

Case Report: Consensus on Diagnosis and Intervention~ Perspective from Taiwan

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Background

Mood disorders, including Major Depressive Disorder and Bipolar I Disorder, have the life time prevalence rates of 1-15 %. Here, we will report the intervention and management of a 32 year-old married man, Ted, who had depressive mood during early adulthood and manifest with symptoms of talkativity, hyperactivity, increased goal-directed activity, decreased sleep need for 1 week, from the perspective of early career psychiatrists in Taiwan.

Case Report

Ted, a 32 year old married man, had a Major Depressive Episode with psychotic features when he was 22 years-old. Stressors at the time included failing school work and poor interpersonal relationships. He was hospitalized at the Psychiatric Unit for 1 month. Ted never followed up at the Psychiatric Clinic after discharge and self-medicates his low mood and sleep problems with alcohol. He also spends most of his times on the internet and failed to fulfill his work and family responsibilities. He became social withdrawal and stopped going to work during the last two months. However, his mood fluctuated and changed to an expansive and irritable state; and was send to ER by the EMT due to violence toward his wife for 1 day. He had hypertalkativity, hyperactivity, increased goal-directed activity, subjective low mood and decreased sleep need for the past week.

Discussion

In Taiwan, Ted is most likely to be admitted to the Psychiatric Unit with the diagnosis of Bipolar I disorder, most recent episode manic with psychotic features. If Ted refuses admission, then compulsory admission will be administered after obtaining his wife's consent. Moreover, lab exam and urine screen for substance will be arranged to rule out possible causes for his mood changes. Management of his acute manic state will include physical restraint, mood stabilizers, atypical antipsychotics and psychoeducation.