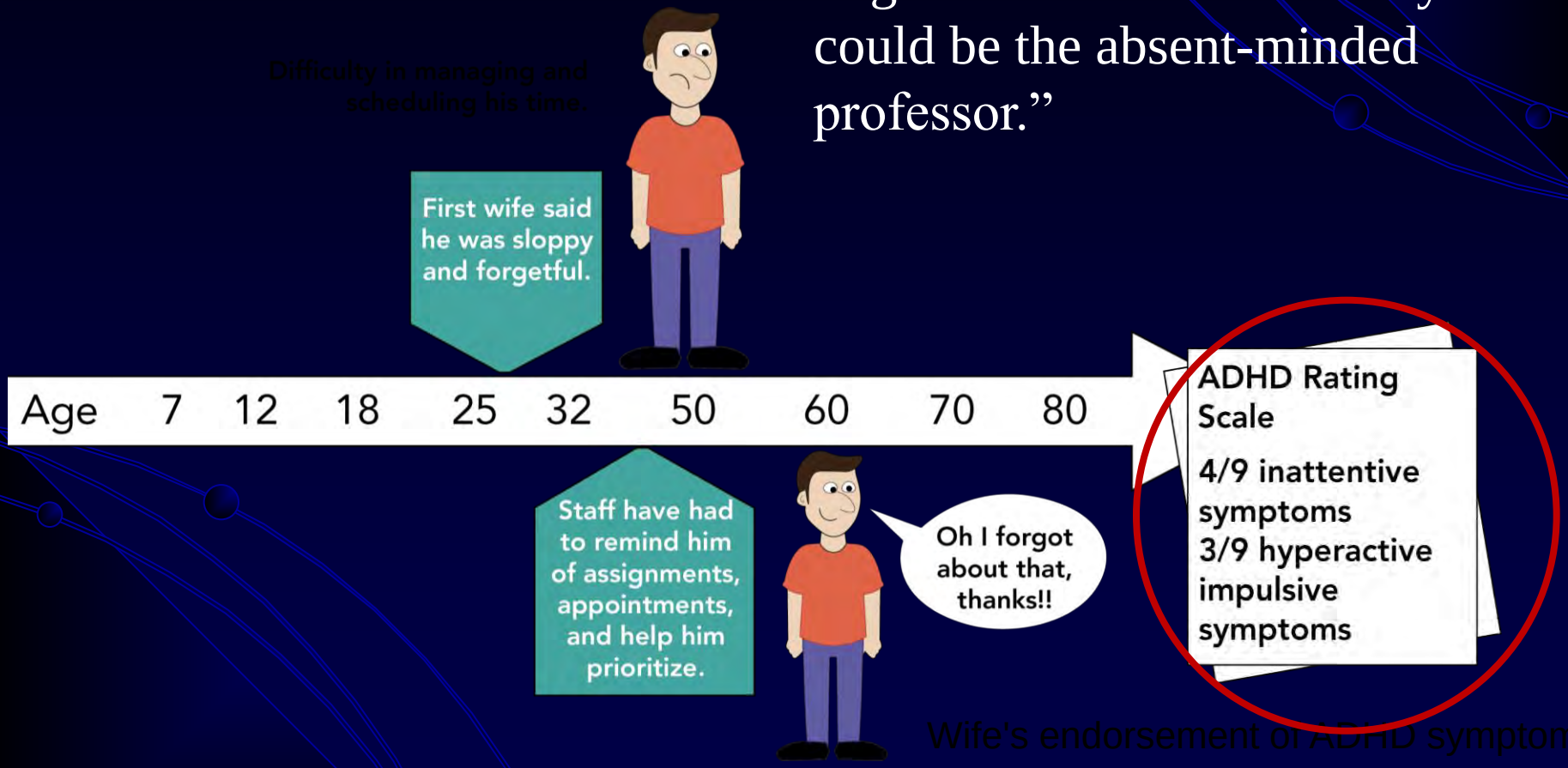
Symptom History: Focus on ADHD Factors

- His sister had said "you need to go into academia so that you could be the absent-minded professor."



