Applied Differential Diagnoses

TraciAnne Atkinson

Argosy University – Draper, Utah

Introduction

The client, Maeve, is a 36-year-old second generation Irish American female with a Catholic upbringing, although she claims no religious affiliation herself. Maeve reports having been sexually abused by her older brother from age 4 to age 9, at which time her brother left the home. Maeve has difficulty sleeping at night because of her fear of dreaming about the abuse. Her parents did not believe her when she told them about this abuse and since that time Maeve has not spoken with her parents, although she has made some unsuccessful attempts to contact her father.

### Maeve has a history of troubled relationships. She became pregnant at age 17 ½ shortly after becoming sexually active but her relationship with the father ended when her mother refused to let her see him again. Maeve attempted suicide after learning she was pregnant but called 911 after taking the pills. Her parents refused to visit her in the hospital after this occurrence. Since that time Maeve has been married 3 times. Her first marriage ended when her husband died in a car accident and her other two marriages ended in divorce. Maeve is apprehensive men’s intentions and experiences frequent episodes of anger, usually triggered by sexually aggressive men.

### Maeve also says that she has few close friends and that most of her friendships are ‘difficult, emotionally intense, transient and superficial. Furthermore Maeve reports a difficult relationship with her daughter. She describes daily fighting and distraught feelings over not being able to control her daughter’s behavior. Maeve’s daughter has recently been arrested for marijuana possession and has been expelled from school.

### Maeve states that she has been anxious and ruminative since age 8 and exhibits high levels of anxiety. Her mood is frequently blue and she states that she feels sad most of the time. Maeve also feels irritable and “like she is out of control”, and describes feelings of hopelessness. She has a history of self-harm and admits to thinking of cutting regularly although she has not cut in the last six months. Maeve reports that she uses alcohol to reduce her feelings of anxiety, anger, depression, and frustration. She reports an inability to resist her cravings for alcohol leading to binges that are meant to regulate her mood.

Differential Diagnoses

Maeve presents with a primary diagnosis of F43.10 – Posttraumatic Stress Disorder (PTSD) with delayed expression and a secondary comorbid diagnosis of F10.10 Alcohol Use Disorder, mild. Maeve’s diagnoses are evidenced by her self reported symptoms and history. Many of these symptoms have been on going since an early age, although full criteria for the diagnosis of PTSD was not met until later in Maeve’s life. (Diagnostic and Statistical Manual of Mental Disorders fifth edition [DSM-5], 2013)

Post Traumatic Stress Disorder

Maeve meets the full criteria for a diagnosis of PTSD. She experienced sexual violence directly at a young age in the form of prolonged sexual abuse by her brother. She has recurrent dreams of this traumatic event and experiences nausea during oral sex as a result of being forced to perform oral sex at age 8. She avoids or makes efforts avoid situations that remind her of this trauma, such as her difficulty in sleeping because of a fear of the dreams of her abuse and sabotaging relationships in which she has to relinquish control to another. Maeve experiences negative alterations in cognitions and mood associated with the traumatic event. She is apprehensive of the intentions of men who share in interpersonal contact with her, is antagonistically suspicious of others, believes she is “out of control” and believes her father is “weak and passive” and her mother is “domineering and cold”. (DSM-5, 2013)

Maeve experiences a persistent negative emotional state, stating that she feels sad most of the time and irritable. She also struggles with diminished interest in significant activities, expressing that she would rather sleep than participate in enjoyable activities. Maeve also experiences feelings of detachment or estrangement from others, which is evident in her rift with her family as well as in her relationships with others outside of her family. Maeve believes that deep contact with others is too stressful. (DSM-5, 2013)

Additionally Maeve has experienced frequent episodes of anger and bitterness that she believes are main provoked by sexually aggressive males. She participates in reckless and self-destructive behavior as evidenced by her alcohol and food binges and by her history of self-harm in the form of cutting and a suicide attempt. She still has frequent thoughts of self-harm although she has not acted on these thoughts for a period of 6 months. Maeve also participated in a number of affairs in a 6-month period resulting in her contracting herpes. She continues to exhibit this behavior stating that she “hooks up with guys” from a herpes dating website when she “does not want to feel alone”. Her driving under the influence charge when she was 24 is further evidence of self -harming behavior. (DSM-5, 2013)

Maeve’s symptoms have caused significant distress in her life. She has experienced two divorces as a result of symptomatic behaviors of her diagnosis and has no close friends or support system on which to rely. Although Maeve has a comorbid diagnosis of alcohol use disorder the reasons that she gives for her divorces, covert power struggles and extramarital affairs relate back to her PTSD symptoms rather than substance abuse causation. Since many of Maeve’s symptoms such as her relational problems with her family and her self-destructive behavior were not evident until more than 6 months after Maeve’s abuse, Maeve is diagnosed with delayed expression. Maeve’s counselor should inquire further into the timeline of her symptoms appearance to confirm this aspect of the diagnosis. (DSM-5, 2013)

