Patient & GP Information

UHPI Number	600101156L
CHI Number	0611751143
Episode Number	I0000139523
Surname/Forename	Halliday, Shona
Date of Birth	11/6/75
Sex	Female
Patient Address.	16 Thornybank Grove Dalkeith EH22 2EG
Registered GP	YV Gaidakova
GP Address.	Dalkeith Medical Practice,The Health Centre,24-26 St Andrew Street,Dalkeith EH22 1AP

Report Contents

The report bundle provides information on the following:

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Note Details	Clinical Notes
Inpatient Discharge Summary Episode/Ref: I0000139523 Prof Neal G Uren 12/28/99	DIAGNOSIS: 1. IMPULSIVE OVERDOSE , ,This patient was admitted following overdose of 16 - 20 Nurofen tabs,,No specific treatment was required and the patient was discharged.,,Specific treatment was given : NIL,,Patient was detained under the Mental Health Act. NO,,PSYCHIATRIC DIAGNOSIS:,,This 24 year old lady was admitted to ward 3 of the Royal Infirmary after having taken an overdose of 16 - 20 Nurofen tablets. This followed an argument with her [redacted] after both of them had been drinking. ,,The background to the overdose on that evening was that Shona had been out with her friends and had enjoyed the evening . She had been at a club watching a stripper but on her return from the nightout her [redacted] became very jealous and physically assaulted her. She too became very violent and following this impulsively took and overdose. By this time he had left the house but she phoned him to tell him that she had taken the overdose and was brought into hospital subsequently. ,,Shona has no past psychiatric history and has no history of overdoses in the past. She has been in this relationship for a year and half and he has a history of assaulting her in the past. They share a council flat together and she works as a full time sales assistant in a shop and also part time in a bar. She has a supportive family who live near by but she finds it difficult to ask them for help. She has in the past tried to end this relationship with this man and found support from her family and friends but subsequently decided to resume the relationship. She now feels that she would no longer be able to ask people for help because of this and describes feeling frightened to be alone, but has no other stresses in her life at present and no symptoms of depression. She denied any ongoing suicidal ideation and had plans to end her relationship with [redacted] ,,IMPRESSION: Impulsive overdose in a lady in an abusive relationship. No psychiatric illness. No further ongoing suicidal ideation. ,,PLAN: Miss Halliday was discharged with no formal follow up but was given the phone number of the psychiatric emergency team at the Royal Edinburgh Hospital and the Samaritans and given information regarding domestic abuse.,,Yours sincerely ,,,,DR LINGAM ,SENIOR HOUSE OFFICER ,PSYCHIATRIC LIAISON ,,

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Episode Number	I0001227647
Surname/Forename	Halliday, Shona
Date of Birth	11/6/75
Sex	Female
Patient Address.	16 Thornybank Grove Dalkeith EH22 2EG
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Inpatient Discharge Summary Episode/Ref: I0001227647 Dr AD Toft 1/9/07	This 31 year old lady was admitted to CAA6 after arriving at Accident and Emergency of the Royal Infirmary in the early hours of Saturday morning. Ms Halliday had taken an overdose of 10 nurofen and approximately 40 sertraline 50mg tablets whilst intoxicated. I interviewed Ms Halliday several hours later. On interview she informed me that on Friday she had bought a litre of vodka then, when intoxicated, became aggressive and threatening towards [redacted] She then returned home at approximately midnight and overdosed on her prescribed antidepressant medication. She then reported vomiting at this time, falling asleep and when she woke at approximately 3am she phoned NHS 24 who arranged for an ambulance to convey her to Accident and Emergency. ,,On further interview Ms Halliday reported a binge alcohol pattern of drinking over the weekends which has become increasingly more prominent since her mood has felt low. She reported that recently when intoxicated she assaulted an [redacted] which resulted in her receiving a physical beating and being banned from all pubs in Dalkeith for 12 months, this also led to her losing her part-time job as a barmaid. ,,Mental state examination revealed a cooperative historian who made good eye contact throughout our interview, she reported her mood as pissed off, ashamed, and I don t know who I am anymore . She reported she had experienced this for the last 4 weeks. She reported her sleep as oversleeping approximately 12 hours per evening, returning to bed at 7pm and getting out of bed at 7am the next day. She reports feeling increasingly lethargic, poor motivation and low energy levels. She also advised me that she had given up on her leisure pursuits over the last couple of months and reports this is due to feeling embarrassed and ashamed of her behaviour when intoxicated with alcohol. She continues to voice feeling suicidal and a vague idea of not wanting to be here but has no definite plans. Ms Halliday reports becoming increasingly intoxicated at the weekends only, this binge pattern of drinking leading to episodes of aggression, promiscuous behaviour, increasingly impacting on her self-esteem, confidence and self-critical style of thinking. She also reports longer term indifferent feelings towards [redacted] ,,Current social history ,,Ms Halliday is currently employed as a dinner lady. She reports putting a face on at work. She lives with [redacted] who stays at [redacted] every weekend. She has no major debts or any forensic history.,,Psychiatric history ,,Ms Halliday informed me that she was followed up briefly at the Glenesk Centre in March this year and that her antidepressant medication was increased and she received 2-3 supportive talks. She reports overdosing previously but not seeking treatment. ,,Impression,,It is my impression this was an impulsive overdose when intoxicated related to increasing feelings of shame and guilt in relation to her behaviour when intoxicated, and increasingly indifferent feelings towards [redacted] withdrawal from social supports and she remains at risk of further self-harm when intoxicated and has potential to experience a clinical depression. ,,Plan,,1. I counselled Ms Halliday on her harmful use of alcohol at the weekends. ,2. I have advised Ms Halliday to attend her GP for review of her antidepressant prescription.,3. I have referred Ms Halliday to SHORE, a pilot service providing psychosocial interventions for people from Midlothian who have presented to the Royal Infirmary following an act of self-harm.,,Yours sincerely,,,,THOMAS MITCHELL,MENTAL HEALTH NURSE,PARASUICIDE ASSESSMENT SERVICE ,,c.c. Joe Reba-Seguas, Clinical Psychology Department, Rosslynlee Hospital, Roslin ,,

