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Abnormal Psychology

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Clinical Case Diagnostics #2

CASE #1

Axis I: Bulimia Nervosa

Axis II: No Diagnosis

Axis III: None

Axis IV: Occupational problems

Axis V: GAF = 70

I diagnosed the patient with bulimia nervosa because she has been having recurrent episodes of binge eating. The episodes involve eating a large amount of food than what is considered normal and in a specific period of time. She also has a feeling of lack of control over her eating habit. I didn’t diagnose binge eating disorder because she has been excessively exercising indicating a compensatory behavior. People with binge eating disorder have recurrent episodes of binge eating without compensatory behaviors. I think she is self-evaluating herself by her body shape and weight because she is trying to get rid of the calories this is a sign of bulimia. Specifically, I diagnosed her with non-purging bulimia because she gets rid of the calories she has eaten by exercising. This case sounds like she has relapsed from her earlier treatment of bulimia and is going back to her old ways. She is supposed to stay away from food in emotionally tough times but is now at her friend’s wedding rehearsal party where there is tons of food. Her occupational problems are making her stress therefore she eats a lot to relieve it but then realizes what she is actually doing and becomes upset with herself. I think she wants perfection in her job life right now and is just not satisfied how everything is going. She is pleased with what is going on with her life but not fully and maybe her being single could be a part of the equation. Maybe if she wasn’t single she could be happier and her self-esteem would be a bit higher. The more social support I think the better her condition will get. I think if her friend at the party would notice her behavior and recognize it and try to help her in some way things would be better for her. I put her GAF at 70 because she has mild symptoms of the disorder.

CASE #2

Axis I: Bipolar I Disorder

Axis II: No Diagnosis

Axis III: Thyroid hypofunction

Axis IV: Medical problems, Occupational problems

Axis V: GAF = 40

I diagnosed the patient with bipolar I disorder because he has episodes of mania and major depression. I didn’t diagnose him with bipolar II or cyclothymia because he doesn’t show any signs of hypomania. Another disorder I didn’t diagnose him with him is dysthymic because he has mania and some mixed episodes and has experienced it for more than 2 years. His occupational problems and medical problems are making him go through these manic and depressive episodes. His health problems could be because of his carefree attitude during his manic episodes. Since lithium didn’t work when he was taking it I think it would have been best to try it along with Divaproex because of his rapid cycling. I would suggest trying that solution to see if it will lessen his symptoms. His “overactivity” at work that his boss concluded because of drug use was really because he was going through a manic period. His judgment at work is erratic because he was really going through a manic episode. Although he does drink during his manic episodes I still will diagnosis him with bipolar II because he also has depressive episodes that he doesn’t drink during. I think with that info still indicates he does go through both periods, manic and depression, of bipolar I disorder. I put his GAF at 40 because this disorder is interfering with both his family life and occupational life.