

INTERPROFESSIONAL ACTIVITY
HUMAN DEVELOPMENT AND BEHAVIORAL SCIENCE COURSES

ANA

CC: "I just don't want to take the meds anymore, I'm tired of them" refers Ana

HPI: Ana is 17-year-old female patient with past medical history of HIV infection infected perinatally. The patient has received ARV since early childhood when she was diagnosed. For several years she received HAART therapy with Zerit (30 mg po bid), Epivir (300 mg po) daily, Sustiva (600 mg po hs). Antiretroviral medications (ARV) were discontinued several years ago due to adverse effects. At present there is no information of the ARV's that she is currently taking. Over the past few months she has shown poor compliance with meds. Today she presented to an outpatient clinic for a follow-up evaluation at grandmother's insistence after missing her last three appointments. On interview, patient looks irritable, uncooperative, with poor visual contact. When confronted regarding poor treatment compliance, pt refers "I just didn't want to take them anymore, it's not like they're going to cure me or anything, you know that. Besides, look at how ugly I look, my arms and legs look terrible and my face! It looks horrible!" "I'd rather drop dead than having to take these stupid pills! Even the change of medicines has not helped me! When asked about the current situation at home pt refers that her grandmother is way too overprotective, never wants to let her hang out with her friends. On physical examination, there are marked lipodystrophic changes at face, upper and lower extremities and abdomen. Patient has lost 5 pounds since her last visit to the clinic.

Dental History and Findings: The patient has visited the dentist since childhood for periodic evaluations. She has dental insurance through the Government Health Plan (Reforma). Upon clinical examination she presents oral hyperpigmentation, candidiasis, and generalized gingivitis with signs of periodontitis in some posterior teeth, multiple restorations and two caries. She is irritated because one of the caries is visible on an anterior tooth.

Past Psychiatric History: No formal psychiatric history (never seen by psychiatrist or psychologist); never been on psychiatric medications, no psych hospitalizations, no history of past suicide attempts. No pertinent family psych history.

Toxic Habits: Alcohol: "socially" (1-2 drinks at parties, once every 2-3 months); denies cigarette and illicit drug use.

Allergies: penicillin

Family History: Mother died from AIDS complications when patient was 10y old. Father has a history of IV drug use, and lives in the United States. Paternal grandfather died suddenly of a massive stroke three months ago.

Social History: Lives in Carolina with maternal grandmother since age 10 (after mother died) in a two bedroom apartment they rent. No siblings. Biological father left to USA when patient was 3yo. His current whereabouts are unknown, and has a poor relationship with patient. Patient currently in 12th grade (currently all Cs, failing math; previously A's & B's), has never failed any grades. Sexually active with current boyfriend for the past 3 months (has not disclosed her HIV status). Refers occasional use of condoms and that she wants to be a mom in the near future. Grandmother, a 79 year old, with multiple medical conditions and currently unemployed, economically depends on social security and "cupones". **Religion:** Catholic. No history of legal problems, denies access to firearms.

Developmental History: Born to a G1P1A0 mother who was poorly compliant with anti-retroviral meds during pregnancy, and had poor compliance with ob-gyn visits. No perinatal complications. Discharged home with mother 2 days after birth. Achieved all developmental milestones within expected parameters.

Mental Status: Patient appears her chronological age, seems tired, with lipodystrophic changes in her face, arms and trunk. Mood: sad, irritable on occasion, with congruent affect. Poor eye contact, non-spontaneous speech with low tone. Logic, coherent and relevant thought process.