

Psychotherapeutic Agents

CASE SCENARIO: #6

TC is a 70 y/o white male admitted with increasing chest pain related to a history of coronary artery disease and Rx'd with nifedipine 10 mg tid and isorbide dinitrate 20 mg tid. He recently was diagnosed with depression, increasing in severity since his activities have been limited due to increased chest pain. He was prescribed amitriptyline 100 mg/d. Following four days of therapy, the patient presents with extreme agitation and hallucinations. He hides all of his personal belongings under his mattress due insisting that the nurses were "stealing everything he owns." He is started on haloperidol 2 mg/d. What are your concerns and how should this patient be managed. Would you have managed this patient differently? How?

Anticonvulsants

CASE SCENARIO: #7

An 18 y/o, 60 kg male college student recently suffered his first convulsion. His roommate witnessed the episode and stated that without warning, the patient fell to the floor, with a “loud moaning grunt.” He became rigid for a few seconds and began “thrashing around” for a couple of minutes. The patient was completely unconscious for 5-10 minutes after the convulsive movement ceased. During the convulsion, the patient was incontinent of urine. The roommate transported him to the hospital immediately after he regained consciousness. On arrival, the patient was groggy and mildly confused. The patient denies a history of previous seizure, head trauma, or recent drug or alcohol ingestion. Physical examination was essentially normal. Laboratory studies including serum glucose, alcohol, drug screen, and electrolytes were normal. Lumbar puncture was normal except for marked elevations of creatine kinase. A complete neurological examination was normal. An EEG demonstrated diffuse slowing with no focal abnormalities. It was interpreted as essentially normal. The patient had a second seizure while hospitalized. The nursing staff described it as an episode identical to that reported by the roommate. No localizing signs (such as muscle twitching, contractions or spasms) were noted by the nursing staff or described by the patient. However, an aura characterized by shimmering spots before his eyes was present prior to the second seizure, which lasted 85 seconds. This clinical presentation can best be classified as

which seizure type? Why? Should this patient receive anticonvulsants? If so how would you manage this patient and what would be the appropriate monitoring for your recommendation?