

# Case Vignette

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A CHALLENGING CASE



# Identifying Data

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- A 20-year-old unmarried man with 9th grade education living with his parents
- 14th admission in the last 5 years

# Present Illness

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- Recently hospitalized after having several bouts of verbal and physical aggression
- The aggressions were mostly towards his parents without any identifiable trigger and he attributed the reason to **recurring thoughts**
- After aggressive bursts, he admits that all these thoughts are only in his own mind and his father had never attacked him.
- During his recent hospital stay, he kept having such thoughts while **repeating some sentences and behaviors.**
- He is very preoccupied with the “**right way**” of doing things and “even numbers.”

# Developmental and Social History

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- He was born in a middle class family and with a history of aggression and a psychiatric hospitalization in his uncle.
- There were no birth problems. (A suspicious history of febrile seizure)
- The stages of growth and development during childhood were normal. He was a “difficult baby”.
- He had no history of stuttering, tics or repetitive behaviors.
- No clear history of social development is available. He had limited number of friends
- Educational status was appropriate until the onset of his illness and had no history of a school drop-out.
- He started having deterioration in educational status in the seventh grade.

# Past Psychiatric History

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- The patient's symptoms started in 2013 at the age of 14 years old, with aggression, deterioration of educational status, and agitation.
- As reported by the parents, this happened shortly after a suspected sexual assault in a park near his residence. In the same year, due to the frequent violent behaviors at school, he was expelled once but returned to the school with the intervention by his family.
- In 2016, he developed verbal and physical aggression towards his family, along with increased energy, decreased need for sleep.
- At this time, he was admitted to the psychiatric ward for the first time. He was diagnosed as having bipolar I disorder (manic episode), shortly after discharge, he was hospitalized again with the same symptoms as the previous episode and received the same diagnosis and treatments.

# Cont.

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In April 2018, he was hospitalized again with symptoms of aggression, decreased energy and decreased appetite, restlessness, depressed mood, death wishes and saying repetitive words with a diagnosis of B1D (depressive episode), comorbid with Autism Spectrum Disorder (ASD) and intellectual disability.

A few months later, he was hospitalized with symptoms of **self-mutilation** and **repetitive “urges” and behaviors**, loss of appetite, depressed mood and lack of communication.

# Cont.

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Some examples of his self-injurious behaviors are:

- stabbing his eyes with knife
- tongue biting
- skin picking (ears, stomach, face,...)
- drinking hot water leading to ICU admission
- doing repetitive Valsalva maneuvers
- stimulating his throat with a fork to start gag reflex
- holding a lamp to burn his hand
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# Cont.

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Since then he has been admitted several times with the same diagnosis of **BID, OCD and intellectual disability**.

During these hospitalizations he has been treated with a long list of medications, that included antipsychotics (first and second generations), mood stabilizers (valproic acid and lithium) and antidepressants (mirtazapine, venlafaxine, sertraline).

The antidepressants were either almost ineffective or made him more aggressive.

Some other medications have also been used with no effect on symptoms, including naltrexone, clonidine, etc.

# Assessments

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Neurological and other physical exams were normal.

Childhood Autism Rating Scale (CARS) : 24.5

Yale Brown Obsessive Compulsive Scale (YBOCS) : 38

Adult ADHD Clinical Diagnostic Scale (ACDS) score = 57

Childhood Autism Rating Scale (CARS) score =17.5 (recent)

Raven's IQ test result=74.

No specific abnormality in brain MRI

He was screened for fragile X syndrome, which was ultimately negative in genetic testing.

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Currently he receives clozapine (850 mg) with no considerable effect

Recently, the use of neurosurgical methods, including Deep Brain Stimulation (DBS) has been considered for his persisting obsessive compulsive symptoms.

# Questions??

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- 1- What can we do for his obsessional and impulsive aggressions ?
- 2- Could DBS or any other methods be effective?

# Transition Age Challenges

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- Lack of specialized TAY services
- Difficulties with job placement
- Specialized Education and vocational Support for this age group