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DRUG DEPENDENCY EVALUATION REPORT

As per referral from CPPO Adelfa , DDB Representative

Date: August 24, 2012

General Data

This is an evaluation of John Eric, male, married, 26 years old, resident of Iloilo and presently unemployed. Date of Birth: April 23, 1983

Brief Substance Use History

John Eric started using methamphetamine way back in 2002 while he was in college as he was introduced to it by his classmates. He would occasionally then and when he has money to spare to buy his drugs. Gradual increase of frequency and use of the drug was noticed over the years. Behavioral changes were also noted while he is intoxicated such as calm and peaceful demeanor and euthymic mood. When he stops using, he was noticed to be irritable, depressed, fatigued, sleeps a lot and eats a lot more than he used to. His use persisted and behavioral manifestations became worse, demands money, stubbornness and threatening. Auditory hallucinations, tactile hallucinations and paranoid delusions were also. His schooling became affected as he would sift from one course to the another staying only 1-2 semesters per course. Eventually he was able to finish cruise ship management and was able to get a job contract for 2 years but only able to last for a few months claiming that his wife wanted her to come home. He also attempted to work in Taiwan but wasn't able to finish his contract either. As his drug use worsened, and realizing that using methamphetamine is giving him a lot of psychological and physical consequences, he attempted to stop several times fro 3-4 months but was never successful in doing so. Since his wife was work and travel in some Asian countries, he was made to come with her. However, because of his severe craving for methamphetamine, he was able to get one while in Singapore and in Taiwan despite the high risk of being caught and death penalty be meted out. Fearing for their safety, his wife decided to bring her home to Iloilo.

Last 2010, recognizing that his drug use is already severe, he volunteered to undergo detoxification at SPH and was advised to undergo outpatient program and follow up but he never came back. He continued using methamphetamine and because his family and wife limited his access to money, he started selling and swapping his personal things, jewelries and shoes. He also frequently demand money from his wife and threaten her if she will not give in.

March 2011, he was agin admitted for detoxification at SPH and later transferred to BCU. Rehabilitation was advised and he consented to being admitted at New Life. He stayed for a little more than 2 months because he demanded and threatened to escape.

Two weeks after he started using again. He would disappear for a few days and come back with behavioral behavioral changes and demanding behaviors.

One month PTA because of persistent difficult behaviors, his family forced him to be readmitted at New Life and escaped a few days later. He was recovered by the police and was brought to BCU for detox and assessment.

Medical/Psychiatric History

Had a history of suicide in 2002 after an untreated depressive episode. Admitted to having several other suicidal episodes in the past. No known medical illnesses such as hypertension, diabetes and bronchial asthma noted. Hematology, Chemistry, Urinalysis, Fecalalysis, ECG, Chest Xray and AFB sputum exam were unremarkable. Screening Urine Drug Test showed positive for methamphetamine and negative marijuana. No medical contraindication for inpatient rehabilitation noted. Current

Mental Status Examination

John Eric was dressed in ward uniform. He was physically kept and clean. He is responsive to the examiner's queries. He spoke in a loud tone of voice with good eye contact. He was cooperative towards the examiner. He manifested with irritable mood and his affect manifested appropriateness. He was demanding towards the staff and often insists on what he wants. He had episodes of depression in the past but had no suicidal thoughts or plans. There were no flight of ideas but tangential thoughts were noted. Suspiciousness was also noted. He also claims that he is part of them. No homicidal ideations were noted. He manifested with mildly disorganized and coherent speech. John Eric was conscious and was oriented as to time, place and person. He had fair concentration with intact immediate, recent and long-term memory. His abstract reasoning was concrete, impulse control was poor judging from his behaviors before admission. He had poor judgment and insight regarding his present situation and his drug use.

Patient Placement Assessment

1. Acute Intoxication/Withdrawal Potential

John Eric came involuntarily for detoxification and evaluation and presented with mild withdrawal symptoms from shabu consisting of loss of energy, increased appetite, irritability, psychomotor agitation and hypersomnia. He also manifested with psychotic symptoms during admission. He denied having cravings but did not present with seizures during the evaluation process.

2. Biomedical Condition/Complications

During the evaluation, no significant medical problems or laboratory abnormalities were noted which can significantly influence his rehabilitation. No other chronic medical conditions like diabetes or bronchial asthma noted.