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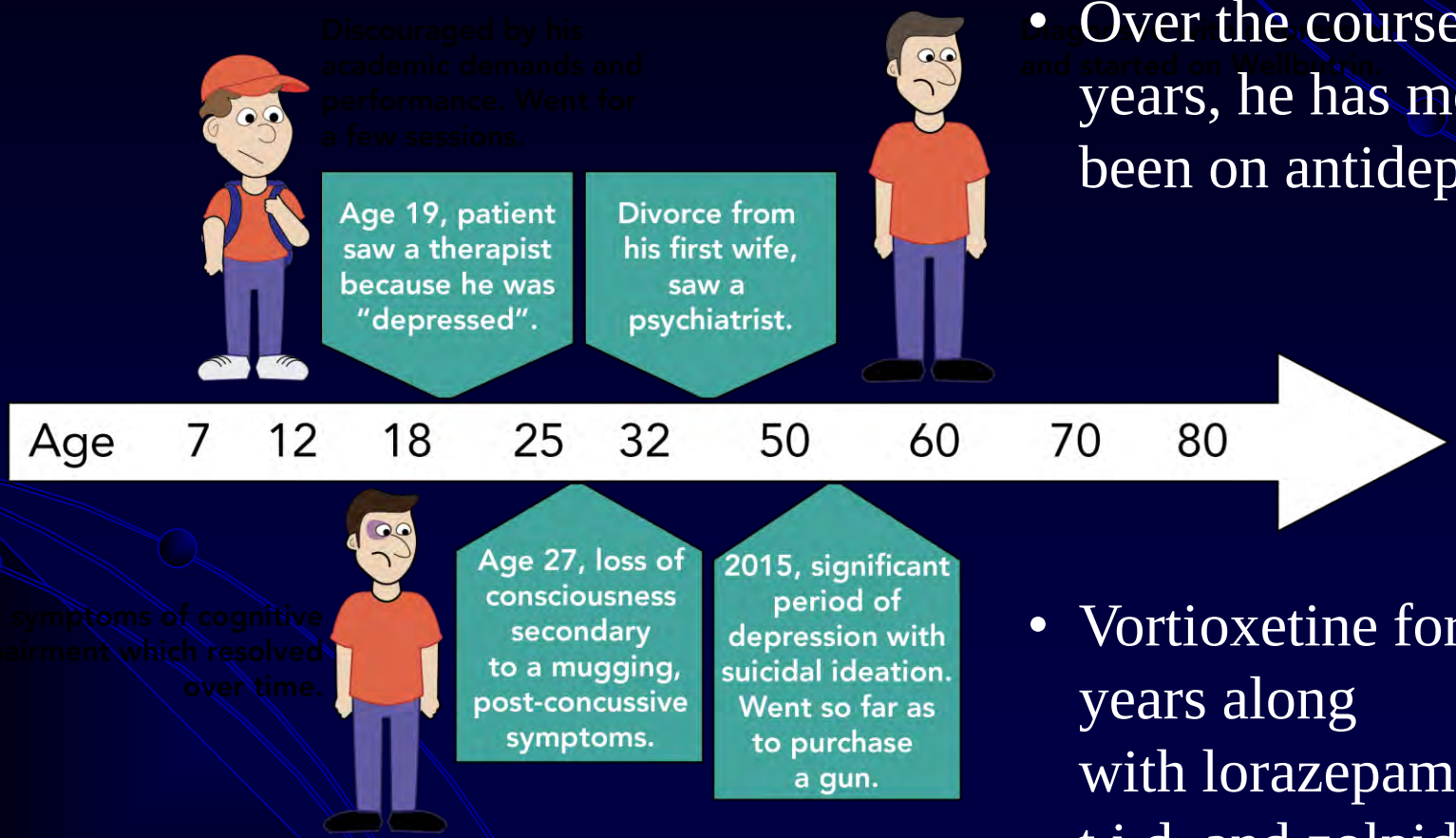
Psychiatric History



- Over the course of 20 years, he has mostly been on antidepressants.
- Vortioxetine for many years along with lorazepam 1 mg t.i.d. and zolpidem 5-10 mg q.h.s.

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Adult Self-Report Scale (ASRS-v1.1) : Inattention

≥5 inattentive and/or hyperactive/impulsive symptoms for diagnosis of adult ADHD	Never	Rarely	Some-times	Often	Very Often
1. How often do you make careless mistakes when you have to work on a boring or difficult project?	0	1	2	3	4
2. How often do you have difficulty keeping your attention when you are doing boring or repetitive work?	0	1	2	3	4
3. How often do you have difficulty concentrating on what people say to you, even when they are speaking to you directly?	0	1	2	3	4
4. How often do you have trouble wrapping up the fine details of a project, once the challenging parts have been done?	0	1	2	3	4
5. How often do you have difficulty getting things in order when you have to do a task that requires organization?	0	1	2	3	4
6. When you have a task that requires a lot of thought, how often do you avoid or delay getting started?	0	1	2	3	4
7. How often do you misplace or have difficulty finding things at home or at work?	0	1	2	3	4
8. How often are you distracted by activity or noise around you?	0	1	2	3	4
9. How often do you have problems remembering appointments or obligations?	0	1	2	3	4

✔ patient

✔ wife

Kessler R et al. The World Health Organization Adult ADHD Self-Report Scale (**ASRS**): a short screening scale for use in the general. Psychol Med. 2005 Feb;35(2):245-56.