The differential diagnoses for PTSD were discarded for the reasons listed below. Adjustment disorder was dismissed due to the fact that the stressor met the pattern for PTSD and all the criteria for PTSD were present in Maeve’s life. Adjustment disorder is diagnosed only when the stressor does not meet the established pattern or when all criteria for PTSD are not met. All other posttraumatic disorders and conditions were dismissed because symptoms better fit a diagnosis of PTSD than those disorders. Acute stress disorder was discarded because of the duration of the symptoms, being well over duration of 1 month. (DSM-5, 2013)

Obsessive-compulsive disorder was rejected because no compulsive behavior was evident. Anxiety disorders were rejected because anxiety could be associated directly to a traumatic event. Personality disorders were also rejected because any interpersonal difficulty is better explained by exposure to a traumatic event. Dissociate disorders were discarded because no disassociation was evident. Conversion disorder was dismissed because no altered motor or sensory functions were present. Psychotic disorders were dismissed because no delusions or hallucinations were present. (DSM-5, 2013)

Although traumatic brain injury is possible no traumatic event that could cause brain injury was reported so it was ruled out. Counselors should ask follow up questions to insure that no event that could cause traumatic brain injury occurred. Although most of the criteria for major depressive disorder was present, the only symptom not better explained by PTSD present was that of hypersomnia and this was not seen as being conclusive. Counselors should inquire further into whether Maeve’s persistent negative state is related only to her trauma or whether it is better explained by major depressive disorder in order to be conclusive about whether this disorder should be diagnosed. (DSM-5, 2013)

Alcohol Use Disorder- Mild

Maeve meets the criteria to receive a diagnosis of alcohol use disorder as evidenced by the following symptoms. Maeve began drinking at 13 years of age. She states that she has struggled with intermittent binging on alcohol since that time. Maeve is now 36 years of age so this represents a period of 23 years of binge drinking. Maeve describes herself as struggling with cravings for alcohol that she cannot control. When Maeve was 24 years of age she received a driving-under-the –influence charge but she denies having alcohol related problems. She is, however, aware that her blood pressure is high and yet persists in binge drinking which can raise blood pressure to alarming levels as indicated by a study performed in Russia which found that frequent beer consumption raises blood pressure by 2.06%. (Akhmedjonov, A., Suvankulov, F., 2013)

Maeve’s counselor should inquire further about whether Maeve has participated in other activities that placed her in physical danger while under the influence and whether she had knowledge that binge drinking could raise her blood pressure higher as it could potentially change the diagnosis severity of Maeve’s alcohol use disorder. Maeve’s counselor should also further inquire into Maeve’s tolerance of alcohol and whether it has increased markedly. Without this knowledge Maeve presents with two of the required symptoms of alcohol use disorder and so has been diagnosed as having a mild alcohol use disorder. This could change, however, as depending on the answers provided to her counselor’s further inquiries Maeve could have as many as four symptoms placing her in the moderate bracket for alcohol use disorder. (DSM-5, 2013)

Non-pathological use of alcohol was dismissed because of Mauve’s indication that she has been binge drinking to control her moods since she was 13 years of age. Sedative, hypnotic, or anxiolytic disorders were dismissed as a diagnosis because Maeve gave no indication that she developed maladaptive or psychological changes during or after her binges, nor did she indicate that she suffered from any of the physical symptoms that would be present. The reasons for dismissing personality disorders and conduct disorders have already been stated. (DSM-5, 2013)

Cultural Considerations

There are several cultural factors that should be taken into account in Maeve’s diagnoses. Maeve is female and an adult. She also comes from an Irish-American background. It is important that all of these factors are taken into account when considering a diagnosis for Maeve as different cultural groups may have different ways of expressing or exhibiting symptoms for the same disorder.

There is a significant difference in the symptoms reported by women as opposed to men who struggle with PTSD. Women who struggle with PTSD report more symptoms than their male counterparts and a higher severity of those symptoms that they report. (Ferry, et al., 2015; Jin et al., 2014; Komarovskaya, et al., 2011; Lenz, et al., 2014) Women also tend to have more chronic PTSD and experience their symptoms for longer periods of time than men. (DSM-5, 2013) Women also report experiencing trauma in every developmental stage of their lives, whereas men report that most of their traumas occurred during childhood and adolescence.

Unlike Maeve’s primary diagnosis of PTSD, alcohol use disorder is more common in adult men than in adult women. Alcohol use disorder has a prevalence rate of just 4.9% of women compared to 12.4% of men. Maeve’s identity as a white female also makes her a less Statistically likely individual to develop alcohol use disorder as whites have an 8.9% prevalence rate compared to that of Native Americans at 12.1%. (DSM-5, 2013) It is important to note, however that just because Maeve is in the less prevalent portions of society according to these two cultures, other factors made it very likely for her to develop a substance use disorder.

