**Fatigue**

Anne is concerned because for the last four weeks she is having trouble concentrating at work and has not been able to complete her work on time. She is very fatigued to the point that she has called in sick to work twice in the last 4 weeks. On those days Anne stayed in bed all day watching TV and sleeping. One of her friends at work asked Anne what was wrong because the friend noticed that Anne appeared irritable and withdrawn. Her husband is concerned because she does not want to go to the park with him and the children, which has been something Anne always looked forward to doing on the weekends. Anne is worried that something is seriously wrong.

**What more would you like to know from Anne?**

[Information provided as requested.]

Age 30

Over the last two months, Anne is very disappointed in herself. She thinks she is a failure as a wife and mother since she had to hire someone to do the laundry and housecleaning.

About four weeks ago one of the other bankers in her firm was accused of fraudulent actions and subsequently suspended.

It takes Anne 1-2 hours to fall asleep at night.

She considers her husband supportive. He tries to help by talking to her, but she withdraws and tells him "everything's fine" and then starts to cry.

Anne admits to feeling worthless.

Over the last week, Anne has been having thoughts of wishing she was dead. She denies a plan and does not think she would kill herself.

She does not have access to guns or sleeping pills.

She does not have any delusions or hallucinations.

Anne denies any risky or impulsive behaviors (such as spending sprees), or addiction or more than 24 hours without sleeping.

PMH: Anne is on no medications.

While she has had episodes of feeling anxious during times of high stress, Anne has never been diagnosed with anxiety, depression or any medical problems.

SH: Married with two children ages 4 years and 18 months

Works as an investment banker.

Graduated Suma Cum Laude from college and finished her MBA in 1 year!

Denies any past or current abuse, trauma, domestic violence or harm.

She has never used tobacco, illicit drugs, marijuana, opioids.

She never has more than two alcoholic beverages in a day.

FH: Anne's father has depression and attempted suicide once several years ago.

Her mother has HTN.

Anne's brother and sister are healthy.

ROS: Anne denies constipation, dry skin, myalgia, arthralgia, respiratory sx, CV sx, snoring or daytime fatigue prior to the last four months.

Physical Exam: Normal including VS. Her BMI is 23.

Anne’s mood is depressed and her affect is flat. Her speech is not rapid and her thoughts are organized and nontangential. Her insight and judgment appear fair.

**What diagnoses are you considering?**

**Explain your reasoning.**

The discussion should include consideration of anxiety, bipolar disorder, depression, adjustment disorder, hypothyroidism, hyperparathyroidism. Students should defend/explain their reasoning.

**What tests, tools and diagnostic criteria could assist you in evaluating Anne?**

The discussion should include the DSM-5 criteria for depression and bipolar disorder, assessment for prior episodes of mania/hypomania, consideration of a TSH, use of the Beck's Depression Inventory (BDI) or Patient Health Questionnaire (PHQ9), consideration of the Mood Disorder Questionnaire (MDQ). Students should determine the score of Anne on either BDI or PHQ9, and MDQ.

TSH is normal.

BDI 25, Moderate depression

PHQ9 16, Moderately severe depression

MDQ does not meet criteria for bipolar disorder

**What is Anne's diagnosis?**

Major Depressive Disorder, single episode, moderate

**What treatment do you recommend for Anne?**

**Explain your reasoning.**

Lifestyle interventions, psychotherapy and SSRI or SNRI, due to the severity of depression and suicidal ideation. Discuss the efficacy of each treatment and efficacy of combination treatment. Discuss common side effects and contraindications for SSRIs and SNRIs. Discuss when to consider hospitalization.

**How will you follow Anne?**

**Explain your reasoning.**

Ask Anne to discuss her suicidal ideation with her husband with you present for Anne's safety. Ensure Anne agrees to call or have her husband call you if her thoughts of suicide increase or she develops an active plan. Advise use of the Suicide Prevention Hotline (1-800-273-8255) or the nearest emergency department if Anne is feeling worse or develops an active plan for suicide. See Anne in 1 week to monitor for worsening and medication side effects. See Anne every 2-4 weeks until there is progressive improvement and appropriate response to lifestyle interventions, psychotherapy and medication.

Discussion Points

* For mild to moderate depression psychotherapy is the first choice treatment, level 2 evidence.
* For moderate to severe depression psychotherapy plus medication, SSRI or SNRI, is recommended.
  + There is level 2 evidence that both together are more effective than either alone.
* For severe refractory depression, ECT is the treatment of choice, level 2 evidence.
* Cognitive behavioral therapy (CBT) and interpersonal psychotherapy both have level 2 evidence for efficacy.
* Selection of medication is based on side effects/contraindications, desired effects/compelling indications, cost, response to prior medications and response of first degree relatives to medications.
  + One meta-analysis showed amitriptyline to have the best efficacy.
* If there is a good response to medication for an initial episode, continue the medication for 4-9 months – American Psychiatric Association and National Institute for Health and Care Excellence (NICE).
* For recurrent depression consider long term maintenance therapy.
* An active plan for suicide or a recent attempt is a reason to hospitalize or place the patient in a supervised setting.

