**Socio-demographic Details**

Mrs. U.D., 32 years old, Hindu female, educated, married, hailing from MSES, lives in nuclear family, residence- Jhansi, MP.

**Informants:**

1. Patient herself
2. Mr. B.K., 34 years old male, work in railway loco pilot.

Relation and length of contact- Husband and 18years.

**Source of referral:** The patient was referred to Department of Clinical Psychology

**Purpose of referral:** Referred for Psychological evaluation and psychotherapy.

**Chief Complaints:**

**According to Patient:**

* पूरे समय दिमाग में यही बात चलती रहती है,

कि मैं ऐसा कैसे कर सकती हूं Since last 4 years

* टेंशन हो जाति है छोटी छोटी बातों पे
* छोटी छोटी चीज़ों से जल्दी डर जाती हूँ Since last 3 months
* कुछ करने का मन नहीं करता |

**According to Informant**:

* टेंशन बहुत लेते हैं
* छोटी सी बात पे डरने लगती है Since last 4 year’s
* नींद में सोते वक्त रोती रहती है और

जगाओ तो याद ही नहीं रहता कि रो रही है Since last 3 months

* जो तीन महीने पहले घटना हुई है इसको याद नहीं है**|**
* **Total duration of illness:** 18 years (since 2005)
* **Mode of onset:** Insidious
* **Course:** episodic
* **Progress:** Deteriorating

**History of Present Illness:**

Index patient was maintaining well before three months except that she used to get anxious easily on small events.

The patient reported that on 28 September, between 10:00 and 10:30 she had fallen asleep after talking to her husband in her room, but when her elder son knocked on the door (around 12.30pm) and said that her younger son was crying and said that he had to go to the washroom, so the patient went to check on her son and accompanied her elder son to the washroom (the washroom is outside of the house so the son cannot go alone). When patient was in the washroom, someone called and her son picked up the call. There was a man on the call who said that the condom was lying in the room and asked to throw it away. As soon as the patient came out, her son said that someone is sitting on the roof and picked up the phone to call his father. The patient said not to call his father right now, but the son insisted to do so.

The informant reported that on September 29 at 12:30 in the night, his son called him and told him that a man was sitting on the roof of his house so, the informant asked his landlord to check the gate of the house, the door of the house was found to be open. The patient also talked with the informant and she fainted after 2 to 3 minutes of conversation. Her elder son got frightened, he tried to wake the patient up. After few minutes, the patient regained her consciousness, and as soon as she woke up she straight went to the kitchen to prepare tiffin, she fidgeted with her phone and then threw it in the water bucket. She held her younger child's book and pencil box and went to the bathroom but she brought all these things back. She then sat on her bed and was making gestures with her hands.

She was moving from one place to another in a frenzy manner. The patient also did not recognize her family members for 4 to 5 hours. She was awake the entire night till her husband came back. This incident was reported by the informant (he was in Kanpur at that time) because he had called all his family member (sister-in-law and brother-in-law) to check upon the patient and they had told him all these things.

The next morning, the patient's husband came back from Kanpur at 6:00 am. The informant reported that by the time the patient came back to her normal stated regain, she had forgotten everything about last night’s incident.

The informant further reported the he had extracted the call records, messages from patient’s phone. He then dialled up the man’s number and he told the informant that he did come to his house on 28th September. He then disclosed about his conversations with the patient and how they met.

The informant reported to us that the patient started talking to the man on 14th September, who is a resident of Pune. They were friends on Facebook. The patient generally does not use her phone in the morning and when her son comes back from school. But the message timings between the patient and the man is of these durations only. She had talked with the man 3 times over phone.

The informant after 2-3 days enquired with the patient about the incident but The patient reported that she could not remember anything of that time. Her husband angrily told her that- “you have to go back to the village, you are not fit to live here.” and sent her back to the village after 3 days (1st October).

In the village patient reported that she used to cry all the time and used to lie in bed for hours. She even did not care of her son. The entire time she was preoccupied with the thought of the reported incident. Subsequently, her appetite and sleep significantly got disturbed. For first 3 days she did not sleep at all, she just used to cry, and for next 3 days she overslept.

 Patient’s brother sought treatment for the patient from a general physician for her sleeping problems and fever. The patient reported that she overdosed on the prescribed medicine with the intention of suicide but there was no significant impact.

