

## AAIM Triennial 2025 Mental Health Workshop: Answers

### Case 1

1. Initial thoughts regarding his disclosed depression?

- Depression treated with moderate dose of SNRI and antipsychotic dose of second-generation antipsychotic suggests at least moderate to severe Major depressive disorder. Differential diagnosis includes bipolar depression

2. Do you need more information?

- Yes, need APS

3. List the unfavorable findings

- Stressful work environment
- Severe disorder
- Childhood anxiety
- Suicide attempt
- Family history of psych illness
- Expressions of hopelessness
- Restlessness
- Intermittent suicidal ideation

4. List the favorable findings

- Self-referral implies insight
- Skilled occupation with caveat of access to lethal medication as veterinarian
- No psychosis with current mood episode
- History of good durable response to Venlafaxine
- No family history of suicide
- Good response to treatment – achieving remission/early recovery
- Combination of psychotherapy and medication

5. Regarding the suicide risk – list the factors that increase his risk of suicide

- History of past suicide attempt
- Recurrent severe MDD
- Family history of mood disorder
- Intermittent suicidal ideation

6. Are there any factors that are protective of suicide risk in this case?

- Good insight – able to seek help
- Good response to treatment

7. What is your assessment of his mortality risk?

- Moderate to high risk

## Case 2

1. Initial thoughts regarding his anxiety and depression disclosure?
  - May be atypical – Lamotrigine is not a first line treatment of anxiety or depression
2. Do you need more information?
  - Yes – need APS
3. List the unfavorable findings
  - Treatment resistant depression and anxiety
  - Bipolar rather than unipolar mood disorder
  - Strong family history of psychiatric disorder including depression, suicide and suicide attempt
4. List the favorable findings
  - Favorable social history (married, successful professional, no substance use)
  - Good insight, psychologically minded
  - Cyclothymia is a milder form of bipolar mood disorder
5. Given his diagnosis of cyclothymia which type of bipolar mood disorder would be included in his differential diagnosis?
  - Bipolar II disorder
6. Comment on his treatment regimen
  - Not on a antimanic drug – Lamotrigine does not prevent hypomanic episodes
7. Would he benefit from psychotherapy?
  - Yes given good insight, educated would benefit from psychoeducation, CBT
8. What is your assessment of his mortality risk?
  - Low to moderate risk

### Case 3

1. Do you need more information?
  - Yes need APS
  
2. List the unfavorable factors
  - Military veteran with history of PTSD and comorbid alcohol abuse
  - Young age and male gender
  
3. List the favorable factors
  - Early diagnosis and treatment intervention
  - Adequate treatment of PTSD and alcohol abuse
  - Stable supportive social background
  - Stable employment
  - No family psychiatric history
  
4. Regarding his treatment for PTSD
  1. Are you concerned about the ongoing CBT?
    - No if effective and available is a favorable finding
  2. Is psychotherapy superior to pharmacotherapy in the treatment of PTSD?
    - Similar efficacies although some data favors psychotherapy
  3. Is combination intervention for PTSD with psychotherapy and pharmacotherapy superior to either modality alone?
    - No – data does not support superiority
  
5. What is your assessment of his mortality risk?
  - Moderate risk

#### Case 4

1. What goes into severity assessment of MDD?
  - No standard consensus on severity assessment
  - Based on DSM-5-TR criteria, Symptom questionnaires (PHQ-9), clinical evaluation
  
2. Based on the information of this case how would you assess her MDD severity?
  - Moderate MDD
  
3. What is your assessment of her mortality risk?
  - Low-moderate