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# Mood and Sleep Disturbances After RRSO

**C. Neill Epperson, MD**

Robert Freedman Endowed Professor and Chair  
Department of Psychiatry  
University of Colorado School of Medicine -  
Anschutz Medical Campus  
Aurora, CO



## Chart Review: Sally

### Background

Name: Sally

Age: 45

Gender: Cis-female

Ethnicity: White/non-Hispanic

Occupation: Attorney



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

Sally heard an advertisement for our research study on the local public radio station. The advertisement described cognitive changes that can occur after an early menopause. Sally “recognized herself” in the advertisement and called the research coordinator to get more information.

## Current Presentation

### Chief Complaint

“I’m afraid my colleagues are going to notice how disorganized and unfocused I have become.”





## Psychiatric History

Sally presents with no formal psychiatric history, but reports that her mood “was not good” for several months after the birth of her daughter at age 33. She chalks this up to having difficulty adjusting to staying home for 3 months. She began to feel significantly better after returning to work, but noticed that when her periods returned she started having significant PMS symptoms. Symptoms of irritability, mood lability and anxiety worsened until she underwent oophorectomy at the age of 39.

She reports having been very upset and anxious when she discovered that she is a BRCA1 mutation carrier, but felt that she and her husband of 16 years “handled” the news and subsequent surgeries relatively well. Sally describes herself as someone who “does better” in an emergency situation.



## Psychiatric History (Cont.)

Sally notes that she began having problems with her memory when she returned to work after the surgeries. She felt that she managed these symptoms pretty well until she was made partner in the firm 2 years ago and her case load increased. She describes being less focused in meetings, often missing important points in the discussion and needing her colleagues to repeat themselves.



She keeps her door closed at work because noises and disruptions in the common areas can “derail” her concentration when she is trying to focus on one of her client’s cases. She has been embarrassed several times in front of clients because she can’t recall their name or something specific about their case though she says the information is “on the tip of her tongue”. She is short with her paralegal and the junior attorneys if they knock on her door and interrupt her train of thought.

## Psychiatric History (Cont.)

At home, she starts one project and then another and finds it difficult to get things accomplished. She has always paid the bills, but now they are piling up because she just “can’t be bothered” to get to them.

She often finds it difficult to get motivated to do “much of anything” when she is home on the weekends. She and her husband are arguing more. The “icing on the cake” is that she forgot that she drove to work one day and took the train home after work. Her husband was quite irritated that he did not have access to their only car that evening.



## Psychiatric History (Cont.)

Since making partner in 2016, Sally describes herself as more irritable but not particularly sad. She is experiencing periods of feeling very hot and suddenly quite anxious during the day. She is able to breathe through these episodes which occur one to two times a week.

She reports that she has never been a particularly good sleeper, but now wakes up between 2am and 4am roughly 2-3 times a week and has difficulty returning to sleep. She has no difficulty falling asleep and does not nap during the day or drink caffeine after 11am most days.





## Medical History

Sally has a history of migraines, but these improved after the oophorectomy.

Transdermal estradiol since surgery in 2012  
(gynecologist is encouraging her to taper off)

Currently using estradiol 50 ug/d



## Surgical History

She underwent hysterectomy and bilateral oophorectomy four months (October 2012) after the genetic testing and had a bilateral mastectomy with reconstructive surgery 2 months later (December 2012).



## Social History

Raised in an orthodox Jewish family in Baltimore, MD. She is close to her family, though she and her husband are significantly less observant in their own home. She has a close-knit group of friends and she and her husband are active in their reform synagogue in Philadelphia.



Sally reports having been a straight A student her entire life. She has always been very motivated to do well in school and her profession. She is proud of her 12-year-old daughter who is also doing well in school. They have been very close but her daughter is more involved with her friends now and “tells her less” than she used to.

## Family Medical History

Father with history of prostate cancer and paternal cousin died of ovarian cancer at the age of 40. Older sister was diagnosed with breast cancer in early 2012 and is also BRCA1 positive.

Sally's father was an alcoholic who could get loud and angry, but never physically abusive to anyone in the family. Her father's younger brother suffered from depression and anxiety.





## Mental Status Exam

**MSE:** Well-groomed 45-year-old woman who appears younger than stated age. Good eye contact and speech is normal in rate, rhythm and volume.

Mood is euthymic, affect euthymic, full-range and appropriate to content, thought processes are goal directed and logical, denies AH, VH, SI or HI.

Denies obsessions or compulsions, no evidence of delusions.

Appears cognitively intact, with intact judgement and good insight.

MMSE 30



## Physical Exam

### Physical Exam Findings:

Sally's PE is notable for well-healed surgical scars resulting from her BL mastectomy with full breast construction, including nipple tattooing.

BMI is 21

Blood pressure is 132/79

EKG is WNL.



## Diagnosis and Plan

### Diagnosis:

Rule out Mild Neurocognitive impairment (799.59)



### Plan:

Consider neuropsychological/cognitive testing to obtain baseline

Discuss use of hormone therapy with patient and gynecologist

Consider psychostimulant treatment

Further assess work demands and consider executive coaching