

CASE PRESENTATIONS

Clinical Update on Adolescent Depression 2023

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DISCLOSURES

Dr. Leipsic is medical director of Palo Verde Behavioral Health

He is not on any speaker panels currently or commercially motivated.

Past speaker panels include: Pfizer, Otsuka, Bristol Myers

Child and Adolescent Psychiatrists commonly use medications off label and with non-FDA approved indications. These may be discussed.



17 year old male presents with sleep loss for three nights, paranoia, agitation, anger and outbursts towards parents. Made worse with SSRI. Mood labile, hyperverbal, angry, wants to leave the hospital.

UTOX + THC: Vapes, wax, shatter, bud/flower, hash oil

PE unremarkable, CBC, CMP, TSH WNL

Family History of Bipolar

DDx: Psychosis Unspec; Bipolar with Psychosis; MDD with psychosis; THC induced psychosis; anti-NMDA receptor?

Plan: mood stabilizer plus antipsychotic; Depakote; Lithium; Lamotrigine; Quetiapine; Aripiprazole

Increased incidence of THC psychosis in states legalizing recreational cannabis.

14 year old girl admitted after overdose of sertraline after drinking 3 shots of vodka. Broke up with boyfriend, saw him on social media with another girl who was her best friend.

UTOX + THC; intermittent alcohol abuse, gets it from liquor cab
PE superficial scratches bilateral forearms; old scars on legs.
CBC, CMP, TSH WNL. Psychosocial: father sexual abuse; no contact.

DDx: MDD, recurrent without psychosis; Non-suicidal self injury; PTSD child victim of sexual abuse.

Plan an alternative SSRI: fluoxetine or escitalopram.

Considerations: cry for help; attention seeking; punishing self to maintain positive external object; precocious sexual activity to develop "mastery" over trauma; male attention seeking for validation.

15 year old Native American male presents with 8 cm laceration on left forearm due to self inflicted cut while intoxicated.

Alcohol level was 0.33 when admitted for suicidal ideation with self inflicted laceration. Pt says, "I don't remember it I was drunk." THC + as well.

Psychosocial stressors: lost mother due to alcoholic cirrhosis, lives with grandparents, father not involved.

Is he depressed or is it primarily alcohol abuse? Pt denies other signs or symptoms of depression or suicidality.

Do you recommend psychotherapy, IOP, SSRI, alcohol inpatient treatment, detox, harm reduction?

What is prognosis and ongoing risk of substance abuse and impairment?

19 year old trans-male presents with request for affirmation of “top surgery.” H/O ADHD/Anxiety Sertraline/Guanfacine.

Developed bipolar, now Lamictal/Seroquel

Gender identity confirmed in Tucson at gender clinic. Pt: “I’m done with my breasts, I bind them and can’t even look at them.”

Parents avoided hormones, surgery until pt reached 18. Pt made social transition “Laura to Luke,” dress, pronouns.

Is his trans identity driving top surgery or is it body dysmorphia?

Waited until 19 to get surgery, paid for it himself with savings and insurance. Surgery is scheduled “in two weeks.”

Do you support the top surgery with letter? Or do you caution “permanence of the procedure and irreversibility” and not write letter?