Nov 13, 2019 Psychiatry EN

Dr. E Unoh - Psychiatry -NHS SCG

Received: Dec 24, 2019

NIAGARA HEALTH SYSTEM
SCG Site
Mental Health Outpatient Clinic Report

Patient Name: [redacted]
DOB-Age sex [redacted] **37 M**
Admission Date: 13/11/19
Report #: 2012-0803

SEE ATTACHED FOR FULL REPORT

CLINIC REPORT

Dear Dr. Bellaire:

Re: [redacted] DATE OF BIRTH [redacted]

Thank you for referring this 37-year-old male living in [redacted] who is currently employed. I understand from your note that the reason for the psychiatric referral is for assessment, diagnostic clarification for emotional lability. I understand also that the patient is very interested in the dialectic behavior therapy program. (Mr. [redacted] of note denied expressing an interest in that prog.am.) I met with Mr. [redacted] on November 13, 2019, in the mental health outpatient clinic of the Niagara Health system, St. Catharines site.

CHIEF COMPLAINT, REASON FOR ASSESSMENT AND FUNCTIONAL INQUIRY
Mr. [redacted] said the main reason he is having a psychiatric assessment today is anger.

IMPRESSION / DIAGNOSIS
Antisocial personality disorder

RECOMMENDATION / PLAN
1. I discussed Mr. [redacted]'s diagnosis with him.

2. Mr. [redacted] expressed a willingness to take prescribed medication.

3. There are no routine medications tor treating antisocial personality disorder as no medications have been found to be efficacious. However, Mr. [redacted]'s aggressive behavior is a target symptoms that may benefit from daily medication treatment, as he describes significant and severe aggression, he is willing to take medication which can be monitored by his GP to evaluate effectiveness. I recommend a trial of an antipsychotic such as quetiapine starting at 100 milligrams at bedtime day 1, then 200 milligrams at bedtime day 2, then 300 milligrams daily. Kindly explain to Mr. [redacted] there will likely be

significant sedation in the first few weeks until he develops some tolerance to it. Alternative could be risperidone at 2-4 milligrams per day; Invega at 3-6 milligrams per day, Abilify @ 5-10 milligrams per day. If he is not able to tolerate the antipsychotics or they are not effective in stabililzing mood, reducing impulsivity and specifically aggressive impulse, consider PO Fluoxetine 20 milligrams per day or a mood stabilizer such as carbamazepine. Regarding carbamazepine he can be tried on PO carbamazepine at 200 milligrams
per day and increase this to 400 milligrams per day. This may help reduce his aggression as well.

4. Psychological treatment options and benefits were also discussed with [redacted]. The Niagara Health System outpatient clinic is able to provide psychological therapy in a group based format at this time. With his risk of violence and low frustration tolerance, we both agreed group therapy was likely to place others at risk if he joined any groups. He can however avail of a limited number of individual therapy sessions via the canadian Mental Health Association and he Can contact the CMHA on his own. Ideally Mr. [redacted] would benefit from connecting with the forensic services and I suggest his GP refers him there.

5. Mr. [redacted] convincingly assured me he would seek immediate help from emergency services should symptoms worsen and of harm to self or others become present. I am satisfied that he has a good understanding of how to access emergency services following our conversation about this. Contact details tor the Crisis outreach service and the Canadian Mental Health Association were discussed prior to discharge.

6. The patient has been asked to follow up with his own family doctor and to obtain any further prescriptions from there.

This report was created using Dragon Medical Front End voice Recognition Software

Emma Unoh

Dictation Date/Time: 13/11/19
Transcribed by: UNOEM
Transcribed Date/Time: 20/12/19 1937

This report was scanned from an original document using Optical Character Recognition Software.

NIAGARA HEALTH SYSTEM
SCG
Site

Mental Health Outpatient Clinic Report

Patient Name:	[redacted]
DOB-Age Sex:	[redacted] 37 M
Unit# - Account#:	K0866943 - KZ015151/19
Patient Location:	[redacted]
Admission Date:	13/11/19
Discharge Date:	
Report #:	2012-0803
Copies to:	DR. BELLAIRE; Dr Unknown; Emma Unoh
Addendum Date:	
Report Status:	Signed

CLINIC REPORT

Dear Dr. Bellaire:

Re: [redacted] - DATE OF BIRTH [redacted]

Thank you for referring this 37-year-old male living in [redacted] who is currently employed. I understand from your note that the reason for the psychiatric referral is for assessment, diagnosticclarification for emotional lability. I understand also that the patient is very interested in the dialectic behavior therapy program. (Mr. [redacted] of note denied expressing an interest in that program.) I met with Mr. [redacted] on November 13, 2019, in the mental health outpatient clinic ofthe Niagara Health System, St. Catharines site.

CHIEF COMPLAINT, REASON FOR ASSESSMENT AND FUNCTIONAL INQUIRY
Mr. [redacted] said the main reason he is having a psychiatric assessment today is anger.

