

# Brain Injury Psychiatry Workshop

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# Case Presentation: Outcome and Panel Discussion

# Case- impression

- Significant avolition and amotivation, alongside intermittent low mood and suicidal ideation. Likely related to ongoing depressive episode with perpetuating factors including reminders of his two dogs and difficulty attaining his ideal weight. Background of extensive organic pathology with a stroke and two brain injuries affecting attention and aspects of executive functioning
- Also presenting with a restrictive food intake disorder, present premorbidly following childhood obesity. Long term personality seems to be one of rigidity and obsessionality with a tendency to perform activities to excess.
- Biological vulnerability with gambling issues in his father. Additionally relationship with his father was significant for it's perceived inability to guide and nurture and many of his focuses in life have been to achieve goals which he believed would make his father proud, to no avail. Whilst he desired a partner, he has never been in a relationship and has an underlying low self-esteem exacerbated by his continued need to live with his mother. Long-standing suicidal thoughts with no current intent.
- Ongoing adverse medication effects including bruxism and tremor. May be related to venlafaxine but a trial of reduction in the past was unsuccessful in reducing the symptoms and resulted in a deterioration in mood.

# Case- plan

- Cross titration from sodium valproate 500 mg bd to lamotrigine by reducing sodium valproate by 100 mg bd every two weeks and increasing lamotrigine by 12.5 mg every 2 weeks. Nb possibility of Stevens-Johnson syndrome and need to be alert for the development of a rash. CM will monitor for any development of a rash and if this occurs lamotrigine needs to be ceased immediately.
- Consider psychostimulant. Armodafinil 50 mg daily is a reasonable first choice, with the possibility of methylphenidate if this is not effective. Cardiovascular monitoring, contraindicated in the presence of ischaemic heart disease or arrhythmia.
- Liaised with his community psychiatrist
- Psychosocial- meeting with his mother to look at obtaining a dog, liaison with his shooting centre to consider volunteering without accessing a gun and assistance in looking for work. Continue weekly clinical psychology sessions

# Panel

Bianca Middleton- Case Manager

Suzanne Stacey- Recreational Therapist

Amy Robinson- Physiotherapist

Joe Hanna- Senior Neuropsychologist

Janine Mullan- Speech Pathologist

# Case- update

- Mother passed away, grief with increasing suicidal thoughts
- MH inpatient admission, transferred to older adult ward
- Course of ECT with improvement in mood but cognitive adverse effect
- Accommodation options being explored