Source of information: Self and mother
Reliability: Not very reliable
Mode of transport: EMS

Chief complaint: “I had an altercation with my parents.”

HPI: Pt is a 41 year old Caucasian male with a past medical history of hypothyroidism and past psychiatric history of schizoaffective disorder (bipolar type) and substance use disorder, who was brought in by EMS after an altercation with his parents. Pt reports that his parents were screaming and arguing with each other when his father began yelling at and hitting/shoving the patient. He states that he did not do anything to provoke the altercation. The patient also states that his parents frequently yell and argue and are unable to have normal conversations without raising their voices. He reports a prior psychiatric admission approximately 5–6 years ago but is unsure of the diagnosis at that time. He states that he previously received Invega injections, which he believes caused his thyroid disorder and previous weight gain. His last injection was one year ago. Pt reports that he works as a freelance photographer and holds a Gemological Institute of America (GIA) certificate. He denies hallucinations, delusions, suicidal ideation, homicidal ideation, and any prior suicide attempts.

Per collateral with mother, the patient has a history of bipolar disorder and reports that she brought the patient in due to worsening aggressive and irrational behavior over the past 6 months. He has not physically harmed anyone. She describes the patient as agitated, angry, and frequently yelling at family members. She has also observed the patient to be talking and laughing to himself multiple times. Pt was previously treated with Invega injections every month at QHC clinic, however he became noncompliant with treatment due to side effects, including weight and thyroid dysfunction, since September 2025. Mom notes that his symptoms were well controlled while on the injections. The patient has been prescribed Synthroid for medication induced hypothyroidism but takes it inconsistently. Mom reports patient does not do anything for fun, just “smokes marijuana all the time." Pt had a good relationship with mom and brother until recently. Mom states she is okay with the patient going home only if he receives his medication. She wants him to get treatment continuously.

Past Medical History
- Hypothyroidism

Psychiatric History
- Schizoaffective disorder (bipolar type)
- Substance use disorder (marijuana)
- Previous inpatient psychiatric hospitalization in 2020 due to medication noncompliance in setting of schizoaffective disorder

Past Surgical History
- None

Immunizations:
- Immunization history not obtained.

Medications
- Synthroid 100 mcg daily
- IM Invega Sustenna 117 mg every month, but discontinued since September 2025 due to side effects

Allergies
No known drug, food, or environmental allergies

Family History
- Mother alive, no psychiatric history.
- Father alive, no psychiatric history.
- Brother alive, no psychiatric history.

Social History
Habits: endorses daily marijuana use; denies alcohol, tobacco, or other illicit drug use.
Diet: endorses healthy diet.
Occupation: works as freelance photographer (remote; works from home).
Exercise: endorses previous exercise routine due to weight gain from Invega (lost about 100 pounds); does not currently exercise.
Travel: no recent travel.
Sleep habits: endorses 6-7 hours of sleep per night.
Marital status/living situation: not married; lives with parents and brother.

ROS
General: denies unintentional weight loss, loss of appetite, fatigue, weakness, fever, chills, or night sweats
Skin: denies rash, itching, excessive sweating or dry skin; no evidence of self inflicted wounds such as scarring or lacerations, or IV drug use
Head: denies headaches or vertigo
Neck: denies swelling, lumps, stiffness, or decreased ROM
Gastrointestinal: denies nausea, vomiting, diarrhea, constipation, or abdominal pain
Musculoskeletal: denies acute muscle or joint swelling or pain, deformity, or trauma
Endocrine: denies thyroid gland enlargement, heat or cold intolerance, or changes in facial or body hair
Pulmonary: denies cough, SOB, orthopnea, sputum, hemoptysis, or wheezing
Cardiovascular: denies chest pain, palpitations, or swelling of legs or feet
Neurology: denies dizziness, changes in speech, seizures, LOC, weakness, headaches, or sensory disturbances
Psychiatry: denies active depressed mood, current suicidal ideations, homicidal ideations, auditory or visual hallucinations, delusions, or paranoia

Physical Exam
General: 41 year old male, well nourished and well groomed. Pt appears stated age and is in no acute distress.

Vital Signs:
Blood pressure: 116/74 mmHg
Respiratory rate: 15 breaths per minute, unlabored
Pulse: 72 BPM, regular rate and rhythm
Temperature: 97.3 F
SpO2: 97% on RA
Height: 5 feet 11 inches
Weight: 212 pounds
BMI: 29.6

Skin: no signs of self inflicted wounds, including lacerations or scars. No active bleeding.
Pulm: symmetrical expansion with respiration. No intercostal retractions, or tenderness. Breath sounds equal bilaterally. No rales, wheezes, or rhonchi auscultated.
CV: regular rate and rhythm. S1 and S2 heard. No murmur, thrills, or clicks.
Psych: patient is cooperative and remains eye contact throughout the conversation; speech with normal rate, rhythm, and volume. Mood is euthymic and affect is congruent. Thought process was

linear and goal directed during interview. No overt psychosis observed. Poor insight and judgement.

