Case 1

The patient is 45 years old. Sick for about one month. Complains of insomnia, frequent palpitations, a feeling of internal tremor, anxiety, lack of appetite, constipation, low mood, poor performance. Has lost 8 kg. Diagnosed by a cardiologist, gastroenterologist, no pathology was detected.

Questions:

1. Identify the main clinical syndrome.
2. Spend a differential diagnosis.
3. Make a preliminary diagnosis.
4. Assign additional examinations as a needed for a clarification diagnosis and what changes are characteristic of the disease.
5. Make a definitive clinical diagnosis using current classifications (ICD-10).
6. A tactics of management of the patient, a mode, a diet, medical treatments with indication of a dose, side effects, indications and contraindications. Non-drug therapy methods, including psychotherapeutic ones.
7. The complications of the disease.
8. The forecast, a labor expertise.

Case 2

The patient is 26 years old. He was born from the first pregnancy, which continued with the threat of abortion in the first and second trimesters. Birth at gestation 29 weeks. Birth weight: 1280 g. Under the supervision of physicians from an early age due to the developmental disability. Has been walking independently since 2 years.

He began to speak his first words at 4 years old. Self-care skills were delayed. The function of the pelvic organs is controlled from 6 years. He did not attend preschool. He studied poorly at school. Studied the multiplication table by only 2. The letter makes many mistakes. The puberty period was difficult. He began to speak his first words at 4 years old. Self-care skills were delayed. The function of the pelvic organs is controlled from 6 years. He did not attend preschool. He studied poorly at school. Studied the multiplication table by only 2. Makes many typos. The puberty period was difficult. Conflicted with classmates and teachers. I often missed school for no good reason. He argued with his parents, did not spend the night at home. He attended a stucco masonry school, but was expelled after his first year of discipline. Does not work. He has no friends. Recently, he became irritable, smokes in the apartment, uses obscene words, aggressive towards his mother.

Questions:

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Case 3

The patient is 36 years old. Worked as an engineer in a private enterprise. About one year ago, he noticed the unfriendly of his employees and became cautious, distrustful. Later he noticed that strangers on the street when he appeared, start smiling. Behind his back, they start spitting, sneezing and coughing. He felt particularly unpleasant in public transport, he felt that passengers were pushing him specifically. He later noticed that there were "persecutors" in all the places where he was. He was so disturbed by this situation that he couldn't work. He went to the doctor at the insistence of his wife. After treatment, the condition improved. He went to work, but did not cope with the load, quit at the insistence of the administration. It didn't work anymore. Broken relationship with his family, began drinking. A month ago the condition worsened, became suspicious, aggressive, talking to himself, disturbed night sleep.

Questions:

1. Identify the main clinical syndrome.

2. Spend a differential diagnosis.

3. Make a preliminary diagnosis.

4. Assign additional examinations as a needed for a clarification diagnosis and what changes are characteristic of the disease.

5. Make a definitive clinical diagnosis using current classifications (ICD-10).

6. A tactics of management of the patient, a mode, a diet, medical treatments with indication of a dose, side effects, indications and contraindications. Non-drug therapy methods, including psychotherapeutic ones.

7. The complications of the disease.

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Case 4

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He began to speak his first words at 4 years old. Self-care skills were delayed. The function of the pelvic organs is controlled from 6 years. He did not attend preschool. He studied poorly at school. Studied the multiplication table by only 2. The letter makes many mistakes. The puberty period was difficult. He began to speak his first words at 4 years old. Self-care skills were delayed. The function of the pelvic organs is controlled from 6 years. He did not attend preschool. He studied poorly at school. Studied the multiplication table by only 2. Makes many typos. The puberty period was difficult. Conflicted with classmates and teachers. I often missed school for no good reason. He argued with his parents, did not spend the night at home. He attended a stucco masonry school, but was expelled after his first year of discipline. Does not work. He has no friends. Recently, he became irritable, smokes in the apartment, uses obscene words, aggressive towards his mother.

Question:

1. Make a diagnosis.
2. Determine treatment tactics.

Case 5

A 36-year-old school teacher is brought in by the paramedics to the emergency department. This is her fifth presentation in four weeks. She woke up from her sleep last week drenched in sweat and experiencing an intense constricting chest pain. She reported a racing heart, difficulty breathing and an overwhelming fear that she was about to die.

She called 103 who took her to the emergency department where all investigations were normal. She was discharged with a diagnosis of ‘panic attack’ but she had a similar attack two weeks later. On her third presentation she was referred to a psychiatrist. She had another episode last week, which was managed by the paramedics.

Today, however, she said that the chest pain was far more severe and she was also feeling dizzy, choking, with hyperventilation, numbness and tingling in her left arm, which convinced her she was having a heart attack. The paramedics tried to reassure her but she started screaming and flailing her legs and arms forcing them to take her to the emergency department once again.

