

Leo V. Yason, M.D.
General Psychiatry

11371 Cortez Blvd. • Suite 113
Brooksville, FL 34613
(904) 596-4562

PSYCHIATRIC ASSESSMENT

August 5, 1993

SNOW, Otto

IDENTIFYING INFORMATION: The patient is a 37 year old white male, single, currently living with his parents, who was referred by his therapist for evaluation and treatment of depression and panic attacks.

HISTORY OF PRESENT ILLNESS: The patient reports that his current condition started approximately in 1985. This was apparently triggered by his being arrested by the police for possession of chemicals necessary for production of amphetamines. At that time the patient experienced increased motor activity, paranoid ideations, grandiosity, possibly grandiose delusions, decreased sleep, and racing thoughts. He was also irritable during that time with a lot of anger and had also experienced recurrent nightmares. He was also experiencing a lot of anxiety symptoms including panic attacks. He was seen in a hospital in Maine as an outpatient where he was given a diagnosis of adjustment disorder with mixed emotional features and possible cyclothymic disorder. He was tried on Imipramine at the time although the patient did not continue this as he claims that he had a toxic reaction to this medication. He was also tried briefly on Desipramine but the patient did not continue because of his inability to tolerate it. Over the past several years the patient continued to experience periods of having manic-like symptoms just like the above and also has experienced periods of depression wherein he would feel very depressed with low energy level and losing interest in his usual activities. He would get hopeless and overwhelmed and at times had occasional suicidal ideation during his depressive periods. Over the past several months the patient has been experiencing recurrent panic attacks occurring almost on a daily basis. He would experience extreme nervousness, palpitations, chest tightness, hyperventilation and tremulousness. In addition to panic attacks he feels nervous all the time. The patient has also been experiencing recurrent nightmares and sleep difficulty. He has been having difficulty with his concentration and at times would feel overwhelmed. He still experiences racing thought and pressured speech. He feels that he has a lot of ideas in his mind. He continues to express grandiosity, repeatedly saying that he did research on different neurochemicals. He also has researched a lot of psychotropic medications and psychiatric illnesses. He also said several times that he has studied at M.I.T. and was involved in a business involving neurochemicals. The patient admits that occasionally he

would use alcohol although not on a regular basis. He would usually use alcohol when he is in a manic period in order to slow himself down. He has been taking Lorazepam, which he recently increased by himself to 0.5mg four times a day. This has been prescribed by his family doctor. He has been seeing his therapist, Thair Dieffenbach, since January, who then referred the patient to this clinic for further evaluation and possible use of psychotropic medication.

PAST PSYCHIATRIC HISTORY: The patient stated that even before 1985 he had a problem with anxiety and was treated with Benzodiazepines including Dalmane and Librium by his family doctor who at the same time was treating his mother for bipolar disorder. The patient denies any prior psychiatric hospitalization. He denies any history of suicide attempt.

PERSONAL AND SOCIAL HISTORY: The patient had one year of college education. He hasn't been working for the past 10 years now at least. He has been living with his parents. He recently applied for SSI.


MEDICAL HISTORY: Negative.

FAMILY HISTORY: Mother has a history of bipolar disorder and has a history of suicide attempts.

MENTAL STATUS EXAMINATION: The patient is an alert, well-oriented, pleasant and cooperative white male with fair hygiene and is appropriately dressed. There is no psychomotor retardation or agitation. However, especially during the latter part of his interview, the patient was exhibiting physical symptoms of anxiety, mainly motor restlessness and tremulousness. His speech is fluent and pressured. His thinking process is tangential and circumstantial with flight of ideas. It was generally coherent, however. Positive for grandiosity ?delusional. Positive for paranoid ideation. He denies suicidal or homicidal ideation. Denies auditory nor visual hallucinations. Mood is dysphoric, anxious. Affect is restricted, stable, appropriate. Concentration is decreased. Short-term and long-term memory intact. Insight and judgement are fair. General knowledge of current events is good. Proverb interpretation is good.

ASSESSMENT: Axis I - bipolar disorder, manic type; panic disorder with agoraphobia. Axis II - deferred. Axis III - none. Axis IV - Code #3. Axis V - current GAF-50.

TREATMENT PLAN: Discontinue Ativan, start Klonopin 1mg b.i.d. We will do a pre-Lithium work-up which includes CBC, SMA-7 and thyroid profile. The patient was given literature about Lithium treatment. Will possibly start Lithium after the lab results are available. Next appointment will be in two weeks.



