

BACKGROUND

- Children, adolescents, and young adults with chronic medical illnesses are uniquely susceptible to comorbid mental illness. Research has demonstrated that children afflicted by chronic medical conditions have a higher incidence of anxiety disorders and play a role in the trajectories of patient's lives, leading to psychosocial impairments that may result from bullying, school absenteeism, and social difficulties secondary to being a child with a chronic medical illness. We pay particular attention to an instance in her hospitalization where we, as consulting psychiatrists, were forced to weigh the benefit of involuntary admission to psychiatry vs. the cost of fracturing the patient's relationship with her gastroenterologist.

CASE

- We present a case of a 20-year-old woman with a past psychiatric history of anxiety, depression and past medical history of gastroschisis status post small bowel, liver, stomach, and pancreas transplant at one year of age. The patient was admitted to inpatient gastroenterology for nutritional rehabilitation after she stopped her tube feeds. The patient acknowledged that this action was a suicide attempt.
- Our team discussed the benefits of inpatient psychiatry admission with the patient's who believed strongly that involuntary psychiatric admission would be viewed as a breach of trust. The provider speculated that the patient might discontinue her treatment with possible serious medical consequences and the patient's mother concurred. The decision was made to have the patient remain on the medical floor with a one-to-one patient attendant. The patient attendant was removed after a follow-up evaluation.
- She was restarted on her home psychotropic regimen of fluoxetine 40mg once a day and initiated on mirtazapine 7.5mg at bedtime. She had established outpatient psychiatric care and did not require connection to services. Before signing off, the consultation-liaison psychiatry team confirmed that she was not suicidal and that she had an outpatient psychiatry appointment scheduled within 7 days of discharge.

References

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RESULTS

- The case highlights a young adult patient who had been suffering from a serious, chronic medical illness since the age of one. The case also highlights the challenges of keeping the patient on the medical floor. The medical floor did not provide a therapeutic milieu or staff specially trained to handle psychiatric issues. Her presentation is congruent with the limited research available on the psychiatric sequelae of chronic illnesses in young patients. She developed anxiety, depression, and social difficulties secondary to her illness. After years of living with the threat of her premature mortality, she developed a lack of concern for consequences, likely resulting in her noncompliance with medication.

Medications on Admission

Medical: Tacrolimus 0.5mg PO Q12H, Ampicillin 500mg PO daily

Psychiatric: Lorazepam 1mg PO TID PRN, Fluoxetine 40mg PO daily

Medications changes during hospitalization

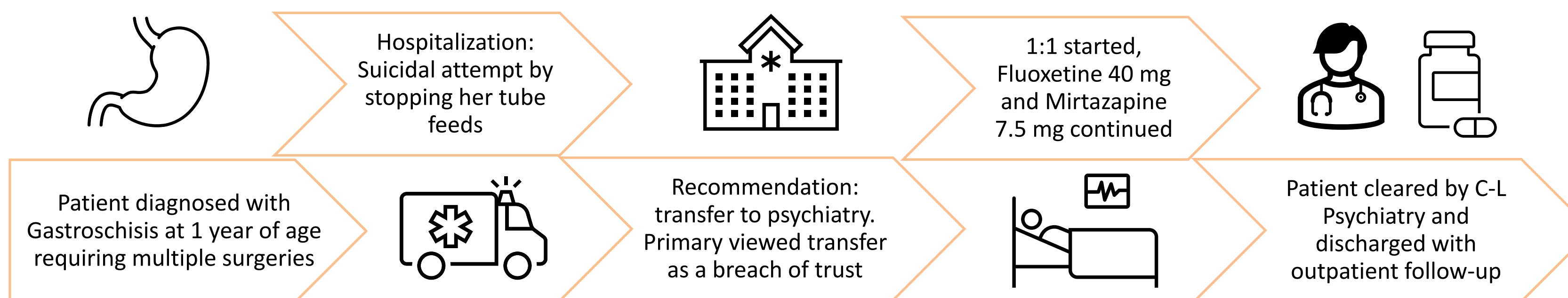
Psychiatric: Fluoxetine 40mg PO daily, Mirtazapine 7.5mg PO QHS

Weight Status

Weight: decrease from 90lbs to 85lbs over approx. 4 weeks

Imaging

Endoscopy: Showed gastritis and eosinophilic esophagitis



DISCUSSION AND CONCLUSION

- In her unique case, fracturing the trust she had in her gastroenterologist outweighed the value of involuntary inpatient psychiatric care. Care should be taken to speak with the patients outside providers before involuntarily hospitalizing them, as this may worsen their trust in the healthcare system.
- In chronically medically ill patients, particularly ones who believe that their condition is terminal, Consultation-liaison psychiatrists should pay close attention to their patient's relationships with primary providers and their history of medication compliance.***