BACKGROUND INFORMATION

The client is a 32-year-old Hispanic American male who came to the United States when he was in high school with his father. His mother died back in Mexico when he was in school. He presents today to the PMHNPs office for an initial appointment for complaints of depression. The client was referred by his PCP after “routine” medical work-up to rule out an organic basis for his depression. He has no other health issues with the exception of some occasional back pain and “stiff” shoulders which he attributes to his current work as a laborer in a warehouse.

SUBJECTIVE

During today’s clinical interview, client reports that he always felt like an outsider as he was “teased” a lot for being “black” in high school. States that he had few friends, and basically kept to himself. He describes his home life as “good.” Stating “Dad did what he could for us, there were 8 of us.” He also reports a remarkably diminished interest in engaging in usual activities, states that he has gained 15 pounds in the last 2 months. He is also troubled with insomnia which began about 6 months ago, but have been progressively getting worse. He does report poor concentration which he reports is getting in “trouble” at work.

MENTAL STATUS EXAM

The client is alert, oriented to person, place, time, and event. He is casually dressed. Speech is clear, but soft. He does not readily make eye contact, but when he does, it is only for a few moments. He is endorsing feelings of depression. Affect is somewhat constricted, but improves as the clinical interview progresses. He denies visual or auditory hallucinations, no overt delusional or paranoid thought processes readily apparent. Judgment and insight appear grossly intact. He is currently denying suicidal or homicidal ideation. The PMHNP administers the “Montgomery- Asberg Depression Rating Scale (MADRS)” and obtained a score of 51 (indicating severe depression).

RESOURCES

§ Montgomery, S. A., & Asberg, M. (1979). A new depression scale designed to be sensitive to change. British Journal of Psychiatry, 134, 382-389.

Decision Point One

Select what the PMHNP should do:

Begin zoloft 25 mg orally daily

 Begin Effexor XR 37.5 mg orally daily

 Begin Phenelzine 15 mg orally TID

 My Decision Point One

Begin Effexor XR 37.5 mg orally daily

RESULTS OF DECISION POINT ONE

 Client returns to clinic in four weeks

 Client reports that there is no change in depressive symptoms at all

Decision Point Two

Select what the PMHNP should do next:

 Increase dose to 75 mg of Effexor XR orally daily

 Change to Cymbalta 30 mg orally daily

 Augment with an atypical antipsychotic

My Decision Point Two

 Change to Cymbalta 30 mg orally daily

RESULTS OF DECISION POINT TWO

 Client returns to clinic in four weeks

 Client reports that his depressive symptoms are “not really any better”

 Client has noticed that his back pain and shoulder stiffness have improved, which he was not expecting

 Client is asking if he could be kept on the current medication due to its favorable effect on his pain

Decision Point Three

Select what the PMHNP should do next:

 Continue current dose of Cymbalta

 Increase Cymbalta to 60 mg orally daily

 Discontinue Cymbalta and begin Elavil 25 mg orally daily

My Decision Point Three

 Increase Cymbalta to 60 mg orally daily

Guidance to Student

Maintaining the current dose would be appropriate if the client were showing an improvement in depressive symptoms, but since he is not showing improvement, something needs to be done. Increasing Cymbalta to 60 mg orally daily would be the most appropriate choice as 30 mg is a small dose, and with an effective dose range of 60 to 120 mg orally daily, it would be prudent to increase the client’s dose to a therapeutic dose. Changing to Elavil, a tricyclic antidepressant is not the best choice as it can be associated with increased side effects and although it can treat pain symptoms as well, there is no indication that changing drug therapy at this point would be appropriate as we have not trialed the client with an adequate duration or dose of Cymbalta. It is always beneficial when we can select medications that will treat co-morbid conditions. So Cymbalta should be trialed at an appropriate dose for an appropriate duration to treat the clients pain and depression.