Case Study #2

John is a 35 year old bartender who moved to Nashville from Puerto Rico when he was four years old. He has a Bachelor’s Degree in computer programming but has been unable to keep a job in that area. His paternal grandfather was an alcoholic and his maternal aunt and cousin have been treated for bi-polar disorder. His father has a very successful computer programming business and his mother is a full time homemaker. He has three older sisters and many cousins.

When he was 21, John experienced a month-long period when he was so depressed that he could not get out of bed or attend school. He was agitated, had trouble concentrating and avoided his family and friends. During this time he snorted cocaine and drank excessively to “snap out of it.” He ended up in the emergency room with alcohol toxicity and withdrawal symptoms and was admitted to the mental health unit for evaluation and treatment. He was diagnosed with major depression, was given Paxil and was referred to an outpatient therapist. He was able to return to school and obtain his degree. His use of cocaine stopped and he only drank occasionally on weekends.

When John was 26 he began having racing thoughts, stopped sleeping and went on spending sprees to the point that he maxed out two credit cards and his family had to pay them off. He obtained Klonopin and Ambien from his doctor to help with his sleep and he began drinking after work and started using cocaine. His mood began to cycle from racing thoughts to grandiosity. He became distracted from tasks at work and was unable to complete projects as he would jump from one thing to another. His mood was so euphoric that he, again, would go on spending sprees and host elaborate parties for his friends. He engaged in frequent unprotected sex. He exercised to the point that he developed a stress fracture of his tibia.

John has experienced these periods of elevated mood for as many as 3 weeks in duration. When they occur, his tolerance for alcohol and cocaine is enormous. He is currently in the hospital after being treated for alcohol poisoning for the second time; his friends gave him a birthday party and they played a game of one shot for each year. John does not believe that his use of alcohol or cocaine is problematic at this time. He is believes that if he gets his euphoric mood under control, he will be able to control his use of cocaine and alcohol. He is willing to work on a medication adjustment but is not willing to go for inpatient treatment at this time.

His family has been paying his expenses so he can keep his apartment and put gas in his car. His family is very supportive of him and will supplement his income when he is short of funds. They are concerned about his hospitalization and they are embarrassed that he is not using his degree. They want his medications adjusted and are supportive of him going into residential treatment. They have not attended any of the family education sessions offered at the hospital.
Of course, one doesn’t have the whole picture when reading a case study, but with the information provided and assuming John is diagnosed with a substance use disorder, which of the following do you think would be the appropriate co-occurring DSM-5 diagnosis for him?

- bipolar I  
- bipolar II  
- major depressive disorder  
- SUD only; no COD

What criteria support this diagnosis?