Royal Alexandra Hospital
Liaison Psychiatry

Name	Thomas McIntyre	Date of Referral	1/7/09
Address	33 Pilot Street Dunoon	Type of Referral	DSH/Liaison
		Referral Source	HDU
		Previous History	Yes/No
Postcode	PA23 8BY	GP	Dr Drever
Tel No		Address	30 church st Dunoon
DOB	04/07/81 (27)		
CHI NO	3233	Tel No	01369 - 703 482
Employment Status		Date Assessed	1-7-09

Presenting Complaint o/d Amitryptiline 21x25 y Amitryptiln

Admitted 30-6-09 ↓ gcs 3 resp u.o.u.

History of Presenting Complaint

found in Town Centre
- "Cant remember" remembers drinking + taking tabs
- problems with mood over last year
- started drinking early afternoon. "lots"
- remembers sitting drinking with friends took 4 tabs of Amitryptiline
- "Depression comes + goes" usually start drinking + thinking about things gets depressed.
- "not sure if he was thinking about taking ols.
- Drinking Friday + Sat "more than I should" Buckfast Vodka mrs.
  Enjoyed weekend with friends
- sleep ↓ last year "fluctuates"
  Appetite ↓ no problems
- still enjoying things
- Fleeting suicidal ideation usually when depressed thinking about kids

Past Psychiatric History

Hx Alcohol + Drug Hx.
No Y history

Past Medical History

No Medical Problems

Drug Use

Cocaine, speed, Hash.
Not taken regularly
last smoked Cannabis 3/7

Current Medication

Amitryptyline 50mg 1tab
half Inderal mane. 1tab
on + off over last 6/12

Alcohol Use

Problems with Alcohol 2004.
Stopped drinking Jan - May
Total abstinence

Family History

Mother

Lives in America. Biological
No Contact last Contact
Dec 06.

Father

"Raging Alcoholic" St Thomas
remarried X2
Poor relationship Susan (Stepmum)

Siblings

[redacted] } Close Contact

Children

[redacted]
11 }
8 } phone
6 } Contact
Live in America
with Mum

Family Psychiatric History

Father Alcohol Problems

Personal History

Birth/Childhood Born + raised Duncan. Brought up by Dad Stepmum
Biological Mum went back to America age 4.
1st Stepmum died when 8yrs (Aged mum)
Bad memories step mum beat him up middle of night

School/Education
(Primary/Secondary Qualifications) No happy memories

St Mirren Prim school
Kibbel boys school / Misbehaving, not going to school etc
left 16. - Standard Grades

Occupations
Moved to America Marines. for 4yrs enjoyed manners
Worked in Call Centre 1½ yrs.
Not worked for 2½ yrs.

Relationships Divorced from [redacted] - American Nationality

No relationship at present.

Social Circumstances

Finances
Some debts (nothing that worries him)

Housing
lives Council housing

Childcare
Mum has full Custody

Employment
Unemployed

Vehicle Driver
No.

Smoking
40

Forensic History

Assault
BoP
Remand Feb - April '09'

Mental State Examination

Appearance and Behaviour In H.D.U dressed in hospital attire. Reasonably well kempt. Good rapport + eye contact established. Relaxed + appropriate throughout assess.

Speech spontaneous (✓) Rate, rhythm + tone.

Mood -Subjective "OK" at present.

-Objective Reactive + euthymic

Suicidal Ideation Denied any ongoing thoughts plans of suicide/ self harm. Glad to be alive. "Can't believe I took an OD - yesterday".

Thought -Form N/D

-Content Appropriate

Perception N/D

Cognition Not formally tested

Insight Retained. Aware Problematic use of Alcohol / Drugs as having an effect on his mood / mental state + behaviour.

Impression 27 ♂ admitted following an alleged impulsive ob taken in the context of intoxication. little recollection of ob "can't remember taking ob". long standing difficulties with problematic Alcohol misuse + substance misuse. Denied ongoing thoughts/plans of suicide or self harm. No evidence of any pervasive mood disorder/mental illness throughout assessment.

Discussed with:
Liaison team

Plan / Risk Management
1) Given info + advice re Alcohol/drugs
2) Advised to engage with CP for follow up to local Alcohol services.
3) Discussed + agreed a safety plan.
4) Crisis info + advice Given
5) Home when med fit.

Signature M McCann Liaison Nurse.

No ongoing thoughts/plans of Suicide/Self harm.

~~Denied~~

4 Doesn't know why he would have taken ob yesterday
Possibly think about engaging with Drug + Alcohol
Services

Mental Health Directorate
Adult Mental Health
Royal Alexandra Hospital
Corsebar Road
PAISLEY, PA2 9PN

Tel. No: 0141 314 6836
Fax No: 0141 314 6837

Date	**7 July 2009**
Dictated	**1 July 2009**
CHI No	**0407813233**
Our Ref	**MMcG/BE**
Your Ref	
Direct Line	**0141 314 6836**

PRIVATE & CONFIDENTIAL
Dr Ray
Consultant Physician
Ward 14
Royal Alexandra Hospital

Dear Dr Ray

RE: THOMAS MACINTYRE (DOB 04.07.81), 33 PILOT STREET, DUNOON, PA23 8BY

Thomas was referred to the liaison psychiatry team at the Royal Alexandra Hospital on 1 July 2009, having been admitted following an alleged impulsive overdose of twenty-one x 25mgs Amitriptyline tablets. He was found unconscious in the town centre and brought to the Royal Alexandra Hospital. His GSC was 6/15 on arrival. He was assessed in the high dependency unit of the Royal Alexandra Hospital by myself and my colleague, Brenda Robertson, psychiatric liaison nurse.