Her husband visited her on Oct 8th. He asked her about the incident and when she refused about it he slapped her 4-5 times. The patient fell unconscious for 3-4 minutes and when she regained consciousness she started doing unusual behaviour like opening her eyes wide, tilting her neck, tightening her fist, and this behaviour continued upto 4-5 hours.

Her husband seeing her condition got frightened and started soothing and comforting her. She came back her to her normal state after a while. The patient had reported that she never remembers the unusual behaviours that she had done, her husband tells her about it. Her husband then next day went back to Kanpur. After this her husband never asked about this incident, he started caring more for her calling her 2-3 times/ day, asking about her health etc.

But the patient used to cry all the time, taking no interest in any kind of work or interacting with others. She was always preoccupied with the thought of that incident, thinking that has she really done something because she did not remember anything about the incident. She worried excessively over minor problems, and felt sluggish, tensed, and having a low level of energy, increased irritability. She also had thoughts of death and suicide. She also started having feelings of emptiness.

Following all these symptoms she came to GMA OPD voluntarily on 7/12/22.

**Concomitant changes in the attitude-**The patient has loss of interest in household activities and lack of interest in interaction with others. She has sad mood all the time due to reported incident.

**Predominant Mood-** Patient states that she is sad because of the reported incident.

Impression- Dysphoric

**Biological Functions-**

**Sleep and Appetite:** Patient’s sleep and appetite decreased drastically but currently she sleeps of 7-8 hours and appetite is normal with medication. She lost 10 kg weight in past 3 months.

**Social Functioning-**The patient's social functioning has also decreased due to her illness.

**Negative History**

* No H/O suggestive of fever, head injury, and seizures.
* No H/O suggestive of use of psycho-active substances.
* No H/O suggestive of breaks in train of thoughts and incoherent speech
* No H/O suggestive of belief that her thoughts/actions/feelings are being controlled by an external agency.
* No H/O suggestive of maintaining uncomfortable postures for a long period of time
* No H/O suggestive of elevated mood, increased energy, overactivity, or pressured speech.
* No H/O suggestive of obsessive thought and compulsive behaviour.
* No H/O suggestive of specific phobia, panic attacks, feeling on the edge.

**Treatment History**

* The patient and her family sought treatment from general physician in October 2022 for complaints of disturbed sleep and decreased appetite and decreased interest in any activity. She overdosed it once but nothing happened.
* Due to poor response to treatment they sought treatment from a private psychiatrist (Gwalior) in November, 2022 for complaints of feeling down, has had no interest in any activity, and lost memory of the incident.

**Past Psychiatric history**

The patient reported that in 2018, when she went to Punjab by train, she befriended a couple and after that, both the patient and informant used to talk to the couple on the phone sometimes, but after some time when informant had an accident, he was on bed rest. The frequency of calls had increased during this time. The patient reported that one day her husband came and narrated the call recording to her in which she had a sex-related talk with her friend's husband, and on hearing this patient fainted. She remained unconscious for two to three minutes. According to the informants, as soon as she regained consciousness, she started talking about cutting onions, started talking about cleaning the house, and started doing strange things and it continued for 4 to 5 hours. When the patient came into a normal state, the husband asked why she had done this, she said she did not remember anything and how it happened, she did not know at all.

The informant reported that patient had forgotten everything and even after asking her repeatedly, she could not remember. She just kept on crying and could not believe that she could do this. The informant reported that he also believed that patient could not do this so he forgave her because she used to take tension on small things and used to cry a lot. According to the informant the patient hates men, she never talks to them, never likes to go out alone, and always goes out shopping with the informant.

 According to the patient for the past 1 year she has complains of low BP. she often had pain in the back of her head and feels heaviness followed by falling asleep for 5 to 6 minutes. When she wakes up, she does not feel both hands. The informant reported that when he gives a little massage to her hands and presses them, gradually she starts feeling her hands. The informant reported that this incident had happened 2 to 3 times in a month. The informant said that the patient takes tension on small things and keeps thinking about the incident throughout the day.

