Mental Health Consult Case Study

Mid-life depression

Natalie, a 42-year-old in a monogamous, same-sex relationship, has been employed for 10 years as an executive administrative manager. Her primary care physician treats her for type II diabetes and hypertension. Both of these conditions are well-controlled by diet and exercise. She has no prior mental health history, nor significant past family history of mental illness. Natalie is a very calm individual and enjoys her work. She values her nuclear extended family, arranges family reunions, and is the "unofficial" family historian.

Natalie regularly receives her medical care in a local, suburban, medical interdisciplinary clinic where a nurse practitioner and physician regularly see patients for standard health maintenance visits and management of subacute conditions. At Natalie's most recent appointment, the nurse practitioner notes a positive screen on Natalie's PHQ-9 questionnaire. During the interview, Natalie further elaborates on her mood and general life outlook. "Things have been a bit rough. Work is going okay, and everything is okay with my partner, but I've just had very low energy, every day. It's hard to focus at work, and I haven't slept this poorly since final exam week in college. I guess you can say I'm sad, but it just doesn't feel quite like sad if you know what I mean. It's more like not being able to feel happy."

Natalie's screen is negative for anxiety, trauma, substance, or suicidal symptoms. She confirms that her depressive symptoms have been occurring for at least 2 months, with no change in menstrual cycle symptom severity. The nurse practitioner decides starting an antidepressant would be helpful, but Natalie resists. "I've never liked the idea of taking medications. I've managed all my conditions with diet and exercise, to date. I don't want to start taking medication now. My family is very spiritual. I -- and they -- believe in church, family, and prayer."

After a moment, Natalie continues. "If you say it's absolutely necessary, I'm willing to try a medication, but if it makes my conditions worse or turns me into a zombie I'm throwing it in the garbage."

The nurse practitioner ponders which one of the many possible antidepressants would be best for Natalie, concerned she has only "one shot" to get things right with this patient. She reviews the case with a colleague, who says, "Just pick one. They're all the same and have equal efficacy. Besides, the condition is limited. She will get over it in 3 months. You've spent 20 minutes talking to this lady! It's just a straight-forward depression."