At assessment this morning Thomas stated that he couldn't remember the events of yesterday. He remembers drinking vodka, buckfast and mad dog and has vague recollections of taking four Amitriptyline tablets. He was with his friends at the time and remembers little else. It was thought that he had taken an overdose of twenty-one tablets as there was no medication found in his home. Thomas today can't believe that he would have taken an overdose yesterday, as he'd had no thoughts prior to the event. He had been drinking with friends over the weekend on Friday and Saturday. He said that he had drank "more than I should", and he had enjoyed his time with his friends.

Today Thomas said that he has suffered from "depression", for the last year. He said that his mood varies. He noted his mood deteriorates when he has been drinking and when intoxicated he has maudlin thoughts surrounding his family and social circumstances. He recognised that when he was not drinking between the months of January to May, that his mood improved and he had less episodes where he had low mood.

He denied any problems with his appetite. He said that his memory could be problematic at times, as could his sleep, which he described as "fluctuates". These have been longstanding problems for the last year with no recent changes.

Re: Thomas MacIntyre - 04.07.81 - 3233

This morning at assessment he was glad to be alive. He denied any ongoing thoughts or plans of suicide/self-harm and again reiterated "I don't know why I would have taken the overdose yesterday".

PAST PSYCHIATRIC HISTORY
Thomas has had no past contact with psychiatric services but did say that he had taken an overdose many years ago. He was assessed in A & E and given activated charcoal but was not seen by the psychiatry team.

PAST MEDICAL HISTORY
Nil of note.

CURRENT MEDICATION
Amitriptyline 50mgs once daily
Half Inderil 1 tab mane

He said that he has been taking these tablets on and off over the last six months, depending on his alcohol intake.

DRUG/ALCOHOL & FORENSIC HISTORY
Thomas states that he has used cocaine, speed and hash in the past. He says that he does not take them regularly and last smoked cannabis three days ago. He has longstanding problems with alcohol dating back to 2004 but as stated earlier, had a period of abstinence between January and May, when he was on remand. He smokes around forty cigarettes a day, he is a non-driver and has some forensic history. He has been charged in the past with assault and breach of the peace.

PERSONAL & SOCIAL HISTORY
Thomas was born and raised in Dunoon. He was brought up by his dad and his biological mother until she returned to America when he was four years of age. His father remarried, however she died when he was eight years of age. His father remarried again and he described his stepmum as abusive. He describes unhappy memories of his childhood, stating that she used to beat him up in the middle of the night when she returned home intoxicated. He attended St Mirren's primary school and mainstream high school, however, due to behavioural problems and truanting, he was sent to Kibble school where he stayed until he was sixteen years of age. He gained standard grades and on leaving he moved to America and was in the marines for four years. He enjoyed this and it was there that he met his wife Grace. On moving back to Dunoon four years ago, he worked in a call centre for a year and a half and has not worked for the last two and a half years. He is currently divorced from [redacted] and has telephone contact only with his three children -

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[redacted] age eleven, [redacted] age eight and [redacted] age six. As stated earlier, his biological mother resides in America and he has very little contact with her, his last being in August last year. He describes his father [redacted] as a "raging alcoholic". He has a reasonable relationship with him. As stated earlier, he has a very poor relationship with his stepmum, [redacted] who also has alcohol problems. He is one of a sibship of five. He has three sisters, [redacted] age thirty-one, [redacted] age twenty-one, [redacted] age twenty-one and [redacted] age eighteen. They are all half brothers and sisters and he describes close contact with all of them. The only family psychiatric history to note is that of his father, who has alcohol problems. Thomas described some financial debts, however "nothing that worries me". He lives in council housing and as stated earlier, he is currently unemployed and receiving benefits.

MENTAL STATE EXAMINATION

Thomas was in the high dependency unit. He was dressed in hospital attire. He was reasonably well kempt. He established good rapport and eye contact and was relaxed throughout the assessment. His speech was spontaneous and of normal rate, rhythm and tone. Subjectively his mood was "ok" at present. Objectively it was reactive and euthymic. He denied any ongoing thoughts or plans of suicide/self-harm. He was glad to be alive. There was no formal thought disorder. His content was appropriate and there were no perceptual abnormalities to note. His cognition, although not formally tested, appeared intact. His insight was retained. He was aware that his problematic use of alcohol and substances, were having an effect on his mood/mental state and behaviour.

IMPRESSION

Our impression was of a twenty-seven year old gentleman admitted following an alleged impulsive overdose taken in the context of intoxication with little recollection of the overdoses. He has longstanding difficulties with problematic alcohol misuse and substance misuse. He denied ongoing thoughts or plans of suicide/self-harm. There was no evidence of pervasive mood disorder/mental illness throughout the assessment.

Having discussed this gentleman with the liaison team, we have given Thomas information and advice regarding safe alcohol and drug use. We have advised him to make contact and engage with his GP for follow-up to the local alcohol services. We discussed and agreed a safe plan. Thomas was given Crisis information numbers and he will be discharged home when medically fit.

Should you require any further information please do not hesitate to contact us.

Yours sincerely

MARGUERITE McGAVIN
PSYCHIATRIC LIAISON NURSE
c.c. Dr Drewet, 30 Church Street, Dunoon