

# Case Study A Middle-Aged Caucasian Man With Anxiety

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Need help with this decision tree assignment? Look no further. Our professional writers are ready to produce a masterpiece on this assignment, guaranteeing an A grade. The case of the middle-aged caucasian man offers a chance for students to assess and treat patients presenting with [anxiety](#), as well as monitor them through the disease process till they show signs of recovery. We are here to walk you through this course. Chat us or place your order right away.

## **SAMPLE PAPER: Assessing And Treating Clients With Anxiety Disorders**

NURS 6630: Psychopharmacologic Approaches to Treatment of Psychopathology

Walden University

### **Introduction:**

When there is excessive, unmanageable and uncontrollable worry and anxiety is present regarding the events of everyday life then it may lead to Generalized anxiety disorder (GAD). It is considered as the most prevalent anxiety disorder (Newman, Cho, & Kim, 2017). According to the Diagnostic and Statistical Manual 5th Edition, DSM-V; American Psychiatric Association 2013, most of the anxiety disorders occur by worry and are the central principle of GAD.

There are a number of everyday situations for adults which leads them to worry, for example, performance and safety of job, fitness, assets, health of their offspring or

parents, these factors may lead to the occurrence of GAD (NIMH, Case Study A Middle-Aged Caucasian Man With Anxiety 2016).

### **Background Of The Caucasian Man**

For this week's assignment, there is a case study of a Caucasian man who is 46 years old and showed up to the clinic. When he went to the emergency room, his doctor referred him, probably due to a heart attack, chest tightness, shortness of breath and having a heartbreak while thinking of his future. The client mentions that in order to struggle against the worries regarding his job and work, he sometimes uses the ETOH, he has aging parents in his home, he also cares for him.

He also confesses that he consumes 3 to 4 bottles of beer every night and also has distress regarding his job because of the management of the organization (Laureate Education, 2016b). The intensity of the symptoms of anxiety can be measured on the Hamilton Anxiety Rating Scale (HAM-A) (Thompson, 2015). The client has shown severe anxiety as he scores 26 on the Hamilton Anxiety Rating Scale. This score indicates that the client is suffering from the symptoms of GAD.

Therefore, this assignment aims to exhibit the ways to measure and the treatment of the patient as he needs the anxiolytic therapy depending on the decision regarding the medications which has been recommended to the Caucasian client who needs the anxiolytic therapy, impact of pharmacodynamics and pharmacokinetics and consisting of ethical considerations which may influence the plan of the treatment and communication with the patient.

### **Decision #1**

The decision one which I have selected is to begin the client with Zoloft 50mg by mouth every day. Zoloft is used to treat GAD and it is a Selective Serotonin Reuptake Inhibitor (SSRI) (Stahl, 2014b). There are a number of drugs which are considered as the first-line treatment of GAD, such drugs are SSRIs, SNRIs, benzodiazepines and buspirone (Stahl, 2013). The most effective anxiolytic is Zoloft as it has a number of anxieties analyzed.

There is another drug called Imipramine which is a tricyclic antidepressant, it has also been found to be effective but less than SSRIs which is more effective and more tolerated, thus it is not officially permitted for treating GAD (PubMed Health, 2017). According to the client, he drinks 3 to 4 beers a night, so if used in combination with imipramine, it is contraindication, as it is a sedative antidepressant and is expected to have serious consequences. People on Zoloft, show the following symptoms such as arrhythmia, sudden death or liver failure (Stahl, 2014b).

Studies show that by comparing Zoloft and Imipramine, the effectiveness of Zoloft in the treatment of the onset of anxiety disorders has been further improved and mental and physical symptoms have been reduced (Russell et al., 2001). There are few side effects caused by Buspirone, for example, headache, drowsiness, uneasiness, faintness, vomiting, and is generally prescribing as a supplementing mediator to SSRIs or SNRIs which increases the properties of anxiolytic (Stahl, 2014b).