Age also plays an important part in both of Maeve’s diagnoses. PTSD can be diagnosed at any age but is more prevalent in adults than in children. This could be a potential factor in the delayed expression of Maeve’s PTSD. Adult’s symptoms also tend to manifest differently than those of children. Adults report more sleeping problems, crying spells and suicidal ideation than younger adults or children. (DSM-5, 2013) Alcohol use disorder is less prevalent in middle age adults than it is among young adults aged 18-29 but is still more prevalent than in older adults aged 65 years and older. Therefore while it is less likely for an adult to have alcohol use disorder than a youth if a client such as Maeve developed alcoholic use disorder while still a young adult and carried it with them into adulthood than it is still very likely that an individual Maeve’s age would still be struggling with it. (DSM-5, 2013)

Maeve’s Irish background can also have an affect on how treatment for these diagnoses plays out. Culture can have a large affect on how receptive an individual is towards counseling and thus can have a large impact on it’s overall effectiveness. In a study done of the perceptions of counseling in Ireland and the United states, Irish individuals and in particular Irish women rated counseling to be significantly more potent than did individuals from the United States. Women in general also rated counseling to be more potent than did men. (O’Leary, Page, Kaczmarek, 2000) Another study found that white clients like Maeve, who attended treatment groups where they were ethnically and or racially matched with their counselor had better progress in PTSD symptom reduction than those in other racial or ethnic groups who did not match their counselor. (Ruglass, Hien, Campbell, Calderia, Miele, Chang, 2014)

Health Considerations

Maeve has several health considerations that must be taken into account. She admits to having regular thoughts about self-harming and has acted on such thoughts in the past, though not within the last six months. Maeve also has a high risk of suicide both because of the risk associated with both of her diagnoses and also because she has made a prior attempt in the past. She also admits to skipping an appointment with her endocrinologist and does not like insulin but was diagnosed with type 1 diabetes 10 years ago. In addition she has recently had a significant amount of weight gain of 50 lbs., which has placed her in obese range. She is not willing to take psychotropic medicine because she does not like how they make her feel. On top of all this she has chronic high blood pressure.

Although Maeve has many health concerns the one of most pressing concern by far is her thoughts of self-harm and her history of suicidal ideation and an attempt. This concern will need to be addressed before moving on to working with her treatment for her diagnoses of her other health concerns.

Bibliography

Akhmedjonov, A., & Suvankulov, F. (2013). Alcohol consumption and its impact on the risk of high blood pressure in Russia. *Drug & Alcohol Review, 32(3),* 248-253. Retrieved from web.b.ebscohost.com.libproxy.edmc.edu

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders: Fifth edition DSM-5* (5th ed.). Arlington, VA: American Psychiatric Association.

Chehil, S., & Kutcher, S. P. (2012). Suicide Risk Management : A Manual for Health Professionals (2). Hoboken, GB: Wiley-Blackwell. Retrieved from http://www.ebrary.com.libproxy.edmc.edu

Ferry, F. R., Brady, S. E., Bunting, B. P., Murphy, S. D., Bolton, D., & O’Neill, S. M. (2015). The Economic Burden of PTSD in Northern Ireland. *Journal of Traumatic Stress, 28(3),* 191-197

Jin Y., Xu, J., & Liu, D. (2014). The relationship between posttraumatic stress disorder and posttraumatic growth: gender differences in PTG and PTSD subgroups. *Social Psychiatry & Psychiatric Epidemiology, 49(12),* 1903-1910

Komarovskaya, I. A., Booker Loper, A., Warren, J., &Jackeson, S. (2011). Exploring gender differences in trauma exposure and the emergence of symptoms of PTSD among incarcerated men and women. *Journal of Forencis Psychiatry &Psychology, 22(3),* 395-410

Lenz, S., Bruijn, B. , Serman, N. S. , Bailey, L. (2014). Effectiveness of cognitive processing therapy for treating posttraumatic stress disorder, *Journal of Mental Health Counseling,* 36(4), 360-376

O'Leary, E., Page, R. C., & Kaczmarek, C. (2000). A comparison of perceptions of counselling in Ireland and the United States. Counselling Psychology Quarterly, 13(4), 391-397. doi:10.1080/09515070110037948

Ruglass, L. r., Hien, D., Hu, M., Campbell, A., Caldeira, N., Miele, G., & Chang, D. (2014). Racial/Ethnic Match and Treatment Outcomes for Women with PTSD and Substance Use Disorders Receiving Community-Based Treatment. Community Mental Health Journal, 50(7), 811-822.