



## Chart Review: Barbara F.

### BACKGROUND

**Personal:** 33-year-old Caucasian female, Physician/Resident: Chief Resident of Surgery at academic medical center

#### Recent History/ Events Leading Up to This Clinical Encounter:

- Long history of disorganization, procrastination, losing things
- Though academically successful, this has been in part due to development of non-sustainable compensatory strategies
- Social and personal functioning significantly impaired (has been divorced after short time; forgot her daughter's birthday party 2 years in a row)
- Substantial mood disruption, worsened over the past year

#### Medication Trials:

- **Past trials:** No hx of treatment for ADHD
- **Current regimen:** sertraline 100mg QD for past 2 months; initiated tx at 50 mg 4 months ago; hormonal contraceptives

### CURRENT PRESENTATION

**Chief Complaint:** Feels overwhelmed; can't complete tasks or even organize well enough to delegate; feels very down on herself; concerned she won't be able to function independently as an attending physician; history of symptoms made her question possible ADHD

**Psychiatric Interview Findings:** MENTAL STATUS AND BEHAVIORAL OBSERVATIONS Oriented x4; affect was WNL, though somewhat flat and somewhat tearful at times; had difficulty answering open-ended questions succinctly; motorically was somewhat fidgety in seat

**Physical Exam Findings:** Vital signs are normal. Neurological exam is normal.

#### Questionnaire Results:

- Elevated self-report and observer-reported scores for inattention symptoms on ADHD screening instrument
- Elevated scores on CES-D depression screener; no endorsement of self-harm behavior

**Lab Test Results:** Slight hyperlipidemia from medical record; otherwise unremarkable; normal thyroid functioning

### PSYCHIATRIC HISTORY, MEDICAL HISTORY, AND OTHER HISTORY

**Psychiatric History:** No significant mental health history

**Social History:** Pt reported consistent feedback from teachers growing up about inattention, sloppiness, carelessness; got "hall pass" since she was smart and not otherwise a behavior problem; Grew up as only child and parents were very accommodating and enabling; even in college mother would visit weekly to help clean and arrange/prioritize tasks for the coming week; Had a significant other in medical school who provided similar support

**Medical History:** No other chronic medical conditions and has been generally healthy throughout her adult life; receives routine medical care

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### DIAGNOSIS

ADHD, Combined Type; Mood Disorder, Secondary to Chronic ADHD

### PLAN

**Acute:**

- Initiate treatment for ADHD, including medication and CBT; evaluate approaches for fitting weekly appointment into busy schedule
- Establish clear baseline for ADHD and depressive symptoms and functioning
- Maintain regimen of sertraline

**Chronic:**

- Develop 3 month treatment and monitoring plan
- Provide education about ADHD and related conditions
- Identify resources for advocacy and managing crises that may arise

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