharged after 7 days in the hospital on sertraline (100 mg) having also received cognitive-behavior therapy (CBT). She is seen in the outpatient setting 2 weeks later. She is improved with fewer crying spells and improved appetite, but she is still quite depressed and has passive suicidal ideation.

CASE STUDY 1: Question 3

In terms of her antidepressant therapy, you opt to prescribe:

- A. An atypical antipsychotic
- B. Add lithium
- C. Switch to mirtazapine
- D. Switch to nortriptyline
- E. Increase dose of sertraline

CASE STUDY 1 (cont.)

The dose of sertraline is increased to 150 mg for 2 weeks, and 4 weeks later to 200 mg. The patient is now 65% improved, but not yet euthymic and clearly not in remission.

CASE STUDY 1: Question 4

At this point you decide to:

- A. Switch to fluoxetine
- B. Switch to venlafaxine or duloxetine
- C. Augment with thyroid hormone
- D. Augment with an atypical antipsychotic
- E. Add mirtazapine

CASE STUDY 1 (cont.)

Because the patient has had a persistent problem with sleep continuity, mirtazapine (30 mg) is added to the Sertraline. The patient responds very well and is euthymic for the ensuing 3 months. However, she gains 27 pounds and is seeking a change in her medication regimen.

CASE STUDY 1: Question 5

Which of the following options do you choose?:

- A. Discontinue mirtazapine
- B. Reduce mirtazapine dose from 30 mg to 15 mg
- C. Discontinue mirtazapine and increase sertraline dose to 300 mg
- D. Discontinue mirtazapine and add buspirone
- E. Discontinue mirtazapine and add thyroid hormone

CASE STUDY 1: Question 6

Which of the following options do you also choose?:

- A. Add Behavior Therapy for weight loss
- B. Refer her to a nutritionist for dietary counseling
- C. Refer her to Group Therapy for support regarding weight and eating issues
- D. None of the above

CASE STUDY 1 (cont.)

The patient has now been euthymic for 3 additional months treated with sertraline (200 mg) and thyroid hormone (T3, 25 mcg). She is in a new relationship and is concerned about her unacceptably low libido.

CASE STUDY 1: Question 7

Which course of action do you take?:

- A. Discontinue sertraline abruptly
- B. Taper sertraline from 200 mg/day to 100 mg/day
- C. Add sildenafil 50 mg qhs
- D. Add buspirone 15 mg po tid
- E. Refer her to an expert in the treatment of sexual dysfunction

CASE STUDY 1 (cont.)

The reduction in the sertraline dose to 100 mg is associated with an improvement in her libido without any return of depressive symptoms.

CASE STUDY 1



Questions or comments.