About 2 to 6 weeks are required for the drugs to show its effectiveness, the purpose which has been expected is to decrease the anxiety. The important factor is to educate the patient to adhere to his recommended medications in order to have a successful

treatment. If the patient is on drugs, the symptoms of anxiety should be reduced by 50%. Four weeks later, the client returned to the clinic, claiming that there was no chest tightness and no breathing difficulties, and that work anxiety had subsided over the past 5 or 6 days.

While measuring his symptoms on the HAM-A, it shows an 18 score which is a decrease from the previous score of 26. My next decision has been made as the client has no complaints regarding the side effects of the medications.

## **Decision #2**

My next decision is to increase the dose of Zoloft from 50mg to 75mg by mouth every day. The side effects of the Zoloft which have been reported are insomnia, dryness of mouth, stomach disturbances, sexual dysfunction (Carpenter & Schatzberg, 2017). As the client did not face any side effects by the medicine, I have decided to increase the dose of the drug. Before increasing the dose of the drug, it is good to wait for a particular time to evaluate the effect of drugs before the dose of the drug increases, as the starting dose could be 25mg every day and can last at 200mg every day.

So, according to this, I have decided to increase the dose to 75mg as compared to 100mg in order to observe the side effects which may disturb the client to follow the treatment plan. The purpose is to have a decrease in the anxiety of the client and a decrease in the score of HAM-A. With the second solution, clients can be expected to comply with their current treatment plan and reduce symptoms. After four weeks, the client's symptoms decreased, the symptoms decreased by 61%, and HAM-A score was 10. After observing the results, it can be evaluated that the client has no complaint of

any side effects and he is tolerating the present dose of the drug, while having a decrease in the symptoms at present.

### **Decision #3**

The significant improvement has been shown by the client having a present dose of Zoloft 75mg every day having no side effects, at this time. After observing the symptoms, my third decision is to keep the present dose and be assessed after 12 weeks to have a complete effect of the drug. As the client has shown a reduction of 61% so it is not required to increase the dose to 100mg, this increase in the dose may lead to having side effects which result in the difficulty for the patient to follow the treatment plan. The expectation from decision three is to have more decrease in the symptoms of GAD.

### **Pharmacodynamics And Pharmacokinetics**

[Sertraline](#) shows its inhibitory effect. The drug is capable of increasing dextromethorphan and desipramine which helps in the uncertain inhibition of CYP2D6 (Carpenter & Schatzberg, 2017). Sertraline is gradually absorbed by the GIT, and plasma levels occur within 6 to 8 hours after consumption. When taken directly with the meal, at approximately 5.5 hours, the peak level of plasma appears first. Because the drug's binding level is 95% for protein and the binding of  $\alpha_1$  glycoprotein is weak, many alternatives to protein-related drugs will not be exposed. The Sertraline has a half-life of 26-32 hours and reaches a stable level after 7 days (Carpenter & Schatzberg, 2017).

### **Ethical Considerations**

Being a practitioner, it is important to collect basic client information and potential drug abuse, recognize the sources of stress that may lead to anxiety to the client, discourse the advantages and side effects of drugs and the reasons for taking medication. The client has stated that he consumed 3 to 4 beers a day for fear of being unemployed. More examination is required because it is important to observe whether the client may be addicted to alcohol and still need further treatment.

In summary, being a physician is always useful in involving clients in the decision-making process, as it will give them a sense of opportunity and encourage them to engage in treatment. It is always important that we always respect the privacy and confidentiality of the patient.

## **References**

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Stahl, S. M. (2013). *Stahl's essential psychopharmacology: Neuroscientific basis and practical applications* (4th ed.). New York, NY: Cambridge University Press.

Stahl, S. M. (2014b). *The prescriber's guide* (5th ed.). New York, NY: Cambridge University Press.