Patient & GP Information

UHPI Number	600101156L
CHI Number	0611751143
Episode Number	I0001238443
Surname/Forename	Halliday, Shona
Date of Birth	11/6/75
Sex	Female
Patient Address.	16 Thornybank Grove Dalkeith EH22 2EG
Registered GP	YV Gaidakova
GP Address.	Dalkeith Medical Practice,The Health Centre,24-26 St Andrew Street,Dalkeith EH22 1AP

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Inpatient Discharge Summary Episode/Ref: I0001238443 Dr Alan J Jaap 1/30/07	WAS THE PATIENT DETAINED UNDER THE MENTAL HEALTH ACT:,DID THE PATIENT REQUIRE ANY SPECIFIC TREATMENT:,,DIAGNOSIS:,,HISTORY OF PRESENTING COMPLAINT:,,PSYCHIATRIC ASSESSMENT:,I was called to assess the above named patient today, 07 01 07, following an overdose that she had taken the previous night. She had been due to go out with friends on Saturday night and had consumed approximately ¾ of a bottle of Morgan s Spiced Rum before going out. Whilst intoxicated she had been involved in and argument with one of her friends about some boys that they had met, and following this she had wandered the streets for a while before going around to another of her friend s. By this time she had consumed approximately 6 alcopops. At her friend s house she asked for some Paracetamol as she had a headache. After her friend had gone to sleep Miss Halliday took all 12 Paracetamol tablets whilst intoxicated, believing that this would be a fatal overdose. She left no suicide note, she had not planned the overdose prior to going to her friend s house. She then went to sleep and was surprised when she woke up. She told her friend that she had taken an overdose of Paracetamol and came to A&E. Her mood was subjectively pretty low 1/10. Objectively, she appeared mildly depressed. There was no history of diurnal variation of mood. She did appear to be largely anhedonic, no longer enjoying her previous activities, such as aerobics or socialising. Her appetite is good and she had not lost any weight. She denied any reduction in her memory or concentration and her energy levels are adequate. She did not appear to be subject to any adverse psycho-social stressors at present and I could identify no precipitants. She did complain of some sleep disturbance, waking through the night and early morning wakening at 0400. SOCIAL HISTORY: [redacted] She described her childhood as pretty crap . She told me that her brother had been gaoled for five years when aged 17. She was in and out of children s homes for getting into trouble, for activities such as underage drinking and vandalism. She told me that her primary school teaching was fine but that high school was a mess . She left school when aged 16 and went into catering. She had [redacted] six years ago, who she lives with. While she told me that she does love him, she does not feel that she has a particularly close relationship with him and does not feel that she is a good mother and that she has never bonded with him. She has one close confident, and that is her [redacted] ,,DRUG, ALCOHOL AND FORENSIC HISTORY:,She denied illicit drug use. It would appear that her main problem is her alcohol consumption. She told me that on a Saturday night she will normally consume a total of one bottle of Morgan s Spiced Rum and 6 alcopops and this equates to approximately 40 units in one go and represents a dangerous pattern of binge drinking. She told me that she has been drink driving frequently in the past three months and it is only good fortune that she has not been involved in a serious accident. She had taken an overdose approximately 6 weeks earlier, again whilst intoxicated. She denied drinking during the week and I could not elicit any symptoms of dependence, nonetheless, I do think that her alcohol consumption is her major problem and that she cannot drink safely. Furthermore, I think that it is most likely that she is suffering from an alcohol induced mood disorder and I have advised her of this. I strongly advised her to attend Alcoholics Anonymous and to attempt to remain abstinent of alcohol for at least six months in order to see if there is an improvement in her mood. However, I do have my doubts as to whether she will ever be able to drink safely. ,,IMPRESSION:,This was a 31 year old woman with probably alcohol induced depression in the context of a heavy binge drinking pattern.,,PLAN:,1. She remains on Fluoxetine 20 mg od, in the meantime and it would be fair enough to try an increased dose, or perhaps switch to Venlafaxine. ,2. I do, however, think that unless she stops drinking completely she will continue to feel very low in mood and remains at risk of serious impulsive self-harm or drink driving episodes. ,3. Whilst she did admit to some thoughts such as thinking that life was not worth living she could not say for definite that she would not attempt to commit suicide again. She was able to reassure me that she had no specific plans and would definitely not do this whilst [redacted] s with her at home. ,4. She also told me that she agreed that alcohol was a problem for her and that she would endeavour to stop drinking for a few months to see if her mood improves.,,Yours sincerely,,,,,Dr Alisatir Morris,Locum SHO in Liaison Psychiatry,,,