

## Case Presentation - A.E. or “Albert”

Albert was born in March of 2008 and at the time of this case presentation\* is a 13 year old male living with his mother, father, and sister in the western United States.

### **BIRTH AND DEVELOPMENTAL HISTORY:**

Albert was born via c-section 3 weeks prematurely after 24 hours of labor. He was bottle fed and weaned at 1 year. He achieved most of his physical milestones early, and walked at 9 months. He startled easily, cried when startled as an infant, and as a child it made him verbally aggressive.

### **MEDICAL HISTORY:**

Albert developed febrile seizures at age 2 ½ which persisted until age 6. At age 6 a 1 hr and a 72 hr. EEG were performed resulting in a diagnosis of “Generalized Epilepsy with Febrile Seizures Plus”. Albert was started on levetiracetam (Keppra) which abolished the seizure activity but induced episodes of extreme rage, dissociation, and depression. The neurologist added risperidone 1mg to mitigate the secondary effects of levetiracetam with only partial success. After a year, he was weaned from levetiracetam and risperidone and switched to lamotrigine (Lamictal) 150mg, which was continued for 2 years, although mood instability and anxiety remained significant features of his clinical presentation.

Albert had frequent upper and lower respiratory infections including strep throat that recurred 4 times in 5 months, each time treated with higher doses of antibiotics. Otherwise, the medical history is unremarkable.

### **HISTORY OF PRESENT ILLNESS:**

From birth Albert experienced noticeable thermoregulatory problems. He was always hot and sweating, even when not engaged in physical activity, and he’d sweat significantly when asleep. Albert complained of being hot and refused to wear weather appropriate clothes in the winter, preferring to sit around the chilly house in nothing but underwear. He would become “*hot like a furnace*” in the evenings and sweat through his pajamas.

From birth Albert fought going to sleep and couldn’t stay asleep for more than 45 minutes at a time. By 6 months he was able to sleep 3-4 hours but he would wake up screaming. He was 3 ½ years old when he was able to sleep through the night 2-3 nights per week. Albert had recurrent nightmares and night terrors at least 3 nights a week from which he would wake up screaming, crying, and begging for help. He was often unable to go back to sleep after waking from a nightmare and couldn’t tolerate being alone. He became overactive at bedtime, refused to lie down, insisted he was unable to sleep, and needed a parent to lie with him, often for several hours, until he fell asleep.

Albert cried nearly all of the time when he was an infant unless he was being held. As he grew older this irritability persisted, was unpredictable, had undetermined causes, and would quickly shift from anger and aggression to silly goofy moods with hyperactivity. He was incredibly sensitive, defensive, reactive, and heard redirection or instruction as a criticism, becoming oppositional, argumentative, and defiant. He’d have extreme extended tantrums filled with

screaming, hitting, kicking, throwing things, and verbal threats.

Albert was easily distracted, unable to sit still, focus, concentrate, or follow instructions. He was constantly “on the go”, running, jumping, climbing, touching everything, dropping objects, picking at his skin, and whenever he was forced to be still he complained of a restless feeling in his legs.

At age 7 Albert was diagnosed with ADHD and started on methylphenidate (Concerta) 18 mg. When it was increased to 27 mg he became extremely verbally and physically aggressive. He was switched to lisdexamfetamine (Vyvanse) which slightly reduced hyperactive behaviors.

At age 9 Albert was prescribed 7.5 mg aripiprazole (Abilify) which helped him to fall asleep, but left him groggy, exhausted, and irritable all day. 25 mg sertraline (Zoloft) was added which resulted in morning insomnia, awakening him at 4 or 5am unable to fall back asleep, and did not provide any mood improvement.

### **MOOD REGULATION:**

Albert’s mood was rarely predictable. Enjoyable activities were resisted and caused extreme irritability. His moods would cycle rapidly throughout the day, swinging from hysterical laughter to screams of rage without any external changes. Bedtime induced anxiety, irritability, and oppositional behavior.

Irritability manifested as constant arguments, provocative behaviors, and the misperception that intervention from others was an attack. He would speak rudely to people, yell, growl, and glare with an aggressive body posture, and refuse to acknowledge or comply with requests. Hyperactivity manifested as elevated silly, goofy, or giddy moods involving repetitive jokes, demands for total attention, and constantly being “on the go”.

Albert always hated being awakened, being told to get dressed, being laughed at, making a mistake, or interruptions to his routines. This led to defensive rage and oppositional behaviors. Other times his mood shifts were sudden and unpredictable and a joke he’d laugh at in one moment might enrage him the next without any indication of why.

