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PSYCHIATRIC EVALUATION.

Re OJALA, George,
Date of Birth: January 29 1947.

August 28 1984.

IDENTIFYING DATA: This is a 37 years old white married male, the father of one child. The patient was seen on four occasions. Furthermore, his mother and his wife were interviewed and available medical records, mostly originated by the U.S.Veterans Administration were consulted.

CHIEF COMPLAINT: "What goes on within me is more than I can handle."

PRESENT ILLNESS: There is no evidence of mental illness until 1971. At that time, the patient, as an Air Force flight engineer in a helicopter in Vietnam was exposed to particularly heavy enemy fire. He responded to this fear in the same manner many of his colleagues did, namely by increasing his use of marijuana and whatever else was available. It was his perception that the combination of fear and drug effcts set in motion an alteration of his mind which has in essence remained present ever since.

Subsequently he lost a significant number of his buddies in combat. Since he was assigned to an Air Rescue and Recovery unit, he often had to fly particularly dangerous missions for the purpose of rescuing aircrews downed in enemy territory. It took him in fact several years before he was able to talk about his experiences on those missions. Even now it is difficult for him to do so.

He received several decorations, including the Distinguished Flying Cross.

Following the completion of his year of duty in Vietnam, he served the remainder of his military obligation out in the continental United States. Like many Vietnam combat veterans, he continued marijuana use after leaving the theatre of war. This eventually led to conflicts with his superiors and thereafter he was discharged.

At first he seemed to do well but within a year he began to experience a multitude of symptoms. Also, his family and friends had noticed definite pesonality changes in him. He began to isolate himself, felt often in a daze, had anxiety attacks and had diffi-

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MENTAL STATUS: The patient is a well-built, well developed white male, appearing perhaps a little younger than his stated age. Dress is conventional. He is oriented and alert, with no evidence of intoxications.

He speaks in a low monotone. Form of thought is loose, with many tangential thought sequences. He denies hallucinatory and delusional perceptions but does have "flashbacks" to Vietnam scenes. These can be provoked by noise and vibration resembling that typically produced by helicopter engines. Likewise, being on a speeding motorcycle reminds him vividly of being in a helicopter and can set off "flashbacks". There are significant violent fantasies of retaliation against people in general but none are directed against specific individuals.

Content of thought is thoroughly dominated by a perception of self as suffering, sick, incapacitated and not receiving the kind and amount of help required. There is also a strong feeling of "alienation" in that patient feels different from others and unable to fit in anywhere.

Affect is depressed and fearful of the future.

Intelligence is judged to be constitutionally above average. However, his depression and preoccupation with his emotional turmoil interfere with the full use of his capabilities.

Concentration and attentionspan are diminished. Memory is likwise impaired, both for remote and for recent material.

No abnormal motor phenomena or other gross evidence of neurological illness was observed.

CONCLUSIONS: There does not seem to be much question but that patient suffers from a disabling illness. His depressed affect, his ever present anger and retaliatory fantasies, his intolerance of other human beings, his combat memories and flashbacks and his physical pain together make it inconceivable that he could be gainfully employed in any way at the present time.

Likewise, there is no question at all but that he is in need of longterm psychotherapy; the only treatment modality that could reasonably be expected to be of help to him. The fact that past efforts to treat him have not been successful in no way negates the need for psychotherapy but it does underscore how difficult the case is. The need for treatment is likely to persist for the foreseeable future.

Diagnostically the issues are less clear. The medical records reflect a long list of different diagnoses, arrived at by clinicians at the various facilities where he has been seen.

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"Certain observations can at this time be made with confidence. His response to the various antipsychotic medications he has been given is quite atypical for schizophrenia. Whereas, classically, the schizophrenic patient has a high tolerance for the side effects of antipsychotics and derives benefit from these agents, the patient's response has been the exact opposite."

"The abnormal perceptions patient has on occasion reported in the past also are not characteristic for schizophrenia."

"The family history is entirely devoid of mental illness in so far as can be determined, again an unusual finding in schizophrenia."

All of the above observations are on the other hand consistent with a diagnosis of Post Traumatic Stress Disorder. There was no evidence of psychopathology prior to combat. There was unquestionable exposure to traumatic events outside of the range of usual human experience. There was a typical latent period immediately after combat during which no symptoms were evident. There are recurrent painful and intrusive recollections of combat scenes. Estrangement from others, following the patient's return from Vietnam was much in evidence. Impaired concentration remains a problem. Irritability and violent fantasies also are clearly present.

The diagnosis reached is therefor that of Post Traumatic Stress Disorder, Chronic, DSM-III 309.81

The patient is totally disabled as far as gainful employment is concerned. The prognosis is guarded, much will depend on the treatment he will receive in the future. The patient has been informed of the above findings and he shows good understanding of the issues, in particular of the need for treatment, in so far as it pertains to impulse control. While the patient currently is in fact able to contain violent impulses, he is under considerable pressure and this issue should be a focal point of future treatment efforts.

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