SNAPPS ORAL PRESENTATION

Patient Case Scenario Summary

CC

K. L is a 27-year-old female patient who presents to the clinic with acute anxiety accompanied with panic attacks, stating, “Sometimes my heart pounds so heavily like I am having a heart attack, my breathing stops, and I am afraid I am going to die”

HPI

K. L reports a sudden onset of acute anxiety and panic attacks over the past two weeks (O), affecting her systemically (L). Each episode lasts about 15-25 minutes and occurs 4-5 times a week over the past one and a half months (D). She describes the character of the episodes as intense fear and discomfort, accompanied by heat sensations, palpitations, sweating, trembling, shortness of breath, chest pain, nausea, dizziness, and a fear of losing control or dying (C). She reports sleeping less than 6 hours every day to meet her tight work deadlines, which is very stressful (A). She has no identifiable relieving factors (R). The episodes occur suddenly without warning (T) and are severe, significantly impacting her daily functioning, including missing work (S).

Pertinent ROS

General: No recent weight changes, fever, fatigue or changes in appetite

Cardiovascular: palpitations, rapid heart rate, and chest discomfort.

Respiratory: Shortness of breath during episodes, and hyperventilation, no chronic cough or wheezing.

Gastrointestinal: Nausea during episodes and abdominal discomfort.

Neurological: Dizziness during episodes, numbness or tingling in hands or feet, difficulty concentrating, no history of seizures or headaches.

Psychiatric: History of generalized anxiety disorder; they have feelings of dread and excessive worry, denies suicidal ideation, no hallucinations or delusions.

Past Medical History (PMH)

History of generalized anxiety disorder (GAD), moderate

Medications

None currently reported

Family History

Mother, 55 y/o: Diagnosed with depression and takes medication for it. History of hypertension.

Father 60 y/o; Generally healthy, no significant medical history reported.

Sister, 22 y/o; Diagnosed with anxiety disorder during college, currently managed with therapy and medication.

Maternal Grandmother: Deceased at age 70, had a history of severe anxiety and panic attacks.

Social History

Patient lives alone in a small apartment in the city; she works as a saleswoman in a small, high-pressure advertising firm which pays her on commission. She has no friends and spends almost all her time at work. She keeps in touch with family via phone since they live in different cities. She has not seen them in nearly ten years, citing a lack of time due to work.

Mental Status Exam

Appears anxious, good eye contact, coherent and goal-directed speech, no signs of psychosis

Differential Diagnoses Analysis

Panic Disorder: