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Diploma in Pharmacy 2nd Year
Pharmacotherapeutics
Experiment

To Prepare and Discuss notes on Subjective, Objective, Assessment and Plan for Depression (real / hypothetical)

Aim:

To Prepare and Discuss notes on Subjective, Objective, Assessment and Plan for Depression (real / hypothetical)

Reference :

‘ Dr. Gupta G.D. , Dr. Sharma Shailesh, Dr. Sharma Rahul Kumar, “Practical Manual of Pharmacotherapeutics” Published by Nirali Prakashan, Page no 44 - 48

Theory :

1.Depression

i) Case I

a. Subjective:

- **Name:** Ms XYZ
- **Age:** 44 yrs
- **Sex:** Female
- **Unit:** MED II
- **DOA:** 21/0/2001
- **Reason for Admission:** Chief complaint of daily weeping spells, anxiety, restlessness, fatigue and low mood. She reported that her sleeping was disturbed because it took her several hours to fall asleep. She was experiencing these symptoms from last three months.

- **Past Medical History:** Patient was suffering from Hypertension from last 2 years and Hypercholesterolemia from last 1 year.
- **Past Medication History:** She was using Inderal (Propranolol) 40mg from last 2 years and Lipiget (Atorvastatin) 10mg from last 1 year.
- **Family History:** No
- **Allergies and Social History**: Nil

b. Objective:

- **Height:** 5'6"
- **Weight:** 95 Kg
- **BP:** 116/73 mmHg
- **PR:** 75 bpm **RS:** 29/min
- **Temperature:** 98 °F
- **Oxygen Saturation:** 94%
- **Physical Activity:** daily work routine home

c. Assessment:

- **Diagnosis:** Three key symptoms (low mood, loss of interest, low energy) of depression were present from last three months.
- **Pharmacotherapy Assessment:**
  - Patient was not compliant with the therapy.
  - Less physical activity.
  - Lack of motivation.

Brand	Generic	Strength	Frequency
Paraxyl	Paroxetine	20mg	HS
Risp	Risperidone	1mg	HS
Qutyl	Qutiapine	25mg	HS

- **Medication Therapy**

d. Plan :

- **Interventions:**
  - Suggest psychiatrist to change drug therapy
  - Psychotherapy should be given to patient
  - Council patient to stick to drug regimen to show good compliance.
- **Care Plan:**
  - **Proper Diet:** choose smart carbohydrates.
  - Take protein rich and selenium rich foods.
  - Exercise and walk to reduce body weight.

ii) Case II

a) Subjective:

- **Name:** Mr ABC
- **Age:** 67 yrs
- **Sex:** Male
- **Unit:** MED II
- **DOA:** 21/11/2011
- **Reason for Admission:** Patient was referred to our outpatient clinic of geriatric psychiatry because of persistent affective symptoms for years.
- **Past Medical History:** Patient suffered from depressed mood, anhedonia, loss of initiative, increased appetite, worrying, catastrophising. feelings of anxiety with excessive sweating. difficulties staying asleep, nightmares, increased need of sleep. loss of energy and tiredness. Symptoms fluctuated over the years but increased during autumn/winter, after life events and during vacation periods. Over the years, he had gradually withdrawn from social activities.

- **Past Medication History:** He had no other previous medical or psychiatric history.
- **Family History:** No family history.
- **Allergies and Social History:** Patient did not smoke or drink alcohol .

b) Objective:

- **Height:** 5'6"
- **BP:** 130/100 mmHg
- **Physical Activity:** daily work routine home
- **PR:** 99 bpm
- **RS**: 25/min
- **Temperature:** 38 °C
- **Oxygen Saturation:** 95%

c) Assessment: Laboratory findings of blood glucose level

- **Psychiatric Examination:**
  - Patient was a tired man with bags under his eyes and reduced facial expression. Higher cognitive functions were intact.
  - He had a depressed mood and flat affect, but denied suicidal ideation.
  - Evaluation of his sleep pattern revealed a rapid sleep onset, but strikingly, he never woke up well rested, regularly dozed off during the day and he was often at risk of falling asleep while driving his car.
- Inventory of Depressive Symptomatology (IDS): patient scored 38 points on the 30-item Inventory of Depressive Symptomatology (IDS), which is indicative of a severe depression.
- Mini-Mental State Exam (MMSE): The scores on the Mini- Mental State Exam (MMSE) and the Cambridge Examination for Mental Disorders of the Elderly/Cambridge Cognition test

(CAMDEX/CAMCOG) were not indicative of cognitive problems (MMSE: 30/30, CAMDEX/CAMCOG 90/120).

- **Epworth Sleepiness Scale:** The score on the Epworth Sleepiness Scale was 16/24, which is indicative of excessive daytime sleepiness.
- **Polysomnography:** Polysomnography showed 356 apnoeas in 6 hours of sleep and an Apnoea-Hypopnoea Index (AHI) of 57. The arterial oxygen saturation varied between 76% and 95%. The sleep architecture was distorted, as no slow wave sleep was present. The patient was diagnosed with severe OSA.
- **Depressive Disorder:** Depressed mood, anhedonia, increased appetite, constant worrying, loss of initiative, withdrawal of social activities, sleeping problems, loss of energy, increasing symptoms during autumn/wintertime and lesser facial expression.
- **Anxiety Disorder:** Feelings of anxiety with excessive sweating, catastrophising, nightmares, withdrawal of social situations and constant worrying.
- **Post-traumatic Stress Disorder:** As a result of the unpleasant work situation, social withdrawal, nightmares and feelings of anxiety with excessive sweating.
- **Neurodegenerative Disease:** Change in character, mood disruptions and temper issues.
- **Obstructive Sleep Apnoea:** Severe loss of energy/tiredness. falling asleep while driving, dozing off during daytime, wake up not fully rested snoring, breathing pauses during sleep. irritability, change
of character, obesity and hypertension.

d)Plan-Treatment:

- Citalopram, indicated for depressive as well as anxiety disorders, slightly improved his depressed mood and reduced anxiety symptoms over the course of 8 weeks.
- The patient accepted cognitive-behavioural therapy (CBT), to improve coping with his work situation and to increase his self-esteem
- Four weeks after starting CBT, the patient started with continuous positive airway pressure (CPAP) at night to treat his OSA.

Result :

Notes on subjective, objective, assessment and plan for Depression (real/ hypothetical) disease conditions was prepared and discussed.

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