HURONIA REGIONAL CENTRE, ORILLIA

HEALTH HISTORY REPORT

FOR PSYCHIATRIC CONSULTATION

CLIENT: [redacted] COTTAGE: 10 A

C.B.#: [redacted]

DATE OF REPORT: August 1991

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Reason for Consultation:
Increased aggression towards peers and staff. Hits and scratches others.

Is the reason for retardation known? Cause unknown.

Family History of Psychiatric Illness:
Mother was borderline I.Q. - 89. Very poor family background - Ward of C.A.S.

Epileptic Status: Epileptic - 2 seizures this year.

Seizure History and Analysis:
His epilepsy is well controlled on Phenabarb and Dilantin.

Past Psychiatric/Psychological Assessments:
Feb 1974 - Dr. [redacted] (see attached report).

Past Medications and Their Effects:
Has been on Nozinan for years.

DATE: July 7, 1992

[redacted] M.D.,
Staff Physician.

cc: Original
Ward File
Writer
Psychiatric Consultant
(via Clinic Coordinator)

/lf

[redacted]



HURONIA REGIONAL CENTRE, ORILLIA



# CONSULTATION REPORT

NAME: [redacted] C.B.#: [redacted] DATE: August 21, 1992

LOCATION: Cottage 10 D.O.B.: Sept.8, 1961 D.O.A.: Dec.3,1973

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The above resident was referred for psychiatric consultation because of a report of increased aggressiveness towards peers and staff over the past several months. This takes the form mostly of biting and scratching.

As far as his background history is concerned, there is no known cause for his retardation. He came from a highly dysfunctional family background in which he was placed under wardship of the Children's Age Society at age 4. There is apparently a family history of schizophrenia. He has epilepsy which is currently fairly well controlled, having had 2 seizures so far this year. He has also been diagnosed in the past with autism. He was seen in 1974 in psychiatric consultation by Dr. [redacted] who felt that he was living in an autistic world of his own.

The data presented today was difficult to interpret -- his regular counsellors were not able to be present and the behavioural consultant who knows him is on vacation. It is not clear to me therefore what the patterns of his behaviour problems are from the data I have. In my review of the file, a superficial perusal of the Resident Life Journals does suggest that he may go through periods in which he is relatively easier to deal with and really not too much of a problem, then through periods of a number of months in which he seems to be much more likely to be difficult or aggressive or more physically active. This impression could not be supported from information from staff who accompanied him today.

He has been on Nozinan for a number of years with dose varying from time to time. Because he was apparently doing well in March of this year, his Nozinan was reduced over the next couple of months to 5 mg. b.i.d. This seems to be concomitant with an increase in his aggressivity -- grabbing at people, ripping his clothes. Nozinan was increased again and he has now been on 30 mg. q.i.d. for 2 months. It is felt by staff that in the last 2 weeks he has been easier to manage again.

He apparently has little interaction with staff or peers on a social level, although when he is doing well he apparently likes to help fold sheets. He generally likes to sit on his own space on the couch and will sit quietly there for long periods. At times when he is doing less well, he may be more physically active, getting up and intruding on others, or may be more resistant to requests or demands placed on him. He apparently sleeps well. He is currently eating well but there is some note that he has been refusing some meals in recent months and he has lost some weight since March although his weight does vary quite a bit looking back over the years.

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Consultation Report continued...

His current medications are Nozinan 30 mg. q.i.d., Cogentin 1 mg. b.i.d., Phenobarb 60 mg. q.h.s., and Dilantin 150 mg. q.a.m. and 200 mg. q.h.s.

During the assessment time, he sat quite quietly in his chair, engaging in some rocking motions, but not really interacting with anyone in the room in a social sense.

Impression:

He does certainly have autistic features to his presentation and these patterns will be there at a baseline level and include his discomfort with new staff, his predisposition to rip clothing for sensory stimulation, his predisposition to not interact socially and live in his own world, and his resistance to demands placed on him at times. It appears that when he is functioning reasonably well, that these patterns are not problematic. There is then a suggestion that he may go through cycles -- whether his current cycle was precipitated by the reduction in Nozinan or whether it was coincidental is not known. Whether past cycles have been spontaneous or concomitant with changes in his medication needs to be assessed and we need to do a retrospective analysis of his journal record entries to see whether any pattern of cycles does exist over the past 7 or 8 years and whether there is any correlation to med. changes. At the same time, I think prospective data collection needs to be undertaken. Accurate objective data needs to be obtained regarding his appetite and eating patterns, the amount and frequency of his aggressive behaviours minor or major, the degree of his physical activity - whether he spends his time sitting quietly on his couch or whether he is up and actively intruding upon other people in some fashion or another. It is possible that there may be a cyclical mood disorder superimposed upon his autism if no behavioural or situational factors are identified coincidental with his apparent behavioural changes.

| RECOMMENDATIONS: | ACTION REQUIRED: |
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| As he apparently is doing well again, I would propose no medication changes for the next several months. In this time the retrospective analysis and a prospective data collection should be undertaken and he should be reviewed in about 6 months time. | [redacted] |
| If things worsen prior to then, he could be reviewed at that time with whatever data we have collected to date. | |

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[redacted]
C.B. # [redacted]

Consultation Report continued...

[redacted] M.D., F.R.C.P.C.,
Consulting Psychiatrist.

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cc: ORIGINAL
WARD
WRITER
AREA MANAGER - [redacted]
SUPERVISOR - [redacted]
BEHAVIOURAL SERVICES - [redacted]
PHYSICIAN - [redacted]
HEALTH NURSE - [redacted]