Sonia Smith

05/31/2025

Comprehensive Psychiatric Evaluation

Patient Information

Name: Jim Murray (Simulated Patient)
Age: 34 years
Gender: Male
Date of Evaluation: May 28, 2025
Setting: Outpatient Psychiatric Clinic

Chief Complaint

"I can’t focus, and I’m always on edge, like something bad is going to happen."

History of Present Illness

Jim Murray, a 34-year-old male, presents reporting a three-month history of persistent anxiety, characterized by excessive worry about work performance and family responsibilities. He describes feeling "restless" and irritable, with difficulty concentrating on tasks, which has led to errors at his job as an accountant. Jim reports physical symptoms including muscle tension, palpitations, and disrupted sleep (waking frequently, 5–6 hours nightly). Symptoms occur most days and are exacerbated by workplace stress and financial concerns. He denies panic attacks but reports occasional "racing thoughts" that interfere with decision-making. Jim denies suicidal ideation, hallucinations, or delusions. He reports minimal alcohol use (1 beer weekly) and denies illicit drug use or recent medication changes. Symptoms have strained his relationship with his spouse and reduced his engagement with his two young children.

Past Psychiatric History

Diagnosed with generalized anxiety disorder at age 25, treated with sertraline (50 mg daily) for one year, discontinued due to symptom improvement. No prior hospitalizations or suicide attempts.

Past Medical History

- Hypertension, diagnosed 2022, managed with lisinopril (10 mg daily).
- No known allergies.
- No history of surgeries or other chronic conditions.

Family Psychiatric History

- Father: History of alcohol use disorder, in remission.
- Mother: No known psychiatric conditions.

- No family history of bipolar disorder or suicide.

Social History

Jim is married, lives with his spouse and two children (ages 5 and 7), and is employed full-time as an accountant. He reports a stable but stressful work environment due to recent staff shortages. Jim has a bachelor's degree in accounting and describes a supportive but distant relationship with his parents. He denies a history of abuse or trauma. He is a nonsmoker, engages in minimal exercise, and reports a balanced diet. Jim enjoys reading but has not had time for hobbies due to work demands.

Mental Status Examination

- **Appearance**: Appropriately dressed, appears tense, slightly disheveled hair.
- **Behavior**: Cooperative, fidgety, maintains intermittent eye contact.
- **Speech**: Rapid rate, normal volume and tone.
- **Mood**: "Anxious and overwhelmed."
- **Affect**: Anxious, congruent with mood, full range.
- **Thought Process**: Linear but with occasional tangentiality when discussing stressors.
- **Thought Content**: No delusions or hallucinations. Excessive worry about work and family noted. Denies suicidal or homicidal ideation.
- **Cognition**: Alert and oriented to person, place, and time. Concentration mildly impaired (struggles with serial 7s). Memory intact.
- **Insight**: Good; recognizes symptoms as problematic and seeks help.
- **Judgment**: Intact; no impulsive behaviors reported.

Assessment Tools

- **Generalized Anxiety Disorder-7 (GAD-7)**: Score of 15, indicating moderate anxiety.
- **Patient Health Questionnaire-9 (PHQ-9)**: Score of 8, suggesting mild depressive symptoms.

Diagnostic Impression

Primary Diagnosis: Generalized Anxiety Disorder (GAD), recurrent episode, moderate (DSM-5: 300.02).
Rationale: Jim meets DSM-5 criteria for GAD, with excessive worry and anxiety occurring more days than not for over three months, accompanied by restlessness, difficulty concentrating, irritability, muscle tension, and sleep disturbance. Symptoms cause significant distress and impair occupational and social functioning. The absence of panic attacks, specific phobias, or obsessive-compulsive behaviors rules out other anxiety disorders. Mild depressive symptoms are

present but do not meet criteria for major depressive disorder.
Differential Diagnosis:

- Adjustment Disorder with Anxiety: Less likely, as symptoms persist beyond a specific stressor and meet GAD duration criteria.
- Major Depressive Disorder: Ruled out due to insufficient depressive symptoms and anxiety as the predominant feature.
- Substance-Induced Anxiety Disorder: Unlikely, given minimal substance use and no temporal correlation with symptoms.

Plan

1. **Psychotherapy**: Initiate cognitive-behavioral therapy (CBT) with a focus on anxiety management techniques, such as cognitive restructuring and relaxation training. Recommend weekly sessions.
2. **Pharmacotherapy**: Restart sertraline at 25 mg daily, titrate to 50 mg after one week, with follow-up in 2 weeks to monitor efficacy and side effects.
3. **Medical Evaluation**: Order blood pressure check to ensure hypertension is controlled, as anxiety may exacerbate cardiovascular symptoms.
4. **Lifestyle Interventions**: Educate on stress reduction techniques, including mindfulness, exercise (30 minutes 3–4 times weekly), and sleep hygiene.
5. **Safety Planning**: Although no suicidal ideation is present, provide resources for crisis support and encourage open communication with family.
6. **Follow-Up**: Schedule follow-up in 2 weeks to reassess GAD-7 score, medication response, and therapy engagement.

Reflection

Conducting this evaluation underscored the challenge of distinguishing between anxiety-driven concentration difficulties and potential cognitive deficits, requiring careful use of tools like the GAD-7 to quantify symptoms. Another challenge was addressing Jim's irritability without alienating him, which was managed through empathetic, nonjudgmental communication. A key lesson learned is the importance of integrating past psychiatric history with current symptoms to tailor treatment, such as restarting a previously effective medication, aligning with evidence-based practice.