



Case 4

Complexity: simple

Target groups: medical

Note: The following case representation selects specific questions from a complete and general examination.

A 59-year-old asylum seeker from a near Eastern country presents for assessment of alleged torture related injuries by his lawyer, with the intention of bringing up findings in the asylum court to confirm a history of persecution, leading to asylum or at least temporary protection (subsidiary protection). The client had travelled through a complicated route, he could not completely remember. Besides flashbacks of torture in prison, nightmares about escaping and concrete memories from torture, and symptoms of depressed mood, he suffered from periods of irritability, weakness, confusion, and several fainting spells. Examination and taking of history, as well as an MRI of the brain and an Electroencephalogram yielded no indication of possible brain injury. Criteria for posttraumatic stress disorder and mild depression were fulfilled. No further examination was performed as it was assumed that symptoms could sufficiently be explained through this will diagnosis.

Questions:

- 1) Would you agree with the conclusion that no further diagnostic steps are required?
- 2) What further steps besides the diagnostic steps should be taken ?

Answers:

Questions:

1) Would you agree with the conclusion that no further diagnostic of steps are required?

At least the fainting spells should be explored further, especially in the context of memory problems and confusion. Though the symptoms could be explained by posttraumatic stress and depression in the absence of any history or findings on brain trauma, a number of physical disorders, even independent of torture, should be excluded. Assessment cannot focus on torture alone, especially as symptoms such as concentration problems might interfere this interviews and reporting (seen as a witness statement), and also because treatment is required even if this was not the main aim of presentation.

Which are other medical problems could lead to or contribute to the above symptoms?

A complete clinical assessment, including for example a complete set of laboratory findings, a 24-hour ECG (Electrocardiogram) should be performed or initiated.

In our concrete case example, laboratory results led to a diagnosis of so far untreated and I'm recognized diabetes with hypoglykemia (low blood sugar) spells.

2) What further steps besides the diagnostic steps should be taken ?

After treatment, no further episodes of irritability and fainting could be observed. The possible impact of both mental health and physical disorders, possible correlation with reported torture in case of posttraumatic stress and depression, and the possible importance of all three factors for impaired concentration and memory during imprisonment or during earlier hearings in the asylum process was included in the forensic report.

The client received asylum.