



## Case 3

Complexity: simple

Target groups: medical

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

The 48-year-old refugee suffers from headaches he reports as having started after alleged torture in his home country. He reports beatings with sticks, clubs, and rifle sticks. Symptoms increase under stress. The client also reports increased irritability, flashbacks of events during his imprisonment, problems to fall asleep, waking up during the night, and avoidance of conversation about his experience, as he claims that this always leads to an overwhelming flood of unpleasant memories.

He had been examined by a medical doctor, who had conducted an investigation including a mental health status exam and had concluded that symptoms were sufficient to reach a diagnosis of posttraumatic stress disorder and no further diagnostic steps were required.

### Questions:

- 1) Would you agree with the conclusion that no further diagnostic of steps are required?
- 2) Which next steps could be taken to confirm a clinical diagnosis ?
- 3) Which are other medical problems could lead to or contribute to the above symptoms?
- 4) Would a dual diagnosis be possible ?

## ***Answers:***

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

No. Especially with the symptoms reported, and the high probability of blunt brain injury on the background of the reported events, a full assessment of possible contributing factors and differential diagnosis should be performed.

**2) Which next steps could be taken to confirm a clinical diagnosis ?**

Nuclear magnetic resonance imaging, a full neurological status, EEG, X-ray of the spinal column, and possibly neuropsychological testing would be first steps, not excluding later differential diagnostical steps.

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

Post Concussional Syndrome should be considered as at least some of the symptoms could result from either of posttraumatic stress disorder and or from PCS. Assessment of chronic headaches requires a multifactorial approach even if obvious and common symptoms related to a specific aetiology are present.

**4) Would a dual diagnosis be possible ?**

Yes, a dual diagnosis would be possible. The clients can suffer from both posttraumatic stress disorder and other disorders leading to symptoms of irritability or disorder sleep. Symptoms of physical disorders can also increase under stress, which cannot be seen as a proof of (at least primarily) psychological or psychiatric aetiology.