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Adult Self-Report Scale (ASRS-v1.1) : Hyperactivity/Impulsivity

≥5 inattentive and/or hyperactive/impulsive symptoms for diagnosis of adult ADHD	Never	Rarely	Some-times	Often	Very Often
1. How often do you fidget or squirm with your hands or your feet when you have to sit down for a long time?	0	1	2	3	4
2. How often do you leave your seat in meetings or other situations in which you are expected to remain seated?	0	1	2	3	4
3. How often do you feel restless or fidgety?	0	1	2	3	4
4. How often do you have difficulty unwinding and relaxing when you have time to yourself?	0	1	2	3	4
5. How often do you feel overly active and compelled to do things, like you were driven by a motor?	0	1	2	3	4
6. How often do you find yourself talking too much when you are in a social situation?	0	1	2	3	4
7. When you're in a conversation, how often do you find yourself finishing the sentences of the people that you are talking to, before they can finish them themselves?	0	1	2	3	4
8. How often do you have difficulty waiting your turn in situations when turn-taking is required?	0	1	2	3	4
9. How often do you interrupt others when they are busy?	0	1	2	3	4

Kessler R et al. The World Health Organization Adult ADHD Self-Report Scale (**ASRS**): a short screening scale for use in the general. Psychol Med. 2005 Feb;35(2):245-56.

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Medical History

- **Family Psychiatric History:**
  - Father described as moody, eruptive, and scattered.
  - Younger sister believes she has ADHD, although not formally diagnosed.
  - Daughter, age 32, diagnosed with ADHD, treated with stimulants.
- **Past Medical History:**
  - H/o mild benign prostatic hypertrophy
  - TBI with neurologic residual symptoms resolved.
  - Hypertension that the patient monitors, recent blood pressure 115/30, pulse 56.
  - Had low vitamin B12 and vitamin D6 months ago when he started supplements.

- The patient denies any history of MI, seizure, diabetes, or major surgery. The patient reports height 5 feet 10 inches, weight 163 pounds, blood pressure and pulse in the office 120/80 and 68.

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Medical History

- Current Medications:
  - Vortioxetine15 mg q.d. for the past 2 months
  - Bupropion 300 mg q.d., aspirin 81 mg q.d.
  - The patient is on an injectable form of medication to reduce cholesterol.
  - Vitamin D and B12 supplements for the past 6 months secondary to low serum levels.

- Marijuana: None for the past 1 year.
- Tobacco: Denied, Vaping: Denied, Alcohol: Two glasses of wine per week.
- Allergies: NKDA

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Recent Medical Workup

- **Relevant Medical History:**
  - **MRI brain scan** with and without contrast, January 19, 2024. "Few **scattered punctate hyperintensities** are nonspecific and likely reflective of **trace microvascular changes**. No abnormalities except the latter fact to suggest microhemorrhages".
  - Conclusion: **MRI did not reflect pathology** that would explain the patient's presenting symptoms.

- **Carotid duplex** on January 22, 2024, findings:
  - **"Small heterogeneous plaque detected**, bilateral carotid bulbs. Right ICA 20-49% stenosis. Left ICA 1-19% stenosis. Bilateral vertebral arteries anterograde flow. Carotid bruit".

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Neuropsychological Testing

- Neuropsychiatric evaluation, January 31, 2024, conclusion:
  - His performance on **measures of attention, memory, and language is weaker,** falling in the average to exceptionally low range.
  - He demonstrated significant weaknesses falling in the impaired range on **confrontational naming task, auditory learning and recall, and on visual-spatial organization task**.
  - His presentation is **mostly consistent with anomic aphasia**, however, there are **areas of significant weakness that extend beyond confrontational naming deficits**, which need to be monitored."

Diagnostic conclusion was amnestic mild cognitive impairment.

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Neurology: Impression and Recommendations

Neurologic diagnosis:

Primary Progressive Aphasia from previous TBI

Amnestic MCI due to Alzheimer's disease

Treatment considerations:

- Symptomatic medications: cholinesterase inhibitors (e.g. donepezil
- Potential candidate for anti-amyloid treatment (e.g. lecanemab, donanemab)
- Decrease benzo use
- Encourage healthy lifestyle

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Diagnostically Confused?

Neuropsychological Studies: Older Adults with ADHD vs MCI/Dementia

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