She tells you that she thinks she is dying or going mad. She is terrified of having another attack and has insisted her husband take leave over the past week to be with her. She refuses to go out anywhere without him. She is upset about having called 103 but says the emergency doctors saved her life. She is avoiding her bedroom as four of the five attacks have happened there. She is avoiding lying down and instead spends the night in her armchair. Her husband is extremely concerned. He is particularly worried as her father has a history of myocardial

infarction and her mother has had a stroke. She smokes when she goes out for a drink with her friends – usually once a month. They live in their own home, have no children and have no financial worries.

Physical examination

She appears calmer but shaken. She is drenched in sweat and still tremulous. She has tachycardia and tachypnoe, but blood pressure (130/84 mmHg) is normal. There is no other significant abnormality.

Investigations

Her ECG is normal. Random blood sugar, thyroid profile, serum calcium and urine drug screen are also normal.

Questions:

1. Write an important clinical syndrome.

2. Write the differential diagnosis.

3. Make a preliminary diagnosis.

4. Assign additional examinations as a needed for a clarification diagnosis and what changes are characteristic of the disease.

5. Make a definitive clinical diagnosis using current classifications (ICD-10).

6. A tactics of management of the patient, a mode, a diet, medical treatments with indication of a dose, side effects, indications and contraindications. Non-drug therapy methods, including psychotherapeutic ones.

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Case 6

Patient N., aged 67, appeared accompanied by a neighbor complaining of forgetfulness at current events, unable to maintain himself at home, forgetting to turn off gas and water; he can leave home and get lost. The patient progresses to about five years of memory decline. There were no cerebrovascular catastrophes in anamnesis.

Mental status: the patient is disoriented in place, time, properly oriented in one's self. Fixation amnesia, agraphia, acalculia, alexia, agnosia are observed. Does not absorb new information, constantly asks to repeat. Thinking is stiff, slow-switching, answers are detailed. He does not understand and does not follow the instructions.He is apathetic.

In experimental and psychological research, reducing memory and intelligence of the expressed degree were diagnosed.

Psychodiagnostic examination: a result on the Mini-Mental State Examination, (MMSE) - 12 points; SDR – 2,5 points (dementia level of moderate the degree of severity).

CT scans have signs of atrophy of brain hemisphere and cerebellum, non-occlusive hydrocephalus.

Question:

1. Make a preliminary diagnosis.
2. What diseases should be used for differential diagnosis?
3. Identify treatment tactics and list groups of drugs.
4. Name representatives of drugs of each group
5. Specify the dose, multiplicity of use.

Case 7

Patient V., 37 years old, locksmith. Three days ago there was an unclear anxiety. It seemed that his room was filled with people, some people from behind the wall shouting, threatening to kill, called "go for a drink." He did not sleep at this night, saw a monster with horns and glittering eyes crawling out of bed, gray mice running, half-dogs half-dogs running around the room, knocking on the window, shouting for help. He ran out of the house and rushed to the police station, escaping from "persecution" in a fear. From there he was taken to a psychiatric hospital. In the hospital, excited, especially in the evening, rushes at the door, at the windows. When talking, focuses on the topic of the conversation with difficulty, trembling, anxiously looking around. Suddenly he starts to shake off something, he says, shaking crawling insects at him, he sees in front of him "croaking peaks", shows them with his finger, laughs loudly.

Questions for the exercises:

- Write an important clinical syndrome
- Write the differential diagnosis
- Make a preliminary diagnosis
- Assign additional examinations as a needed for a clarification diagnosis and what changes are characteristic of the disease.
- Make a definitive clinical diagnosis using current classifications (MKX-10)
- A tactics of management of the patient, a mode, a diet, medical treatments with indication of a dose, side effects, indications and contraindications. Non-drug therapy methods, including psychotherapeutic ones.
- The complications of the diseases
- The forecast, a labor expertise.

Case 8

A 24-year-old man presents to casualty having got into a fight as he thought he was being watched and felt threatened. He appears to have fractured his thumb but is reluctant to let you examine him or order an X-ray. He looks suspicious and wary. When asked about his concerns he says that over the last few months he has been carefully monitored by government agencies. He has been hearing a voice out loud giving a running commentary on his thoughts and these are being broadcast to the government. Any machine enables the government to get inside his head and the voice is telling him it would be unwise to face the X-ray machine. The voice is not one that he recognizes and it is sometimes derogatory telling him he is stupid for giving his thoughts away for free. Initially the voice came and went but over the last few weeks it is present almost constantly and he cannot always sleep because even when he sleeps the voice comments on what he is thinking. He is exhausted.

The man is absolutely convinced that the government is after him but he cannot explain why. There is no previous history and he denies any substance use. Until a few weeks ago he had been working as a kitchen assistant but was fired for leaving jobs unfinished. There is no family history of any psychiatric illness.

Mental state examination

The man looks unkempt. He is suspicious and looks quite frightened and agitated. His eye contact is transient and he constantly looks around him in an overwhelmed manner. His speech is rambling and he does not express himself coherently. He occasionally uses words that you have not heard before and repeats them as though they have some significance. He does not come across as depressed. He has delusions of persecution. He has auditory hallucinations that provide a running commentary on every aspect of his behavior. He has thought broadcast and thought withdrawal. He is orientated in person, but unclear about the time. He seems aware that he is in hospital but not quite sure why.

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