November 7, 1993

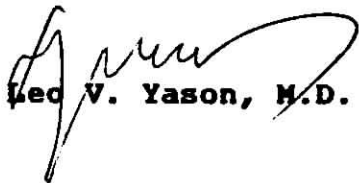
TO WHOM IT MAY CONCERN:

RE: Otto Snow

This is to inform you that I have been seeing Mr. Otto Snow from August 5, 1993 up to the present. He has a diagnosis of schizoaffective disorder, bipolar type, and post traumatic stress disorder. The patient has been experiencing signs and symptoms of the above disorder since 1985. These include periods of increased motor activity, paranoid ideations, grandiose ideations and delusions, insomnia and racing thoughts. He also had depressive symptoms including decreased energy level, anhedonia, and hopelessness and suicide ideation. He has also experienced hyperarousal symptoms including startle response, persistent anxiety, panic attacks, intrusive memories and recurrent nightmares. The patient is currently on Ativan. He has been tried on different psychotropic medications in the past but has been unable to tolerate most of them because of side-effects.

The patient has been unable to work because of his psychiatric disorder. At this point I would consider his prognosis to be poor. It is also my opinion that this patient will not be able to handle a job because of his psychiatric illness.

Sincerely yours,


Leo V. Yason, M.D.

August 20, 1993

SNOW, Otto

Medication management

The patient has been unable to tolerate Klonopin and discontinued it. He is complaining of difficulty with concentration and sedation from this medication. He continues to experience anxiety and at times panic attacks. The patient also continues to show pressured speech with flight of ideas and disorganized and tangential thinking process. He also continues to express grandiosity. He did give me copies of the articles with regards to his arrest, which was found to be a false arrest. The patient maintains that his troubles started after this arrest in 1985. He has experienced post traumatic stress disorder symptoms including nightmares, startle reaction, increased anxiety level and intrusive memories of this arrest. His pre-Lithium work-ups were essentially negative except for elevated eosinophiles. The patient, however, does not want to take Lithium because he is concerned about the long-term side-effects. He did, however, agree to take an antipsychotic medicine. He was on Navane in the past and the patient thinks that he did well on this medication. He is well aware of the side-effects of this medication including tardif dyskinesia. He reports that the Navane improved his fears when he was taking this medication from 1986-87.

ASSESSMENT: schizo-affective disorder

PLAN: Continue Ativan 0.5mg b.i.d. and 1mg h.s., start Navane 1mg q.a.m. and 2mg h.s. Continue individual psychotherapy with Thair Dieffenbach.



Leo V. Yason, M.D.

September 20, 1993

SNOW, Otto

Medication management

The patient has been unable to tolerate Navane. He complained about his allergic side-effects. He has experienced constipation, dry mouth and abdominal discomfort and he discontinued Navane after a few days. He still experiences hyperarousal symptoms, intrusive memories and recurrent nightmares from his arrest several years ago. The patient also reports panic attacks. He, however, reports that Ativan has been helpful in calming him down. He admits to experiencing depressive symptoms. He feels depressed, less interest in usual activities, decreased energy level and decreased appetite. He denies suicidal nor homicidal ideation. The patient denies any delusions nor hallucinations.

ASSESSMENT: PTSD, schizoaffective disorder

PLAN: Continue Ativan 0.5mg b.i.d. and 1mg h.s., start Zoloft 25mg q.a.m. times seven days then increase to 50mg q.a.m. I have discussed with the patient the indications and potential side-effects of Zoloft. Continue individual psychotherapy with Thair Dieffenbach. Recommended to attend agoraphobic support group at St. Michael's Church. Next appointment will be in four weeks.



Leo V. Yason, M.D.

October 18, 1993

SNOW, Otto

Medication management

The patient has been unable to tolerate Zoloft. He experienced an increase in anxiety symptoms and stopped it after a week. The patient is still experiencing hyperarousal symptoms. This was apparently heightened during the search for the serial killer in this area. Apparently the parents of the killer were living in their neighborhood. The patient also reports depressive symptoms, usually in the morning. He also still experiences flashbacks and memories of his arrest and also his difficult experiences with the psychiatrist who treated his mother. According to the patient he would experience intensification of these symptoms after he leaves this office as this reminds him of his mother's psychiatrist in the past. The patient currently denies suicidal nor homicidal ideation. He appears nervous. He still has grandiosity with pressured speech. He continues to take Ativan and is tolerating this medication well. He also continues to see Thair Dieffenbach for weekly individual psychotherapy.

ASSESSMENT: the same

PLAN: Continue Ativan 0.5mg b.i.d. and 1mg h.s. The patient is currently reluctant to take any other psychotropic medications. The patient was given literature about Prozac and encouraged to read this. We will discuss the use of this medication during his next appointment, next month.



Leo V. Yason, M.D.