

Ms. Kate M is a 37-year-old cisgendered single British woman of Eastern European descent. She has been followed up in the outpatient clinic by successive psychiatrists. She attends your appointment, and you see her for the first time.

Chief Complaint: "I feel so low, I am treated so badly, I feel like I have no value. It's depressing, and I don't know if I want to keep living."

History of Present Illness: Kate dates her difficulties to the age of 5, when her older brother subjected her to "physical abuse, emotional abuse," followed later by bullying at school and sexual trauma, including abuse by a school counselor. She has 20 year long psychiatric history including 5 hospitalizations with suicidal ideation/ attempts. She has received a number of diagnoses including depression, anxiety, panic, PTSD and borderline personality disorder.

With regard to **depression**, Kate says "I don't ever remember not feeling depressed... when it has lifted, it has literally only been for days". Kate has felt suicidal since the age of seven. Her depression is unremitting except for a 6-week period following ECT last year with little benefit from maintenance ECT. She may also have had a remission from depression during her first few months of college. She identifies neurovegetative symptoms, including decreased sleep, decreased energy, decreased concentration, decreased interest, "constant guilt – every minute of every day," and feelings of worthlessness. She denies changes in appetite. She continues to experience "constant" suicidality. She reports one suicide gesture, where she went to the beach, filled her pockets with stones, and began to wade into the water, hoping to just disappear. At that point, she thought of her sister, which made her change her mind.

She reports that she was always an **anxious** child. Symptoms include shaking/tremor, chest tightness, loss of appetite, tension and pain in her back, difficulty concentrating, rumination and intrusive thoughts. Her anxiety is intense in the context of conflict. She says she tries to ignore it but that other coping skills "generally don't work". She is "anxious most of the day, every day." At times her anxiety escalates to **panic**. Her first panic attacks, occurred at age four and became more regular between the ages of 11 and 12. Panic symptoms include shaking, sweating, racing thoughts, pounding heart, and wanting to escape. She says she used to have a sense of doom, but now recognizes panic attacks for what they are and does not have the same sense of dread. She says that her panic attacks rarely last as short as 10 or 15 minutes and usually last "a few hours, sometimes days." She says that when she is in a panic, "nothing makes it better." She denies agoraphobia.

Kate describes PTSD symptoms relating to multiple sexual traumas, the first occurring age of 11 by a baby-sitter and the second occurring the age of 15, at the hands of a school counselor. After her first sexual assault, she put it out of her mind, and it was not until the second trauma that PTSD symptoms emerged. After college, she was multiply traumatized when the pest-control man sexually assaulted her whenever he came to spray her apartment. She reports symptoms of hypervigilance (for example she easily startles). She describes many triggers in the

world to provoke reexperiencing (these include things like songs, the way someone looks, and being physically touched). She notes that she goes to great efforts to avoid experiencing PTSD triggers. She has nightmares but states that Prazosin is helpful. Nightmares break through around anniversaries or if she is stressed. She also has flashbacks which, similarly, are worse around anniversaries and are provoked by triggers.

Characterologically, Kate struggles to form stable relationships and sees people in fairly black-and-white terms. She struggles to know what to do with her anger. Her moods can be quite labile. She has a sense of identity diffusion around who she really is, in light of her affective instability and struggles to be real. She reports that she regularly struggles with impulses to self-harm. When she becomes overwhelmed affectively, she loses her capacity to think rationally, and she can become somewhat paranoid.

Medical History: Uncorrected strabismus, IBS, migraine headaches, low back pain.

Family Psychiatric History: Kate reports that her mother was depressed after her parents' divorce and that her mother has anxiety that has rendered her largely agoraphobic. She described her younger sister as having mild autism. There is no family history of substance abuse or suicide.

Relevant Social History: Kate is the middle of 3 children. During her father's childhood, the paternal grandfather "disappeared" during WWI. Her father came to the UK in early adolescence. She describes him as easily angered, and unable to take responsibility for his role in any troubles. Apart from yelling, he was not aggressive towards Kate, as she was good at calming him down. Kate's mother was fragile and cried easily. Kate describes being raised in a chaotic household in the context of marital discord and bullying from her older brother whom Kate described as "a sociopath." She describes bullying in school as well. Her parents divorced when she was a teen, and she has largely lost contact with her father. Kate lived with her mother and took a caretaking role when her mother fell into a depression. She noted that, when she went to her mother for support, she generally ended up having to comfort her mother. She completed college locally with good grades, while commuting from home. She has never had a romantic relationship. She does have friends, but feels that, eventually, her friends end up taking advantage of her. She moved into a flat after college, but has not attained any significant work history, due to her own depression and multiple hospitalizations. As above, she reports being serially raped by the pest control man for her flat.

Medication History: Kate says "I've been on a lot of medications, they work for a bit and then I get side effects, doctors are throwing tablets at me", "I do hope we can find the right tablet for my sleep ". She describes her past psychiatrists as "mean," "narcissistic," not listening," and "not trauma informed."

Medication trials include:

- Antidepressant trials include escitalopram for six months with no benefit and increased fatigue. Sertraline for one year with no benefit and increased headaches. Fluoxetine for 2 years, which "was great," but one day, her eyes swelled shut and her primary care doctor told her that it was due to fluoxetine. Citalopram caused blurry vision. Duloxetine helped with anxiety, but then stopped working after a few months. Escitalopram offered her little benefit and caused headaches, which was also her experience with venlafaxine. Bupropion, "I really liked," but "they thought it was making me more anxious" and bupropion is now unavailable due to manufacturer supply issues.
- Antipsychotic trials include: Aripiprazole for three weeks, which "turned me into a zombie," quetiapine 25mg, which caused her to "sleep constantly," and which also made her feel like a zombie, lurasidone which she took only for a few weeks with no benefit, and asenapine which used only briefly because of a burning sensation in her mouth. She has recently started risperidone, with little evidence of benefit.
- Other augmenting agents: Lithium at a low dose, "made me feel sick with nausea and lethargy."
- Anxiolytics: Kate reports that she has taken "all the benzos over the years," including: clonazepam, diazepam, lorazepam, and, most recently, xanax (alprazolam). Gabapentin 600 mg twice daily offered her no benefit. Prazosin 2 mg seemed to help with nightmares, though she reports that for some reason, it was increased to 7mg while she was in hospital, causing severe dizziness. She has recently started propranolol, with little benefit. Pregabalin 300 mg twice daily has helped with anxiety.
- Hypnotic medications have included trazodone, promethazine, zolpidem, and zopiclone 15 mg at night. She says that all of these medications have been effective for short-term induction of sleep, but only keep her asleep for about three hours.
- A trial of Ketamine produced no benefit, and was frightening because it made her feel "unreal."
- She had 6-weeks of relief from depression following a course of ECT, but maintenance ECT treatments generally gave her only 2 days of relief at a time, while causing significant cognitive problems.

Medications, Standing:

Paroxetine - 40mg every morning
Prazosin - 7mg nightly
Pregabalin - 300mg twice daily
Propranolol - 10mg nightly
Risperidone - 0.5mg nightly

PRN Medications:

Zopiclone - 7.5mg nightly
Promethazine - 50mg nightly
Diazepam - 2mg twice daily