Mrs. Williams is a 56-year-old woman who was referred by the social worker at the senior citizen community center for possible depression. In the past, Mrs. Williams had been very sociable and extroverted, but she is now withdrawn and quiet. On questioning, Mrs. Williams states that she is tired of the people at the community center and prefers to stay in bed. She has difficulty sleeping at night (“tosses and turns”), but when she finally does fall asleep, she wakes up very early in the morning. She feels as if she doesn’t have the energy to do things anymore. She has a decrease in appetite but is unsure if she has lost any weight. She does not feel like cooking or eating. She has difficulty concentrating and has stopped reading the newspaper and watching television. She often feels sad, hopeless, and worthless. Her social history is significant for her husband of 25 years leaving her for another woman and filing for divorce. Mrs. Williams blames herself for the divorce and feels she should have been a better wife. She has no children; a 3-yearold son died by drowning 20 years ago. Mrs. Williams recalls a hospitalization at that time for psychiatric reasons and for taking pills but feels it was not a suicide attempt. She is evasive when questioned about present thoughts of suicide but states she has a bottle of pills at home. She has little hope for the future. The patient is cooperative but is often irritable and indifferent when responding to questions. She is tearful with paucity of speech. If patient is talking about sensitive issues, she does not have good eye contact and her voice is low. Overall, her affect is blunted, and her movements are slow. She does not abuse alcohol. She denies suicidal thoughts.

Mrs. MacDonald had a previous psychiatric hospital admission following a suicide attempt and depression after the drowning death of her infant son over 30 years ago. Now the patient is expressing feelings of sadness, worthlessness, and hopelessness since her husband of 35 years left her for another woman and filed for divorce. She exhibits psychomotor retardation and has a blunt affect.

Primary Diagnosis: Depression

Secondary Diagnosis: Dysthymic disorder