**Past Medical History-** Low blood Pressure

**Family History**

**Type of family-** Nuclear family

**Status of family-** Nuclear, Patient live with his father, mother and younger brother.

**Household composition**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name | Relationship | Age/sex | Education | Occupation | Nature of relationship |
| Mr. D | Father | 58/M |  | Businessman | Cordial |
| Mrs. J | Mother | 50/F |  | Homemaker | Cordial |
| Mr. C | Patient | 30/M | B.Com | Businessman | Cordial |
| Mr. B | Brother | 25/M | B.Tech | Businessman | Cordial |

* **Family history of medical and psychiatric illness**: Nil significant

**Family Genogram**

Dead

Female

Patient

Male

The patient is born of a non-consanguineous marriage of his parents. She is the last child.

* **Leadership Pattern:** The husband is the functional head of the family, with democratic style of leadership. The husband would discuss with her and both sons and then take major decisions all together and consider the opinion of everyone in the process of decision making.
* **Roles and Functions**: The husband and patient play their roles adequately. All the children play their role adequately.
* **Communication pattern**: The family members have a direct communication pattern with each other.
* **Family Burden**: The perceived burden is more on the husband since the development of the patient’s illness.
* **Financial Burden**: The family not has financial crisis.
* **Expressed Emotions:** Critical comments from in-laws

**Personal History**

* **Birth and Early development**: Due to lack of informant information could not be elicited.
* **Home atmosphere during childhood**: The patient was a pampered child as she was the third and only girl child of the family.
* **Scholastic History**: The patient gained admission in preschool at the age of 4; she studied in same school till 9th Standard. Patient was an average student and participate in other curricular activities like quizzes, competitions and other extracurricular.
* **Vocational and Occupational History:** Nil significant
* **Sexual History**: The patient gained sexual knowledge around the age of 15 year (from a sister in law) after marriage. The patient reported that she didn’t know about the concept of Nuptial Night and sex. Her mother and sister-in-law told her to do exactly what her husband will tell her to do on Nuptial Night. The patient reported that she did what her husband told her to do and she felt disgusted during intercourse. She also mentioned that since that day she always tries to avoid intercourse but she did it eventually because it is a part of marriage and it makes her husband happy. The informant also mentioned that she never responds to sexual activities
* **Marital History-** The patient got married at the age of 15 years. The patient reported that she didn’t know “what marriage” was, she gained knowledge from movies only. Her husband was 17 years old when they got married and he was in 12th standard studying in Jhansi. He used to visit her and their family once a week or once in 15 days. The patient agreed on marrying because her father convinced her that they won’t send her anywhere and it’s only a matter of 3 days. after which they will all go back to their home. Patient reported that she was happy because she knew that she will go home after 3 days. However, after the marriage rituals the in-laws forcefully kept the patient at their home in village.

The patient reported that she used to cry all the time because she did not feel well at all, she used to miss her home. She reported that she never complained to her father about anything happening to her or how she felt about that. She used to keep those things to herself only. The patient reported that she is happy with her husband but she feels dissatisfied with the life she is living “शादी के बाद से कभी अंदर से खुश नहीं रही”.

* **Forensic History-** Nil Significant History
* **History of homicide, suicide, self-injuries**: According to the patient, the thought of committing suicide came to into her mind after some time of marriage, but she tried to kill herself first time in 2011. She had kept the rat killer medicine dissolved in a glass of water, but when she thought about her child, she stopped there and made a plan that when the child grows up a little, then she will commit suicide. According to the patient, she is having suicidal thoughts always running in her mind. In 2014 she got pregnant again which she never wanted. she tried for an abortion but the doctor refused to do so. Because of this, she delayed her plan to kill herself by deciding the next date. The patient told that she had planned that she would commit suicide when her second child would grow up a bit. She reported that she has overdosed medicine (Paracetamol) many times.
* **Premorbid Personality-**

1. **Social Relations-** The patient is socially less active, she interacts if someone greets her otherwise she does not go on her own. She only talks to females.
2. **Intellectual activities,** hobbies, and use of leisure time- Patient likes to spend time with 2-3 friends in her neighbourhood. She likes to read newspaper and books.
3. **Predominant Mood-** Mostly dysphoric

**Character:**

1. **Attitude to self-** she wanted to become a doctor and considered herself a good woman. She reported that she liked to stay with intellectual people.
2. **Attitude to work and responsibility-** she is responsible and for her work is way to cope up with her boring life.
3. **Interpersonal Relationships-** patient appeared disinterred in maintaining interpersonal relationship but she cared for her children.
4. **Standards in moral, religious, and health matters-** Patient believes in god and used to offer prayer regularly for 5-10 minutes.
5. **Energy, Initiative-** Patient was usually energetic, not easily be fatigued at the end of the day.
6. **Fantasy Life-** could not be elicited
7. **Habits-** Nil significant