HISTORY OF PRESENTING INFORMATION
Mr. [redacted] started the interview saying he has antisocial personality disorder and that he is prone to violence. He said he is angry today because he just saw his two step-daughters in the waiting room with their father and grandmother. He is annoyed because he expected them to be in school and wasn't aware nor was his wife (their mother) that the children had an appointment today. He said there is an ongoing custody battle between both families he said that this has involved criminal investigations. He alleges the father of his step-daughters had them falsely allege sexual molestation charges against him but these were allegedly quashed. Mr. [redacted] said he feels angry now and he has thoughts of killing their dad. He said he will not kill him because he will never get away with it. He however said that while he wants to kill him, he will not ever do so because he won't be able to raise his kids. He said he is here because the only treatment for antisocial personality disorder is continuous psychotherapy. He said he is looking for a long term therapist. He said that he saw a psychiatrist in St. Joseph's Hamilton whom he said saw him for 33 minutes and "rejected me from the program and called CAS". He said he is an aggressive person. He said that he recognizes he is an aggressive person and needs to be open. He said he has been using cannabis twice a day using the indica or hybrid strain. He avoids alcohol because he is fearful of losing control. He exercises to exhaustion daily because he feels better afterwards.
He said "my whole life, I've rubbed people the wrong way, I have no friends, I have extreme

views onpeople and politics, I'm so angry with the police and everyone who is in a position of authority". He said he can't hold a job. He said that he can't get along with people. He killed a lot of animalsas a child "mostly because I wanted to see what it was like". He last killed an animal aged 10-12. He killed frogs, toads, insects. He said "I seem to embellish. I have very little control about it".He said he lies sometimes to make his day more interesting. He said he lacks empathy and is not ableto put himself in someone else's shoes and feel their pain. When family members die "I just don't care". He said up until his grandmom was dying he felt angry it was taking so long, but as soon as she died "I walked away, I didn't feel anything, I didn't care". He said he is having problems with the children's school and the children's teachers are afraid of him and the school is considering a no trespass order as he has made threats to kill the teachers when angry.

PAST PSYCHIATRIC HISTORY
Previous Psychiatric assessment(s): Mr. [redacted] volunteered that he has antisocial personality disorder. He was seen and treated in the forensic unit in Hamilton for two months in 2016. The recommendations included conditions of supervised access to his children due to potential for harm and neglect and his risk for suicide. Prohibitions from possessing weapons, prohibition from use of alcohol and non-prescribed drugs, counselling to address anger and family violence issues, treatmentfor drug and alcohol use. He said that when his children's mom attempted suicide, he was however given 50:50 custody. He tried to get full custody he recalls using fluoxetine in high school but can't recall the effect. He recalls multiple suicide attempts.

PAST MEDICAL HISTORY
Head Injury: multiple concussions as a child
Irritable bowel syndrome
High cholesterol: Denied
Epilepsy: Denied
Diabetes: Denied
High blood pressure: Denied
Thyroid Disease: Denied
Heart Disease: Denied

CURRENT MEDICATIONS
PO Pantoprazole 40 milligrams per day
PO Viberzi 75 milligrams twice daily

ALLERGIES
No known drug allergies were reported. Gluten.

FAMILY HISTORY AND FAMILY PSYCHIATRIC HISTORY
He explained that he was raised by both his biological parents. He is the first of four children both his parents had together. He endorsed a family history of mental illness. He said his brother [redacted] has depression and anxiety; his other brother [redacted] has depression; and his Uncle has depression and anxiety. He denied any family history of completed/attempted suicide, diabetes or heart disease.He endorsed a family history of alcohol problems and street drug use. He described his family relationships as "strained". He thinks his mom has antisocial personality disorder and his maternal aunt lacks empathy.

SUBSTANCE USE HISTORY
Nicotine: Denied
Alcohol: Yes. Last use was Oct. 15

Marijuana: Yes. Last use was last night
Other recreational drugs: Denied

LEGAL HISTORY
He has a criminal history.

PERSONAL AND SOCIAL HISTORY
He was born in Hamilton. He described being physically abused in school and stabbed with a pencil age 9-12. He didn't have much interaction with his dad and mom had a drinking problem. There was constant arguing in the home. He thinks his mom has antisocial personality disorder, treats people like garbage lacks empathy and his mom's sister terrorized his mother locking her in an old refrigerator with bees below aged 10 and was deliberately mean to her a lot. He has a college education. He is currently on disability. He is currently in a relationship. He has 5 children (3 biological and 2 step-children). He is currently living in rented accommodation. He reports some financial concerns. His current community supports are his wife, and his friends [redacted] and [redacted].

MENTAL STATUS EXAMINATION
The patient was cooperative with an assessment. He also appeared detached and irritable. His eye contact was good. His speech was of a normal rate, normal tone, and a normal flow. He described his mood as "angry and anxious". His affect was angry. He was orientated in time, place and person. His psychomotor activity was normal with no evidence of psychomotor agitation or retardation. His thought content was characterized by his feelings of anger and not knowing what will happen to his step-daughters. There were no delusions elicited. There were no hallucinations elicited. He denied suicidal ideation and intent. He reported homicidal ideation daily but it changes daily. He denied homicidal intent. He denied thoughts of harm to self and thoughts of harm to others. His judgment was not impaired.

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