Albert was wracked with incredibly sad moods which no amount of reassurance, comfort, or support could end. He’d cry and say that he was “*worthless, and useless, and that no one needed him*” and that “*everyone is against me*”. He would ruminate on anything he thought he’d done “*wrong*” and berate himself for being “*stupid*”, saying, “*I’m awful*” repetitively. He would complain that “*everyday causes me pain*” and he couldn’t imagine having fun doing any suggested activities.

### **TEMPER TANTRUMS/AGGRESSIVE BEHAVIOR:**

Albert had severe tantrums accompanied by what his parents called a “*strange blankness behind his eyes*”. These tantrums occurred 3-5 times a week and included screaming, stomping, saying things to hurt people’s feelings, hitting & kicking, verbal threats, throwing things, pulling hair, and scratching. The tantrums were usually only directed at his parents and could be triggered by anything from deprivation, to disappointment, to a perceived criticism, to feeling thwarted. The imposition of rules, structure, threats, or consequences always made things worse.

His parents noted *"It was like he was a wild animal trapped in a cage fighting for its life, even though we might have only asked him to take a bath. His fear and anger and distress was very, very real."*

After a tantrum ended, Albert would become engulfed with remorse and guilt and cry because he wouldn't know why he'd had a tantrum and was scared that he didn't know how to stop it from happening again. He would verbalize self-recriminations and feelings of self-loathing.

### **FEARFULNESS & ANXIETY:**

Albert was perpetually fearful and anxious. As an infant he needed to be held all of the time or he would scream until picked up. He was shy with people he didn't know, wouldn't make eye contact or speak to them, and had difficulty being independent in any new activities. He experienced extreme fears of bugs, scary images from movies or books haunted him for days, his fear of the dark was so intense he had to sleep with lights on, and feared that if he closed his eyes he would die in his sleep. He was never able to tolerate being alone in his bedroom or having the door to the room shut, and if he was put in a time-out in his room he would immediately spiral into a panic induced tantrum. When his mood was stable he needed a lot of hugs and reassurance that he was loved, sometimes asking for a dozen hugs in the course of an hour or two.

### **EXECUTIVE FUNCTION & ATTENTION:**

Albert struggled with reading and writing, had poor organizational skills, difficulty planning ahead, and an inability to estimate resources and time requirements. He had difficulty with transitions between locations, activities, and people despite frequent reminders.

Albert could sustain extended attention on self-selected tasks, but this usually resulted in over-absorption in the activity. When asked to end the task before he was ready he would respond with irritability. He was unable to sit still even to watch TV or listen to a story without also being engaged in another task like playing with Legos or other toys. He had difficulty listening to instructions, following through, and responding to questions when he wasn't interested in the topic, often not being able to recall conversations that he took part in. He needed to be entertained all of the time and to have another person with him for any and all activities he engaged in.

### **EDUCATIONAL HISTORY:**

Albert is currently in the 8th grade and has always struggled in school. He consistently underperforms relative to his intelligence and capability and he self-reports difficulty concentrating and paying attention saying he's *"unable to concentrate and unable to listen"*, or *"able to hear but unable to respond"*. Homework results in meltdowns where he insists assignments are *"stupid"*, *"pointless"*, and *"impossible"*. He dislikes reading and avoids it whenever possible, claiming he is a *"bad reader"*. He misspells many, if not most, words.

### **PEER RELATIONSHIPS:**

Peer relationships have often been difficult for Albert. While he made friends easily, after a short time his irritability, frustration, and oppositional behaviors would emerge. The unpredictable nature of his moods made other children, and sometimes their parents, unsure of what to expect and they often pulled away, ending the relationships, which was devastating for him.

**FAMILY HISTORY of PSYCHIATRIC ILLNESS and SUBSTANCE ABUSE:**

Albert's family has extensive mental health issues on both sides, although no reported substance abuse problems.

**Maternal:**

- Mother: Depression & Anxiety (treated)
- Maternal Grandmother: Anxiety (untreated)
- Maternal Grandfather: Depression & Anxiety (untreated)

**Paternal:**

- Father: Depression & Anxiety (treated)
- Paternal Grandmother: Depression & Anxiety (untreated)
- Paternal Uncle: ADHD, OCD, Learning Disabilities (treated)

**SUMMATION:**

Now that you've read the clinical case report of Albert, [please follow this link to take a survey on your diagnostic impressions of Albert's case.](#)