

**IDENTIFICATION DATA:**

Name: A.H  
Age: 45 years old  
Sex: Male  
Race: Cambodian, ethnic Malay  
Religion: Islam  
Marital status: Married  
Occupation: Petty trader  
Address: Kuala Trengganu  
Date of interview: 6.9.2002  
Source of referral: Primary Health Clinic, KL.

**CHIEF COMPLAINTS:**

1. Feeling anxious
2. Easily lethargic
3. Unable to work like before

Worsening symptoms past 4 months.

## **HISTORY OF PRESENTING ILLNESS:**

A.H has been showing signs and symptoms of anxiety since 1986 and depressive symptoms since 1998.

He constantly worried over trifle events and became worse four months back. Upon hearing bad news, he would feel an immediate palpitation, chest discomfort, shortness of breath, trembling and sweating. These usually peaked within 10 minutes and slowly disappear over an hour or two after sitting or lying down.

His worst fear was feeling 'trapped' in heavy traffic. He remembered clearly the very first time he had such an 'attack'. The year was 1986 and he was on his way to an important meeting. As he was driving from Kuala Trengganu to Batu Buruk, the small road became more and more congested with cars, until it was hardly moving at all. A.H started to feel impatient as the time dragged and the traffic was still not moving. He would be late for his meeting and worried being scolded for not being punctual.

He started to sweat and felt very hot inside the car. He had to wind down the windows as he felt difficult to breathe, he also felt his heart beating very fast for no apparent reason. Suddenly he felt his hands shaking violently and he felt numb all over his arms and legs. He also felt dizzy as if he were going to faint. His initial thought was, "I am getting a stroke like my (late) father". He started to gasp for air and rushed out from his car clutching his chest. He was aware of a few people gathering around him and forcing him to sit down on the road side while sprinkling water on his face.

A.H was so fearful he thought he was going to die. He was driven to a nearby clinic where medical attention was given. He felt very much better after an hour later.

Since then, he had not dared to drive alone, always insisting his wife or a friend to accompany him. He preferred to travel during day time after peak hours in order to avoid heavy traffic. He would also circumnavigate to avoid any traffic lights. He felt very anxious in the event he was forced to wait at the traffic lights. A.H also realized he was turning down many social events. While previously he used to enjoy meeting up with friends during 'kenduri' (party), he now preferred to stay at home. He felt 'suffocated' and 'dizzy' when going to crowded places.

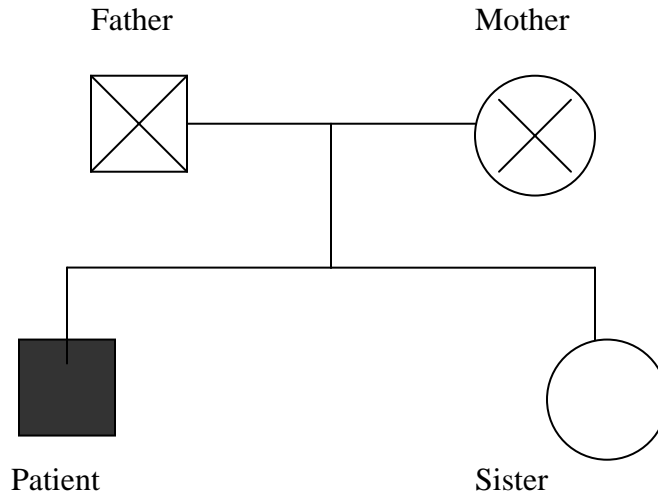
Throughout these years, A.H had seen many doctors: he had seen almost all the clinics in town, and many specialists to check his blood, had EEG, Angiogram and Stress test for his heart, chest X-rays for his lungs, CT-scan for his brain and various Endoscopic examination for his 'stomach ailments'.

All his test results were normal and 'not significant' enough to explain the extent of his symptoms. A.H spent a lot of money for the tests and yet 'disappointed' and frustrated that the doctors could not find a medical cause to his problems. He had even resorted to 'bomoh' and traditional treatments. As his symptoms persisted, he began to feel more and more devastated. He felt hopeless and thought he was going to die. He had persistent sadness over the past 4 months, losing interest, unable to sleep, poor appetite, always tired and lying on bed in the day time.

At times, he felt life was so unbearable with endless sufferings and no cure in sight, that he had contemplated suicide.

A.H had no significant past psychiatric, medical or surgical history.

### **FAMILY HISTORY**



#### **Father:**

Patient's father was born and raised in Cambodia. He worked selling clothes and fish. He was a man of few words, strict and authoritarian. Patient was scolded by him for minor misbehavior and frequently beaten too. He was nevertheless a responsible and protective father especially during the terror reign of the dictator Pol-pot.