Mental status exam:
Appearance and attitude:
- Pt is a 41 year old Caucasian male who is well groomed and appears stated age. Dressed appropriate for weather. Neutral facial expression, engaging in conversation. He is cooperative and engaged, answers questions appropriately and maintains eye contact.

Motor activity:
- Pt sits quietly in the chair, responding appropriately to questions, with no signs of agitation or distress.

Thought and speech:
- Pt speaks at a normal rate and volume with clear articulation. His thoughts are linear, coherent, and goal-directed. Pt denies active suicidal ideations; no homicidal ideations. No delusions, obsessions, or paranoia noted.

Mood and affect:
- Mood is euthymic and affect is congruent.

Perception:
- Pt denies hallucinations or perceptual disturbances.

Orientation:
- Pt is alert and fully oriented to person, place, time, and situation.

Memory:
- Grossly intact; no impairment during interview. Pt is able to recall past events.

Attention:
- Grossly intact; pt is not easily distractible.

Insight and judgement:
- Insight and judgment are limited as pt minimizes his psychiatric symptoms and does not recognize the role of medication nonadherence. He blames his parents for being in the hospital.

Assessment
Pt is a 41 y/o Caucasian male with a PMHx of hypothyroidism and a PPHx of schizoaffective disorder (bipolar type) and substance use disorder, who was brought in by EMS after an altercation with his parents. Per collateral from mother, pt has not been compliant with his medications (Invega injections). Pt denies SI/HI, depressed mood, hallucinations, or delusions. Presentation is most consistent with exacerbation of schizoaffective disorder in setting of medication noncompliance.

Differential Diagnoses:
1. Schizoaffective disorder (bipolar type) exacerbation in setting of medication noncompliance
    A. This is the most likely diagnosis in this patient given that he has a known history of bipolar type schizoaffective disorder and has discontinued his long-acting Invega injections in 2025 due to perceived side effects of weight gain and thyroid dysfunction. Per collateral from mother, pt's symptoms were previously well controlled while adherent to treatment, but since stopping medication he has demonstrated strange behavior and irritability/agitation over the past 6 months. Pt's worsening psychiatric symptoms following discontinuation of antipsychotic treatment strongly supports relapse and psychiatric decompensation secondary to medication nonadherence. Additionally, poor insight and daily cannabis use likely contribute

to impaired treatment adherence and subsequent worsening of psychiatric symptoms.

2. Bipolar I disorder with psychotic features
    A. This should be considered because pt demonstrates several symptoms concerning for mania, including irritability, agitation, aggressive behavior, impaired judgment, and decreased insight. Collateral from mother also raises concern for psychotic features given reports of pt talking and laughing to himself, which may indicate hallucinations. Bipolar I disorder may present with psychosis exclusively during mood disorders, making it difficult to distinguish from schizoaffective disorder. However, schizoaffective disorder remains more likely because pt already has a known diagnosis and has a chronic history of psychotic illness requiring long acting antipsychotic treatment.
3. Cannabis induced psychotic disorder
    A. This should be considered given the pt's daily marijuana use and worsening behavioral disturbances. Chronic heavy cannabis use can contribute to paranoia, irritability, agitation, and mood instability, as well as psychotic symptoms, particularly in individuals with underlying psychiatric disorders. Cannabis may also exacerbate preexisting psychotic illness and worsen medication noncompliance. However, this is less likely to fully explain the presentation because the pt has a longstanding history of schizoaffective disorder with prior psychiatric hospitalization and previous improvement on antipsychotic meds.
4. Intermittent explosive disorder
    A. Although least likely given the age of onset of IED is in childhood or adolescence (and pt is 41 years old), it should still be considered given pt's increasing irritability, yelling, agitation, and aggression toward family members over the past 6 months. IED is characterized by recurrent impulsive verbal or physical outbursts that are disproportionate to the triggering stressor. However, this diagnosis is less likely because pt's symptoms appear to occur in the setting of a chronic psychotic disorder with medication noncompliance, and collateral history raises concern for possible psychotic features, including talking and laughing to himself.

Plan/Workup

- Will admit to CPEP for further observation given reports of possible psychotic features in setting of medication noncompliance with schizoaffective disorder. Will obtain labs including CBC, CMP, as well as urine toxicology to assess for substance induced contribution to presentation.
- Schizoaffective disorder (bipolar type)
    - Will restart IM Invega in hospital. Continue injection every month in clinic.
    - Encourage adherence to medication
    - In regards to side effect of weight gain from medication, trial of lifestyle changes while on injection should be started, including diet counseling and exercise programs
        - If side effects persist, will consider alternative medication with a lower risk of weight gain (such as Aripiprazole (Abilify Maintena))
- Hypothyroidism
    - Continue Synthyroid 100 mcg daily
    - Follow up with outpatient endocrinologist and monitor TSH
- Cannabis use disorder
    - Follow up with outpatient psychiatrist and psychologist for CBT, motivational interview, group therapy
    - Encourage cessation of marijuana use