

Yasha is a 21 year old male who was brought by his parents to the Westmead Accident and Emergency Department. For the last two weeks, Yasha has been complaining of poor sleep, and poor appetite. His parents are concerned because he has been talking to himself and exhibiting bizarre behaviour, often leaving the house and wandering the neighbourhood at 2am.

What problem/s is the patient presenting with?

What are the most likely and important conditions to account for the problems?

Problems:

- Poor sleep
- Poor appetite
- Bizarre behaviour
- Talking to himself
- Parental concern

Hypotheses:

- Depression
- ? Illicit drug use
- Medical illness causing disturbance in behaviour
- Other psychiatric condition causing disturbance in behaviour

HPI

Yasha is unhelpful at first, so you attempt to take a history from his parents:

His father states that recently, Yasha has been awake all night. Two nights ago, he wanted to sleep in his parent's bed. He was fully clothed and soaking wet after having showered in his clothes at 3am.

He is writing bizarre messages on his computers and on bits of paper. He has told his parents that he was convinced that he is dying and has seen his dead grandfather. He recently joined a group of Bahai and has been spending a lot of time involved with them. He told his parents that he is here to solve people's problems of cancer and that he can purify things with water.

Yasha has been observed to be making bizarre actions as if praying or performing strange acts. Yasha's friends are also concerned, having told his parents that he recently urinated in his clothes whilst at a friend's place.

His father is concerned that Yasha keeps a sword next to his bed. He has told his father that this is because he is afraid that someone may attack them.

From Yasha:

Yasha believes that his body has been overtaken by cancer and this is what is causing him to have problems with his behaviour. He attributes this to being a “product of the union of the genes of his parents”. He is constantly talking about genes and genetics.

He also is constantly mentioning that “the vibrations of two worlds are vibrating against him” and that he is trying to “understand life, religion and virtuosity”. He believes that he can hear “whispers between heaven and earth” and that God “speaks the truth” directly to him.

He states that he is scared that if he falls asleep that he will die because he is breaking the law. He has also stated that if you sleep less, that you have more energy the next day.

He believes that his family is “out to get him with love” and that he therefore can’t stay at home because he “doesn’t like their subliminal program...I gotta move out”.

When asked directly, he denies adamantly having any suicidal or homicidal ideation.

Past psychiatric history:

From his parents you learn that Yasha had ADD as a child and was treated with Ritalin from the age of 11-17.

He was considered “a dreamer” at school, but was an average student. His teachers reported that he had trouble concentrating.

He has never had any psychotic episodes that he or his parents are aware of.

Past medical history:

None

No regular medications

No known allergies

Family history:

Yasha’s father has a cousin who developed a similar illness when he was in year 11 and is still on medication. Little else is known about the cousin. Yasha’s mother has a cousin who developed psychiatric illness due to experiences in the war. No other relevant family history.

Social and personal history:

Yasha is currently studying at TAFE, doing a course in Marketing having already completed a course in construction last year. He has a job working for a cleaning company. He lives at home with his parents. He has a keen interest in religion, philosophy and science, reading widely on the topics. This has led his mother to believe that he is just “overworking his brain”. He and his family migrated to Australia from Iran in 1987, when Yasha was 5.

Yasha is a non-smoker and an occasional drinker (he can’t remember when he had his last drink). He has taken ecstasy once before but denies any other illicit drug use.

Yasha is in considerable debt, having accepted the wrong credit card over the internet, and currently owes \$13000.

Are there any new problems/issues?
What alternatives should be considered?

Problems:

- Inappropriate behaviour
- Visual and auditory hallucinations
- Delusions of persecution
- Delusions of grandiosity
- Danger to himself/others?

Hypotheses:

- First incidence of psychosis
 - Schizophrenia in early stages
 - Schizophreniform disorder
 - Schizoaffective disorder
- Drug-induced psychosis

What particular signs will I be seeking on examination to help clarify the diagnosis?

Mental state examination:

- Appearance:
 - Average small man
 - Well dressed
 - Preoccupied (constantly looking around)
 - Restless (appears to be responding to internal stimuli)
 - Pacing the room
 - Initially difficult, subsequently cooperative
- Speech:
 - Normal
- Mood:
 - Anxious
- Thinking and perception:
 - Thought form demonstrates looseness of associations

- Delusions of persecution (believes people are trying to hurt him)
- Delusions of grandeur (prophet of God)
- Thought insertion
- Hallucinations (auditory and visual)
- Sensorium:
 - Alert
 - Oriented to time, place and person
 - Concentration and calculation normal
 - Memory intact (remote, recent past and recent)
 - Remembers 4 objects immediately and at five minutes
 - Insight and judgment impaired
 - Does not believe that he is sick

Any thoughts or comments?

What investigations will help to clarify the diagnosis?

FBC – normal

LFT – normal

Biochemistry - bicarbonate slightly low and anion gap mildly elevated

TFT – normal

B12 and folate – normal

Toxin screen – all normal (amphetamines, barbiturates, cocaine, opioid, methadone, THC, benzodiazepines)

CT – normal

(no EEG was performed, but it is an option in these cases)

What is the working diagnosis?

What are the short and long-term management goals?