

Dsm-iv case study examples

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Axis I- Clinical Disorders include loneliness, chronic anxiety, fear, stressed, unfocused, tiredness, sleeplessness, eating disorder, grieve and forgetfulness.

Axis II - Personality disorders and mental retardation include acute stress disorder and panic disorder.

Axis III- General medical conditions include weight, back injury, headache, dizziness, racing heartbeat and shortness of breath.

Axis IV- Psychosocial and environmental factors include loss of the mother, living alone in her family home, and lack of close relatives.

Axis V – Global assessment of functioning includes social circle and cultural and demographic background.

Possible treatment methods:

The possible treatment should cover the following aspects:

- The subject's willingness and motivation to change and her psycho-social resilience like her strengths and family-support network should be monitored.
- A recovery plan, advance directive and a relapse management plan should be developed.
- A plan should be adopted to reduce the symptoms and to stabilize the condition of the subject.
- A management plan for the current co-occurring medical and medical health problems should be achieved.
- A plan should be formed to determine that how the subject will manage her condition with the help of peer support services, psycho-education and community resources.

- A plan should be created to evaluate the changes in the subject's co-occurring conditions or GAD so that the treatment plan can be altered according to the changing conditions.

Designing the Relapse Prevention Plan

- The support network of the subject should be contacted with the formal permission of the subject to regularly cooperate in the treatment planning whenever it is clinically required (LOCGs, 2012).
- The primary health-care practitioner and the previous clinical consultants (if any) of the subject should be contacted to acquire the relevant information about her historical and current condition and treatment (LOCGs, 2012).
- The subject should collaborate with the clinical consultant to alter the course of the treatment as changes are observed (LOCGs, 2012).

Treatment

The pharmacotherapies like SNRIs, SSRIs, anticonvulsants, TCAs, Buspirone, benzodiazepines and atypical anti-psychotics can be used to treat the anxiety disorder of the subject (IPAP, 2006).

The age of the subject, her response to the previous treatment, her tolerability, the risk of misuse or overdose, interactions and side effects of the agents should be considered before selecting the most appropriate medication (NICE, 2007).

Escitalopram, sertraline, paroxetine, venlafaxine xr and antidepressants can be effectively used as the first line treatments (CPA, 2006).

If the first line treatment is found to be inadequate then the dose can be optimized by evaluating its compliance prior to any sort of augmentation or alteration (CPA, 2006).

If the subject is unable to tolerate or respond to the first line treatment after 8 to 12 weeks time then the first line agent can be substituted by the other one before prescribing the second line agent.

Agents like bupropion xl, benzodiazepines (lorazepam, alprazolam, and diazepam), imipramine, buspirone can be given as second line treatment to the subject (CPA, 2006).

Despite being the second line agent, benzodiazepines can also be given as an immediate treatment at anytime for a short period in case of severe anxiety or agitation but it should be monitored for the potential misuse.

The subject should be analyzed for the psychiatric and medical conditions if the response is inadequate to the therapy (CAP, 2006). If no co-morbidities are analyzed then third line agents like hydroxyzine, olanzapine, mirtazapine, risperidone and trazodone can be given as the supporting treatment. Since the use of risperidone and olanzapine pose the risk of metabolic syndrome, thus the subject should be monitored if given these agents.

References

Level of Care Guidelines, 2012

Canadian Psychiatric Association, Clinical Practice Guideline for the

Management of Anxiety Disorders, 2006. http://www1.cpa-apc.org/Publications/CJP/supplements/july2006/anxiety_guidelines_2006.pdf

National Institute for Health and Clinical Excellence, Management of Anxiety

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