

Old Age Psychiatry CBL 4: The Elated and Impulsive Patient

Learning Outcomes

1. To be aware of the differential diagnosis for mood disturbances and appropriate investigations
2. To recall the clinical features of bipolar affective disorder
3. To recall the course of bipolar affective disorder
4. To understand the basic principles of management of bipolar affective disorder in the elderly.

Case history

Mr F is a 66 year-old man who is brought in to A&E by his family late one Saturday night, where you are working as an F2 doctor. He has become angry during a family dinner and convinced that his family are ganging up against him. His family have challenged his recent excessive spending. For the last three weeks, Mr F has been becoming increasingly irritable and behaving more and more bizarrely. He has ordered a new kitchen and has arranged for him and Mrs F to go on holiday in the south of France whilst this is being fitted. He has paid for this on his credit card and Mrs F is not sure how they are going to afford this.

Mrs F is reluctant to speak in front of her husband. You speak to her and her daughter privately and find out that Mr F has been demanding sex from his wife frequently and frequently makes inappropriate comments in public.

Mr F's family feel that they are at the end of their tether and need help. Mr F has "always been a bit up and down" and he has had several periods during his life when he has been low in mood, including when he lost his job in his 40s and when he retired in his mid-50s. He saw a psychologist briefly and has been prescribed antidepressants several times by his GP, most recently about 4 years ago. On one occasion he began to have grand ideas about buying numerous properties following this prescription, his GP stopped his anti-depressant immediately and things started to settle down.

In A&E Mr F presents as a well-kempt man in his 60s, who is over-familiar with you and talks very loudly. He says he thinks his 'family are all mad, not him'. He denies any hallucinations but is quite grandiose, explaining that it is very important that someone like him has a respectable kitchen and that someone of his status would not be expected to be in the house whilst there are workmen there.

Questions

1. What else would you wish to elicit from the history?
2. What is the differential diagnosis for this presentation?
3. What investigations might the A&E team consider?

Mr F agrees to be admitted to a psychiatric hospital for further assessment – he describes it as "a break". A detailed assessment concludes that Mr F is experiencing a manic episode and that he has bipolar affective disorder.

4. What are the clinical features of bipolar affective disorder?
5. What is the management plan for this condition?-considering pharmacological and non-pharmacological options. Do the management strategies differ from younger adults?
6. What is the prognosis and course of the condition?

Advanced questions:

1. How might you manage the risks to self and others in this scenario?
2. What are the sub-types of bipolar affective disorder?
3. What are the good and poor prognostic factors for this condition?
4. It is 2am on Sunday morning. Mr F feels that there is nothing wrong with him and he is no longer willing to stay in the hospital. How might the ward team and the on-call doctor manage this situation?