Up for Promotion

Joining Forces Initiative

A Teaching Case Vignette: 29-year-old male veteran presents with complaints of “not feeling right.” Possibly Major Depressive Disorder

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Chief Complaint
A 29-year-old Latino, married male with two elementary school-aged children presents to your office stating that he feels “terrible all the time.” He reports that he “just can’t seem to concentrate.” He feels tired most of the time, can’t sleep and has been short-tempered with others around him. He thinks he may have been exposed to some kind of illness. He is an E-6 in the military and has been in the service for eight years. He has just returned from Iraq and is scheduled to be re-deployed next month. He believes he has been able to perform most of his work duties adequately, but is up for promotion and more responsibility. He tells you he has not felt right for the last several months and does not feel he is good enough for his family and the soldiers he leads. He adds that he rarely feels as though things are going well. He reports feeling nervous; he eats three meals a day but is never hungry. He states that he has thought about what it would be like not have to deal with everything.

Physical Examination:
The physical examination is unremarkable. The patient is cooperative, alert, oriented; no delusions or hallucinations, and his thoughts are goal-directed and logical. During the interview, the patient suddenly becomes tearful and states “I am just not man enough.” During his last tour in Iraq, his company lost several soldiers. He denies any flashbacks or disturbing dreams. His children seem distant from him since his return. He reports that his marriage is okay, but he has lost interest in sex. His weight is normal for height. When asked about suicide, he states “I am Catholic. I would never do anything.” All lab values are within the normal range.

1. What is this patient’s most likely diagnosis?
   a. Bipolar I Disorder
   b. Generalized Anxiety Disorder (GAD)
   c. Major Depressive Disorder
   d. Obsessive-Compulsive Disorder
   e. Personality disorder not otherwise specified

Answer C: Major Depressive Disorder
The patient has Major Depression, characterized by sleep disturbance, loss of interest in activities, increased worries, fatigue, concentration problems, loss of appetite, psychomotor agitation, and feelings of hopelessness and worthlessness for greater than two weeks. The patient is also experiencing excessive worry about everyday life stressors, which is the primary symptom of GAD. However, 6 months of symptoms are required for a diagnosis of GAD. Anxiety affects as many as 90% of all depressed patients. He does have
considerable precipitating stress, but denies flashbacks and disturbing dreams. He does not have symptoms suggestive of obsessive-compulsive disorder or personality disorder.

Approximately 10-20% of primary care patients in outpatient settings have depression. Note that 10-15% of patients with major depression commit suicide.

2. Which of the following would be the most appropriate first-line treatment for this patient?
   a. Reality Orientation therapy
   b. Antidepressant Medication
   c. Daily Multiple Vitamin
   d. Marriage Counseling

Answer B: Antidepressant Medication

Antidepressants are the evidence-based medication treatment for Major Depression. Reality Orientation therapy is most often used with patients who are confused or have a dementia. The patient has affective disturbance, cognitive disturbance, and elevated social stress most likely related to his depressed state. His military status could be affected with the diagnosis of Major Depressive Disorder and the prescription of an antidepressant. This should be discussed thoroughly with the patient.

1. What should the physician attend to and document regarding this patient’s depression symptoms at every visit?
   a. Suicidality
   b. Relations with spouse
   c. Status of children
   d. Family finances
   e. There are no concerns of special attention

Answer A: Suicidality

This patient has reported thoughts of suicidality. He has stated that he has thought about what it would be like “not to have to deal with everything,” and when asked about suicide, he stated “I would never do anything.” Consideration should be given to discussing the diagnosis and treatment with his wife. Cognitive Behavioral Therapy should also be recommended.