**Impression-** Not Well-adjusted personality

**Mental State Examination**

* **General Appearance and Behaviour-** Patient well kempt and tidy, mesomorph body built, appeared stated age, dressed appropriately according to her socio-cultural background, bodily hygiene maintained, in touch with the surrounding, eye to eye contact maintained, facial expression seemed overly depressed and normal body posture.
* **Attitude towards examiner-** Cooperative.
* **Rapport-** Could be established.
* **Motor Behavior-** Average.
* **Speech**- Patient speech was audible, with average pitch, average quality, average reaction time, average speed, average ease of speech, relevant, coherent, goal directed, and average productivity.
* **Cognitive Functions**-

a**) Consciousness**: Conscious and alert

b) **Orientation**: Oriented to time, place and person

c) **Attention:** Aroused and sustained (Serial 3’s, digit span)

d) **Memory**: Intact (immediate, recent, remote)

e) **Intelligence**: **average intelligence** (based on general information, comprehension, vocabulary, calculations)- Average Level of intellectual functioning

f) **Abstract** **thinking**: functional (based on similarities, proverb, analogies)

**Mood and Affect-**

1. **Subjective:**

E. इन दिनों आपका मन कैसा रहता है ?

P. खराब रहता है, पुरे टाइम दिमाग में वही बात चलती रहती है।

**Objective:** Dysphoric with average intensity of affect, average mobility of affect, and full range of affect. Patient was reactive, communicable with appropriate affect.

**Thought-**

**Stream-** No abnormality found.

**Form-** No abnormality found.

**Possession-**No abnormality found.

**Content**: Worry, Suicidal Ideas

**Sample-** pure vaqt dimag mein us incident ke bare mein chalta rehta hai. Mein marana chahti hu vese bhi jo hua uske baad mere zindagi aur bekar ho gai hai. Jab mein marugi tho shadi ka joda pahan ke marugi.

**Perceptual Disorders-**

**Sensory Distortion-** No abnormality could be detected

**Sensory Deception-** No abnormality could be detected

**Other psychotic phenomenon**

* **Depersonalisation**
* **Derealisation** No abnormality could be elicited

**Judgment**

**Test**: Intact

**Personal**: Intact

**Social**: Intact

**Insight**

**T:** क्या आपको ऐसा लगता है किआपको कोई मानसिक

बीमारी है?

**P:** हां मुझे लगता है क्योंकि मुझे जानना है कि मैं भूल कैसे गई, इतनी बड़ी बात को।

**T:** क्या लगता है आपको यह किस वजह से हुआ?

**P:** पता नहीं, वही जानना है

**T:** तो क्या यह ठीक हो सकता है?

**P:** वह तो नहीं पता लेकिन मुझे सब याद करना है।

**T:** कैसे सही हो सकता है?

**P:** नहीं पता

**Impression**: Grade III Insight

**Diagnostic Formulation**

Mrs U.D ,32 years old, Hindu, married, female, educated up to 9th standard, hailing from an urban background, Middle Socio economic status, lives in nuclear family of Jhansi with past psychiatric history, and with medical history of low blood pressure, presents with the complaints loss of memory of particular event, lack of interest, anxious, depressed mood, since 4 years with current episode since 3 months with good compliance and improvement with nil side effects, with insidious onset episodic course and deteriorating progress, MSE suggestive of dysphoric affect, intact cognitive functioning, thought content of worry, suicidal ideas with impaired personal judgement, with grade 3 insight.

**Provisional Diagnosis**

F32.1- Moderate depressive

episode comorbid with Z76.5- Malingerer

* **Points in Favour (depressive episode)**
* Depressed mood
* Loss of interest
* Ideas of guilt
* Reduced concentration
* Pessimistic view of future
* Acts of suicide

**Points in Favour (Malingering)**

* Conscious simulation of amnesia
* Seeking attention
* Avoiding dispute from incident
* Getting relief from household chores

**Differential Diagnosis**

F44.0- Dissociative amnesia

**Management**

Psychoeducation

2. Supportive Psychotherapy Techniques:

Ventilation

Persuasion

Encouragement

Reassurance

Reframing and acceptance

3. Cognitive Behaviour Therapy Techniques