3. Emotional/Behavioral/Cognitive Condition and Complications

John Eric's psychological profile showed paranoia and persecutory delusions. He has thought broadcasting with depression ad high risk for suicide. He is stubborn, refuses to acknowledge his problems with methamphetamine and its consequences. He has poor insight and has a lot of emotional issues about his past which up to this time has has a problem resolving which affects his attitude in dealing with his problems. John Eric gives evidence of seriously impaired capacities to think logically and coherently and to perceive people and events realistically. As a consequence of his disordered thinking and poor reality testing, he is at considerable risk for having difficulty grasping fully and accurately the consequences of his actions. He forms inaccurate impressions of himself

and other people, when he misinterprets the meaning of events, or when he fails to anticipate correctly the consequences of his actions.

His responses indicate some susceptibility to episodes of depression involving either dysphoric mood and negative cognitions. There is evidence of a loss of behavioral control, such that he is unable to alter or refrain from his conduct. There are indications of high risks of suicidal thoughts and behaviors. Chief among the clinical syndromes are indications of anxiety, particularly in the form of posttraumatic stress disorder (PTSD); depressive affect and cognitions; and psychotic loss of touch with reality. Evidence for the presence of these conditions contributes to documenting that emotional injury has occurred in him who has experienced a psychologically threatening event. He shows lack of capacity to manage the demands in his life by becoming unduly distraught. This characterizes his being dysfunctional. He has prominent tendency to ignore or minimize the implications of events that capture his attention and cause him concern is likely to foster considerable stability and self-satisfaction on his part.

On the other hand, with a history of violent behavior who becomes exposed to violence provoking circumstances, his personality characteristics increases the violence potential risk. He does not give evidence of overvaluing his personal worth, focusing attention selfishly on his own needs at the expense of concern about the needs and welfare of others. He accordingly appears to feel entitled to do whatever he wants or to externalize blame and responsibility for any difficulties he encounters. He becomes emotionally distressed or incapacitated as a consequence of irresponsible behavior on the part of another person or some entity.

4. Readiness to Change

John Eric's SOCRATES score for recognition (shabu) is in the VERY LOW range, meaning he does not acknowledge that he has a problem with drugs. He tends to disregard the degree or severity of his drug use and its consequences. His score in the ambivalence scale (shabu) is also in the VERY LOW range which confirms his denial of his problems, its consequences and his lack control of his methamphetamine use. Thus a low score reflects lack of ambivalence or uncertainty. Furthermore this means that he firmly believes that he has no problems with both drugs mentioned despite the obvious consequences and lack of control. His taking steps score (shabu) is in the MEDIUM range, meaning that they are not currently doing things to change his shabu use, and have not made such changes recently. John Eric's URICA scores for shabu puts him in the PRECONTEMPLATION stage which indicates inability to recognizing his problematic behaviors. He does not consider that a problem with methamphetamine and alcohol exists, and that there is a need to change his behaviors to correct that problem. A commitment to change has not yet been made and there is no direct action yet, although he may undertake to learn more about the nature of his problem. Given his readiness to change and stages of change scores, this is the appropriate time to put him into a treatment program which will guide, set directions and put structure towards his recovery.

5. Relapse/Continued Use/Continued Problem Potential

John Eric is considered a high risk for continued distress and drug-taking behavior. His recognition of, understanding of, or skills with which to cope with his addiction problem in order to prevent relapse or continued use is minimal. His awareness of relapse triggers, ways to handle difficult situations with cravings to use, and skills to control impulses to use were also minimal. He has poor coping skills and poor impulse control. He is unable to control his severe cravings and easily gives in to it.

6. Recovery Environment

John Eric has a supportive family who is willing to help him in any way just to make him sober. However, they find it difficult dealing with him because of the emotional

and financial toll his vices had taken on them and doesn't have the emotional resources in keeping up with his behaviors. Of consideration also is their frustration over his lack of improvement over several years. His wife siblings, though willing to help him, cannot impose a structured environment that will assist him in his recovery. A legal mandate ordering his admission to a rehabilitation center will significantly enhance his motivation and engagement in treatment.

Diagnosis

Methamphetamine Induced Psychotic Disorder
Methamphetamine Withdrawal Syndrome
Methamphetamine Dependence
Antisocial Personality Traits

Recommendation/s

Given the above findings, it is highly recommended that **John Eric** will undergo **Immediate Treatment** at the DOH-Western Visayas Medical Center (WVMC) Substance Abuse Treatment and Rehabilitation Center (SATRC) at Rumbang, Pototan, Iloilo. It is further recommended that he will undergo a period of treatment of not less than 6 months to 1 year with discharge or completion contingent upon the evaluation and recommendation of the treatment team.

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CC: CPPO Adelfa S. Marcelo/ DDB Representative