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## **THE ASSIGNMENT**

### **NURS 6630 Week 5 Assignment: Assessing And Treating Clients With Anxiety Disorders**

Common symptoms of anxiety disorders include chest pains, shortness of breath, and other physical symptoms that may be mistaken for a heart attack or other physical ailment. These manifestations often prompt clients to seek care from their primary care

providers or emergency departments. Case Study A Middle-Aged Caucasian Man With Anxiety

Once it is determined that there is no organic basis for these symptoms, clients are typically referred to a psychiatric mental health practitioner for anxiolytic therapy. For this Assignment, as you examine the client case study in this week's Learning Resources, consider how you might assess and treat clients presenting with anxiety disorders.

**Required Readings: Week 5 Assignment: Assessing And Treating Clients With Anxiety Disorders**

Note: All Stahl resources can be accessed through the Walden Library using this link. This link will take you to a log-in page for the Walden Library. Once you log into the library, the Stahl website will appear.

Stahl, S. M. (2013). Stahl's essential psychopharmacology: Neuroscientific basis and practical applications (4th ed.). New York, NY: Cambridge University Press.

To access the following chapters, click on the Essential Psychopharmacology, 4th ed tab on the Stahl Online website and select the appropriate chapter. Be sure to read all sections on the left navigation bar for each chapter.

Chapter 9, "Anxiety Disorder and Anxiolytics"

Stahl, S. M., & Grady, M. (2010). Stahl's illustrated anxiety, stress, and PTSD. New York, NY: Cambridge University Press.



To access the following chapters, click on the Illustrated Guides tab and then the Anxiety, Stress, and PTSD tab.

Chapter 4, “First-Line Medications for PTSD”

Chapter 5, “Second-Line, Adjunct, and Investigational Medications for PTSD”

Strawn, J. R., Wehry, A. M., DelBello, M. P., Rynn, M. A., & Strakowski, S. (2012). Establishing the neurobiologic basis of treatment in children and adolescents with generalized anxiety disorder. *Depression and Anxiety*, 29(4), 328–339. doi:10.1002/da.21913

Note: Retrieved from Walden Library databases.

Hamilton, M. (1959). Hamilton Anxiety Rating Scale. *Psychtests*, doi:10.1037/t02824-0

Note: Retrieved from Walden Library databases.

### **Required Media**

Laureate Education. (2016b). Case study: A middle-aged Caucasian man with anxiety [Interactive media file]. Baltimore, MD: Author.

Note: This case study will serve as the foundation for this week’s Assignment.

### **Optional Resources**

Lupi, M., Martinotti, G., Acciavatti, T., Pettorruso, M., Brunetti, M., Santacroce, R., & ... Di Giannantonio, M. (2014). Pharmacological treatments in gambling disorder: A qualitative review. *Biomed Research International*, 2014. doi:10.1155/2014/537306

### **To Prepare**

Review this week’s Learning Resources. Consider how to assess and treat clients requiring anxiolytic therapy.

**The Assignment:**

Examine You will be asked to make three decisions concerning the medication to prescribe to this client. Be sure to consider factors that might impact the client's pharmacokinetic and pharmacodynamic processes.

At each decision point stop to complete the following:

**Decision #1**

Which decision did you select?

Why did you select this decision? Support your response with evidence and references to the Learning Resources.

What were you hoping to achieve by making this decision? Support your response with evidence and references to the Learning Resources.

Explain any difference between what you expected to achieve with Decision #1 and the results of the decision. Why were they different?

**Decision #2**

Why did you select this decision? Support your response with evidence and references to the Learning Resources.

What were you hoping to achieve by making this decision? Support your response with evidence and references to the Learning Resources.

Explain any difference between what you expected to achieve with Decision #2 and the results of the decision. Why were they different?

**Decision #3**

Why did you select this decision? Support your response with evidence and references to the Learning Resources.

What were you hoping to achieve by making this decision? Support your response with evidence and references to the Learning Resources. Explain any difference between what you expected to achieve with Decision #3 and the results of the decision. Why were they different?

Also include how ethical considerations might impact your treatment plan and communication with clients.