

Dr. Caterina Scarso
Medical Doctor, Specialist in Psychiatry

Clinical Report on Mr. Pizzarella Antonio

I visited Mr. Pizzarella Antonio for the first time today.

The visit was requested to assess his mental health status and was conducted at the patient's home due to his difficulty in leaving the house because of the pain symptoms he suffers from.

The patient provided a detailed account of his medical history, with the onset of pain symptoms in 2014, leading to a reported diagnosis of Pudendal Neuralgia in 2020. According to the patient, the clinical picture has worsened over time, with the extension and intensification of pain, resulting in a more recent diagnosis of Complex Pain Syndrome with a hypothesis of Central Sensitization of Pain. Over the years, numerous diagnostic tests and various attempts at pain management therapy have been reported, with only partial or temporary results so far. As part of his clinical journey, antidepressant therapy was also initiated, which is also indicated for pain management (current treatment reported with duloxetine 90 mg/day, amitriptyline drops 35, and Rivotril drops 20 in the evening). However, this too has had very limited and partial effects.

Over the years, due to the pain symptoms, the patient has experienced significant limitations in all areas of life: social, work, and recreational. Recently, he spends most of his time in bed, can only eat while standing, has difficulty washing himself, and even going out, as minimal physical stimuli seem to trigger intense and prolonged pain. He has maintained only phone contact with friends, as his ability to interact adequately with others depends heavily on the unpredictability of his clinical condition.

The patient's mother, with whom I spoke at the end of the visit, confirmed the poor quality of life of the patient and the difficulty they face as a family in providing an adequate response to their son's suffering.

The patient's experience of illness is currently characterized by feelings of anger and injustice, and the only area of emotional investment lies in the search for a solution to his problem or at least in achieving a reduction in symptoms.

The interview with the patient took place in his bedroom, with the patient lying down. During the physical examination, the patient appeared alert, lucid, and oriented in time and space. Spontaneous and fluent speech. No disturbances in thought processes or perception were noted. Mood was congruent with his situation, with depressive elements alternating with feelings of anger (related to his illness). Some signs of manifest anxiety were present. No self-harming or aggressive behavior toward self or others was observed. Sleep is reported to be preserved with the use of medication but poorly restorative due to frequent nightmares and vivid dreams. Appetite is preserved, but eating is hurried and done while standing.

The history and clinical picture are therefore indicative of a diagnosis of "ADJUSTMENT DISORDER WITH ANXIETY AND DEPRESSED MOOD."

I suggested to the patient the usefulness of initiating psychological support for better management of his clinical condition.

This certificate is requested by the patient on plain paper for purposes permitted by law.

Sincerely,
Dr. Caterina Scarso