He escaped with patient and his daughter to Thailand in 1987 before migrating to Malaysia. He lived with his daughter in Sungai Buloh till old age. He died of heart failure in 2000.

**Mother:**

She was born and lived in Cambodia. She was a home-maker and helped her husband in his business at times. Patient was closer to her than to his father. She was described as loving, caring and soft-spoken, patient could confide in her. When patient was about 20 years old, he was captured with his father by the Pol-pot regime and sent into the jungle for hard labor. He was thus separated from his mother. Later, he heard from a relative that his mother had died from ‘stomach problem’, he was very sad but denied persistent pathological grief.

**Sister:**

She was 10 years younger than patient and they were not very close to each other. She had married and had 2 children.

**PERSONAL HISTORY:**

**Birth and childhood history:**

A.H was born full term normal delivery at home by a midwife. He was not aware of any perinatal complications. He was comparable with other children of his age in terms of developmental milestone and academic achievement.

**Academic and occupational history:**

He started schooling at 6 years-old. He had a total of eight years of primary education in ‘Kamphong Luong’ and secondary education in ‘Preh Prah Nom’. He learned in English and French. His education was interrupted by the civil war in Cambodia in the 1970s.

He was 18 years-old when he was rounded up by the Pol-pot regime and forced to work in the jungle. He had seen soldiers killing many people in the street, leaving the mutilated bodies everywhere. He also saw his friends died from diseases and malnutrition while in the jungle. He was 22 years-old, in the year 1979, when Vietnam invaded Cambodia and overthrew the Pol-Pot regime. He escaped and was reunited with his family members. They decided to cross the border into Thailand and later sought asylum with the Malaysian government. They were transported to Pengkalan Chepa, Kelantan and lived as refugees for many months before allowed to live outside the camp. He was helped to set up a small business by a relatively wealthy Cambodian, and now earning RM1500 a month.

**Relationship and marital history:**

He was 26 years-old when married. His wife was also a Cambodian refugee aged 18 years-old then. It was an arranged marriage and they had 5 children now. Soon after marriage, A.H found no common interest with his wife. He felt she was 'lazy' and always wasted her time talking to neighbours rather than taking care of the household. He felt she was responsible for spoiling the children and not disciplining them well enough. His eldest son had turned rebellious, rather than helping him with his business, his son preferred to 'hang-out' with the village boys. A.H had suspected he was using 'ganja' (cannabis).

**PREMORBID PERSONALITY:**

A.H was a quiet, soft-spoken person. He did not like to share his problems with anybody including his wife. He was very meticulous and thought deeply before embarking on any ideas. He had some obsessive traits.

**CHRONOLOGY OF EVENTS:**

Year	Age (years)	Events
1957		Born in Cambodia
1963	6	1 <sup>st</sup> year primary school
1969	13	Started secondary school
1971	14	Schooling interrupted by civil war
1975	18	Living in jungle
1977	20	Mother passed away
1979	22	Patient and remaining family members left for Thailand and Malaysia
1983	26	Married
1987	30	1 <sup>st</sup> panic attack
1998	41	Worsening of illness
1999	42	1 <sup>st</sup> admission to HUKM. Diagnosed: GAD & MDD
2000	43	2 <sup>nd</sup> admission: Diagnosed: recurrent MDD
2002	45	3 <sup>rd</sup> admission (present) with worsening anxiety and depressive symptoms.

**MENTAL STATE EXAMINATION (9.9.2002)**

A.H is a middle aged man of average height but thin with sallow face. He is neat in hospital attire and can maintain good eye contact. Rapport is good although he is a little apprehensive initially.

He is soft-spoken, polite and forthcoming with coherent and relevant speech.

He is not easily distracted during the interview, and able to complete the serial-7 test.

He spoke very softly and slow at times, with remorse about unable to support his family.

His mood is depressed and congruent with thought.

He has no abnormal perceptions, he has normal cognitive functions and his intelligence is appropriate to his educational and social background.

He has good insight into his illness; acknowledging his symptoms, attributing them to his anxiety and depression and willing to seek help in order to become better.

All physical examination and relevant laboratory tests are normal.



**PROVISIONAL DIAGNOSIS:**

AXIS I:                   **300.21 Panic Disorder with Agoraphobia and comorbid  
296.22 Major Depressive Disorder, Single Episode, Moderate,  
Chronic.**

AXIS II:                   Some obsessive traits, difficulty expressing himself and unable to  
voice his anger.

AXIS III:                 No significant medical history.

AXIS IV:                 Marital discord with wife.  
Son's oppositional behavior and ?drug-taking.

AXIS V:                 Global Assessment of Functioning Scale = 51-60