MD Consulting Services LLC

Physicians Helping Attorneys Helping People™

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Newsletter

April 2025

This Month's Question:

Is there a Question of Below Standard Care in this Psychiatric Case?

MD Consulting Services Answer:

We were recently asked to consult on a case of a 39-year-old man who died by suicide 8 days after being treated for depression at a local medical clinic. He was seen at the clinic on May 2. At that appointment, the client completed a questionnaire in which he indicated a positive response to questions related to bipolar disorder. It is important to note that on the questionnaire in the Notes section there is an unsigned hand-written note stating, "I have had Bipolar Disorder in the past." In addition, on the questionnaire the client indicated a number of positive responses to questions related to depression. The client was asked about depression symptoms by his clinician during the visit. The doctor prescribed fluoxetine (Brand name Prozac) 20 mg per day for depression. The clinic note indicates he was to follow up by phone regarding the medication in 2 weeks and return to the clinic in 4-6 weeks. Unfortunately, the client died by suicide on May 13.

It was our opinion based on the medical record from the client's visit to the clinic and past medical records that on May 2 a diagnosis of Bipolar Disorder should have been made. If the diagnosis was not made, it should have certainly been entertained as a possible diagnosis. The client answered questions regarding both manic and depressive symptoms in the extreme positive in the questionnaire. Apparently the questionnaire was not read during his visit. He was not asked questions about possible manic symptoms

currently or in the past. In the Assessment/Plan section of the progress note the client is given an assessment of depression with no mention of possible Bipolar Disorder.

The reason this kind of evaluation and diagnosis is so critical is that it is well known, and should be common knowledge for prescribers, that an individual with Bipolar Disorder should not be given anti-depressant medication until that individual is protected from mood swings with a therapeutic blood level of a mood stabilizing medication such as lithium, valproic acid or olanzapine. In fact, in recent medical journal articles there are many papers questioning anti-depressant medication being used at all with Bipolar Disorder.

One of the most significant dangers of treating a patient with Bipolar Disorder with anti-depressants or giving an anti-depressant without the proper coverage with a mood stabling medication is that the anti-depressant can trigger rapid cycling episodes of mania and depression. In a depressed state suicidal thinking is possible and it was our opinion this is what happened in this unfortunate case. It was our further opinion the care given was below the community standard.

Let Us Know How We Can Help You

- Medical Summary Reports
- Help with strategies to promote medical theories
- Interpretation of meaning, or lack thereof, of medical reports & records
- Attendance at IME's
- Reviews of IME Reports
- Independent Record Reviews
- Assessment of case validity regarding medical issues
- Referral to appropriate expert medical witnesses
- Medical Research
- Facilitation of communication with clients, families, professionals and service & governmental agencies
- Case Coordination
- Facilitation of communication with treating doctors
- Table-side deposition assistance or deposition question preparation

As you know, **we have purposefully kept our fees exceptionally low** allowing you the opportunity to have us review your cases early in your representation while controlling your expenses.

CONTACT US for information or fee schedule.

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P.S. ---Please pass this Newsletter along to your colleagues.