**Medication Refill**

Henry is here for a refill on his medications. This is the first time he is seeing you. His last doctor has been giving him bupropion and alprazolam for his experiences of panic. For the last 25 years, Henry has intermittent trouble with worrying about different things, to the point where he feels sick in his stomach. If he drives for more than one hour in the car, he starts to feel flushed and lightheaded. He has to stop and get out of the car. Because of this he has had trouble keeping a job. So Henry would like more medicine or maybe a higher dose, so he can work regularly and support his family.

**What more would you like to know from Henry?**

[Information provided as requested.]

Age 55

Henry's symptoms interfere with his daily life – he cannot keep a job, he is not able to follow-through on tasks, he cannot help with taking his children to activities.

Sometimes the panic episodes become so severe that Henry feels like he is going to die. But he does not want to die.

He saw a counselor in the past, but it did not help.

He does not feel like he wants to hurt himself or anyone else.

He does not have delusions or hallucinations.

Henry has times where he goes 36-48 hours with no sleep because he is so worried. When this happens, Henry takes 2 alprazolam and he is able to go to sleep.

PMH: no other medical problems

Medications: bupropion XR 300 mg QD, alprazolam 0.25 mg two to three times a day

SH: He is divorced with 3 children and shares custody.

He does drink alcohol a couple of time a week, but never more than 3 drinks. He does not think that he drinks more when he is worried or feeling the panic symptoms.

Henry has never used tobacco, illicit drugs or opioids. He has never been prescribed opioids. He did use marijuana in his 20's but not since then.

FH: Henry's father died in a car accident 30 years ago. His mother is diagnosed with bipolar disorder but well controlled on medications.

ROS: Henry denies weight change, constipation, diarrhea, dry skin, myalgia, arthralgia, chest pain. He feels short of breath during the panic episodes, but he can walk up four flights of stairs without stopping and has no symptoms.

Physical exam: VS are normal. Henry’s mood is euthymic and his affect is anxious and restless. His speech is a slightly rapid but clear. His thoughts are organized and interruptable. His insight and judgment are good. The rest of the physical exam is normal.

**What diagnoses are you considering?**

**Explain your reasoning.**

The discussion should include consideration of anxiety, anxiety with panic episodes, panic disorder, bipolar disorder, depression, hyperthyroidism, hyperparathyroidism, maybe pheochromocytoma and substance abuse. Students should defend/explain their reasoning.

**What tests, tools and diagnostic criteria could assist you in evaluating Henry?**

The discussion should include the DSM-5 criteria for panic disorder, generalized anxiety disorder and bipolar disorder, consideration of a TSH, consideration of a urine drug screen, use of the Generalized Anxiety Disorder Scale (GAD-7), consideration of the Mood Disorder Questionnaire (MDQ). Students should determine the score of Henry on the GAD-7 and MDQ.

TSH is normal.

GAD-7 15, Severe anxiety

MDQ does not meet criteria for bipolar disorder

**What is Henry's diagnosis?**

Generalized Anxiety Disorder with panic attacks

**What treatment do you recommend for Henry?**

**Explain your reasoning.**

Psychotherapy and SSRI or SNRI, due to long standing panic and anxiety that are severely impairing function. Discuss primary care therapy interventions. Discuss the efficacy of each treatment and efficacy of combination treatment. Change bupropion to a SSRI or SNRI with efficacy for anxiety and panic – bupropion may be contributing to his problems with insomnia. Wean off the alprazolam and consider a TCA for sleep. If an adequate response is not achieved, consider augmentation therapy. Recommend an exercise routine. Discuss the risks of alcohol with benzodiazepines and have Henry agree to stop drinking alcohol.

**How will you follow Henry?**

**Explain your reasoning.**

See Henry in 1 week to monitor for worsening symptoms, medication side effects and benzodiazepine withdrawal. Then see him every 2-4 weeks while weaning off the benzodiazepine. This may take a few months. See Henry monthly until there is progressive improvement and appropriate response to therapy and medication.

Discussion Points

* Cognitive behavioral therapy (CBT) and psychodynamic therapy reduce symptoms in anxiety, level 2 evidence, Grade A SORT.
* CBT may reduce symptoms in panic disorder, level 2 evidence.
* Physical activity is a cost effective treatment for anxiety and panic, Grade B SORT.
* For generalized anxiety disorder
  + There is level 2 evidence for remission and reduction of symptoms for escitalopram, paroxetine and sertraline.
  + There is level 2 evidence for reduction of symptoms for duloxetine, venlafaxine, imipramine, trazadone, opipramol, citalopram and agomelatine. (Opipramol and agomelatine are not commercially available in the US.)
  + Buspirone appears to reduce symptoms, but has higher noncompliance, level 2 evidence.
  + There is level 1 evidence that lavender oil gel capsules reduce symptoms.
  + Kava appears equal to buspirone and opipramol, level 2 evidence.
* For panic disorder
  + SSRIs, SNRIs and TCAs have similar response rates, level 2 evidence: citalopram, duloxetine, escitalopram, fluoxetine, paroxetine, sertraline, venlafaxine.
  + CBT plus an antidepressant may reduce symptoms more than either alone, level 2 evidence.

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**Note:** Posted document with depression, anxiety, panic, bipolar 1 and 2

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