

VIGNETTE 4:2 - "DISTRESSED VET WITH PARKINSON'S"

Chief Complaint: A 74 year-old married African-American man, Mr. A., is referred for psychiatric consultation because he is hearing voices and has recently developed a firm belief that he is being observed.

History of Present Illness: Nine years ago, he developed Parkinsonian symptoms. He has been treated with sinemet (a combination medication containing both carbidopa and levodopa) for the past four years. His dosage was increased two months ago to 25-250 mg four times daily from three times daily due to gradual worsening of Parkinsonian symptoms. One month ago, due to worsening of symptoms, benztropine 1 mg twice daily was added with subsequent improvement in his Parkinsonian tremor.

Two weeks ago, the patient's wife noticed that the Mr. A began to express suspicions that people were observing them and bugging the telephone. After a couple of days, his beliefs became firm and unshakable. Two days ago he said he could hear someone outside the house door demanding to come in and threatening to murder Mr. A and his wife. The patient's wife corroborates that Mr. A and she are not in trouble with anyone, and there was no one behind the door at the times Mr. A said he heard the visitor.

Past Medical History: The patient was struck in the head by a falling crate while on duty in Iwo Jima in 1945. He was unconscious for six hours and had a slow recovery of short-term memory, though by the time he was flown back to CONUS, he had no clinically detectable memory deficits. His wife says, however, that "he never was the same after that," being impulsive, occasionally physically violent, and not able to control his temper well enough to hold down jobs more than one year at a time. She also complains that he "has had trouble keeping his mind on things ever since then" and "sometimes gets mentally paralyzed trying to solve simple problems." For the past five years, both the patient and wife notice increasingly impaired short-term, but not long-term memory. He has hypertension, first diagnosed at age 50, and has a sixty pack-year smoking history.

Review of Systems: Aside from the signs and symptoms detailed in the history of present illness, the patient complains of constipation, trouble getting urine stream started and stopped, and dizziness.

Past Psychiatric History: Impulse control problems, concentration problems, short-term memory deficit, as above. No formal history of psychiatric treatment. Mrs. A. describes him as a moderate drinker ("one high-ball most days; he used to drink two").

Social History: Married for 53 years; his wife is 72 years old and functions independently in spite of mild congestive heart failure and well-managed hypertension. Mr. A has two grown children who live in other states, but who are emotionally close to their parents and visit whenever they can.

Personal History: The patient's father died of tuberculosis when the patient was twelve years old. He is the oldest of seven children; he has four brothers and two sisters. His mother never remarried. The patient dropped out of school at age 16 to support the family, and joined the Marines in 1942.

Current Medications: Sinemet 25-250 mg. four times daily, benztropine (cogentin) 1 mg. p.o. twice daily, and hydrochlorothiazide 25 mg. twice daily.

Physical Examination: Significant for very mild action tremor, slow speech, mild bradykinesia, and mild general stiffness. Pupils were 9 mm. bilaterally and responsive to light. Heart rate was 96, blood pressure 160/90. Oral mucosa was dry.

Mental Status Examination: Slow responses to questions, suspicious mood, delusions, and auditory hallucination present as per HPI. Speech slow. No suicidal or homicidal ideation. No aphasia evident. Oriented to person and year. Thought he was in "a sanitarium." Gave date as January 23, 1953. Was able to recall his activities during World War II, and was able to recall three of three words right after they were said to him. However, he could not recall any of them at 3 minutes. Performed poorly on tests of attention and concentration.