

Patient Case:

A 34-year-old overweight AA female presents to clinic for mental health follow up. The patient lost her insurance due to losing her job and was not on any medications for 2-3 months, however she is now enrolled in a patient assistance program. Before losing her insurance, she was on Zoloft 50mg daily for anxiety and depression. She continues to have increased crying spells, panic attacks, and difficulty getting out of bed despite increasing sertraline 100mg about one month ago. She also complains of sexual dysfunction with sertraline. She has a history of substance use disorder 10 years prior and wants to avoid taking benzodiazepines if possible. PHQ-9 score was a 17 prior to dosage increase, however, now the score is 14.

PMH:

Major Depressive Disorder with anxious distress

GERD

HTN

Labs:

eGFR: 119

Glucose: 64

BUN: 12

Scr: 0.76

Na: 141

K: 4.5

Vitals:

BP 161/89

HR 80

Tmax 98

Current medications:

Sertraline 100mg daily

Omeprazole 20mg daily

HCTZ 12.5mg daily

Questions

1. If you wanted to keep the patient on an SSRI, which agent in that class would you use to decrease or potentially eliminate sexual dysfunction?
2. If you decide you want to switch the patient to another agent, what are 3 potential treatment options (select a specific agent and justify your answer)?
3. The patient has been on bupropion for 12 weeks and reports improvement in sexual dysfunction. The patient's anxiety has improved slightly but is not completely controlled. The depression symptoms have improved but have not reached remission. What are 3 potential treatment options for augmentation at this time?
4. The patient is still not in remission. She is now complaining of sleeping all day and eating more than usual despite bupropion. The patient takes 4-5 naps per day that last 30-60 minutes. The patient also states that she feels as though her mother does not want to speak to her anymore due to her excessive eating and weight gain. Which treatment option should be considered?