

Biopsychosocial Assessment

<p>Initials:</p>	<p style="text-align: center;">Age: 18</p> <p style="text-align: center;">Weight: 46.5</p> <p style="text-align: center;">Ethnicity: Asian</p> <p style="text-align: center;">Race: Chinese</p> <p style="text-align: center;">Allergies: N/A</p> <p style="text-align: center;">Occupation: Fruit vender</p> <p style="text-align: center;">Family Constellation: N/A</p> <p style="text-align: center;">Living Situation: Apartment</p>
<p>Presenting complaint:</p> <hr/> <p>History of present illness:</p>	<p>Significant tiredness and low energy, memory loss hallucinations, negative thoughts, unusual withdrawal from peers, violence, severe inattention.</p> <p>No memory of experiences or activities done in past two months. Poor appetite now, lost 2 or 3 kilos in weight. Hesitant low volume speech .Enjoyed working at home but suddenly gave after father's death .Went to hospital two months ago, and was given painkillers and antibiotics. Father died abruptly six months ago; sometimes they are with the mother on and off.</p> <p style="text-align: center;">Since then, Sleeping badly now, worries about money.</p>

<p><u>Characteristics of Personality Disorder</u></p> <p>The characteristics of a personality disorder are impairments in self and interpersonal functioning, and the presence of pathological personality traits. To diagnose a personality disorder, the following criteria must be met:</p> <ul style="list-style-type: none"> •Substantial impairments in self (identity or self-direction) and interpersonal (empathy or intimacy) functioning •One or more pathological personality trait domains or trait features 	<p>Appears anxious and preoccupied. A times eyes are downcast. Biting nails, fiddling with the fingers, chewing lips. Hair doesn't look washed and there is lack of personal care from the look. Subjectively the tone is low around, sad and worried. Objectively the patient seems depressed. Suicidal thoughts and uncontrolled anxiety. Poor concentration and memory, registration and call not intact. Never been admitted in any medical centre and says she has never experienced any symptoms of epilepsy. Not allergic to foods or drinks.</p> <p>Sudden death of the father caused by blood clotting resulting from excessive drinking. The great grandfather had a blood-pressure condition that led to his demise. The patient seems scared of the subsequent events in the family.</p> <p>No record of emotional, physical or sexual abuse. Performance dropped dismally when at grade six. Gone to four schools, the first at grade three, second at grade five, third at grade six. Each transfer had been preceded by inordinate violent behavior and poor performance caused by occasional absenteeism and poor concentration in class.</p> <p>Hyperactivity disorder has been evidenced and that there is attention deficit, a condition that is heritable in a high rate. Approximately the contribution given by the genetics to this is close to 80 percent. The pathways in dopamine contain genes that may have attracted particular interest since most genetic and pharmacological research have found and suggested that dopamine can highly participate in neurological functions. The dopamine transporter gene has been the major factor for ADHD located on synaptic terminals. Psycho-stimulants that have been regularly used to treat this condition have been hypothetically recommended, they hinder the re-absorption role of dopamine</p>
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<p>•These impairments in personality functioning and the individual’s personality traits are relatively stable across time and situation</p> <p>•These impairments in personality function and trait expression are not due to the physiological effects of a medical condition or substance (APA, 2013)</p> <hr/> <p>Patterns of behavior (self-harm, alcohol, drug use, Addiction (shopping, gambling, pornography, video, gaming, etc.):</p> <p>Shoplifting:</p> <p>Legal issues:</p>	<p>transporter causing an increase in the amount and the longevity of dopamine trans-locator available in the synaptic cleft (Zuschlag, 2021).</p> <p>The evidence of memory lapse majorly is evidence that the patient is in a medical problem. It may have been worsened by the loss of the father and the mother being partially there for her. A consequence loss of sleep and detached concentration has occurred. According to Codling (2022), a patient with an inherent disorder like this will hardly perform well in school and dismal grades pushes for a transfer from one learning institution to another.</p> <p>This has caused the patient much stress, low self esteem and possible seclusion from the peers (Nerdy, 2021).With such pressure came poor eating habits that finally resulted to weight loss and emaciation. The evidence of low inaudible voice while explaining her condition is a sign of a mentally struggling young adult, that has come to a point of contemplating suicide. When such thoughts cascade a young mind, overwhelming and unbalanced emotions are experienced (Newark, 2010).</p> <p>Knowing that medication cannot cure a mental disorder out-rightly but only helps in management of the condition; the following is the recommended treatment for this patient.</p> <p>Psychotherapy: Therapeutic treatment can be done and in such a case a referral to a mental case Medicare will help to provide a mental health professional, who is specifically designed and trained to handle such critical conditions. Such personnel will access, will explore the feelings, behavior, thoughts and other patterns that will help improve the patient’s condition.</p>
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Interpersonal functioning
and relatedness:

Alterations in *cognition*:

Hospitalization: The patient will be closely monitored easily while in a medical facility to diagnose more accurately the symptoms of the condition and to facilitate easier change of her medication where necessary. This will also help the physicians to closely monitor the patient's diet and help her to gain the lost weight fast.

Complementary and alternative medicine for mental health condition: Upon recommendation of withdrawal of all previous drugs the patient has been using, the following drugs are recommended to manage the condition. Some are antidepressants, mood stabilizing, anti-anxiety and stimulant medications (citalopram, celexa, fluoxetine, paroxetine and zoloft)

References

Codling, P. (2022). *Case studies exploring the lived experiences of children and young people with ADHD, and the lived experiences of their parents* (Doctoral dissertation, University of East Anglia).

<https://ueaeprints.uea.ac.uk/id/eprint/89147/1/2022CodlingPFEdPsyD.pdf>

Kessler, R. (2012). Mental health care treatment initiation when mental health services are incorporated into primary care practice. *The Journal of the American Board of Family Medicine*, 25(2), 255-259

Newark, P. E., & Stieglitz, R. D. (2010). Therapy-relevant factors in adult ADHD from a cognitive behavioral perspective. *ADHD Attention Deficit and Hyperactivity Disorders*, 2(2), 59-72.

https://doc.rero.ch/record/317794/files/12402_2010_Article_23.pdf

Nordby, E. S., Kenter, R. M., Lundervold, A. J., & Nordgreen, T. (2021). A self-guided Internet-delivered intervention for adults with ADHD: A feasibility study. *Internet Interventions*, 25, 100416.

<https://www.sciencedirect.com/science/article/pii/S2214782921000567>

Kessler, R. (2012). Mental health care treatment initiation when mental health services are incorporated into primary care practice. *The Journal of the American Board of Family Medicine*, 25(2), 255-259

Newark, P. E., & Stieglitz, R. D. (2010). Therapy-relevant factors in adult ADHD from a cognitive behavioral perspective. *ADHD Attention Deficit and Hyperactivity Disorders*, 2(2), 59-72.

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