Tyrrell is a 24 year old African American male who is enrolled at the local community college part time and is struggling to stay in school. He was diagnosed with Attention Deficit Disorder when he was 7 and was prescribed Ritalin until age 18. He frequently leaves class because he feels too confined and nervous. He has difficulty staying on task, is frequently irritable, has trouble falling asleep at night and is constantly worried about something. He complains of feeling tense and tired. He is very restless and paces when he talks. He is having trouble concentrating in class and his grades are slipping.

Recently, Tyrrell experienced two episodes where he went to the emergency room because he felt like his heart was going to explode and he was feeling like he was going to choke. He was trembling, experienced shortness of breath and was given Ativan, which quickly relieved his symptoms. Tyrrell spends most weekends with his friends playing basketball, watching sports, and drinking beer. He often drinks 1-2 six packs in a sitting, smokes about 3-4 joints a day and takes Ativan more often than prescribed. When he runs out he buys it from some people on campus. He started smoking pot at age 14 and he believes that it calms him down.

Tyrrell recently was found unconscious in his car in the campus parking lot. The campus police took him to the emergency room where he regained consciousness. His speech was slurred, he was unable to walk a straight line, his BAC was 0.12 and his urine was positive for marijuana, benzodiazepine, and opiates. The campus police arrested him for OUI. His parents were called and he was sent home with an appointment to meet with the Dean of Students the next day. Tyrrell is worried about losing his driver’s license and is concerned about his performance at college, but does not see his substance use as a problem; he sees it as a solution to what he is feeling.

Upon his evaluation in the ER, Tyrrell appeared thin for his height and his clothes were rumpled and worn. He had difficulty maintaining eye contact as he was constantly scanning the room. He was cooperative, restless and seemed in a hurry to go home. He stated that most days he feels irritable, has difficulty sleeping, and that he is always worried about something. He claimed to be experiencing these symptoms during the past year. His affect was constricted as he appeared keyed up and on edge. His speech was rapid, loud and he would answer before the question was completed. He had racing thoughts and could be tangential at times.

Tyrrell appeared to have above normal intelligence, his memory appeared intact as he could remember 3 words after 7 minutes, his concentration was poor, and he denied any suicide or homicide ideation or attempts. He was oriented to time, date and place. He admitted to fears of heights, animals and germs; seems to have little insight to his substance misuse or how it is affecting his life. He believes that he has too much stress and his family expects a lot from him. His judgment appears to be impacted by his substance use and he seeks relief from stress through high risk behaviors, such as binge drinking, gambling, and drag racing.
Of course, one doesn’t have the whole picture when reading a case study, but with the information provided and assuming Tyrell 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?

☐ general anxiety disorder  ☐ panic disorder  ☐ social anxiety disorder  ☐ SUD only; no COD

What criteria support this diagnosis?