

[REDACTED]

18 Sept 2019

Minter Ellison

Attn: [REDACTED]

RE: MS Nicola Gobbo [REDACTED]

Thank you for your mail of 16 .9.2019.

Please refer to my medical report dated 1.9.2019.

Ms Gobbo first consulted my [REDACTED] on 8.1.2019. He diagnosed her to have [REDACTED] I have access to the medical notes and medications prescription of Dr [REDACTED]

I am aware from Dr [REDACTED] medical notes that your client has a history of [REDACTED] stroke and subsequently diagnosed with [REDACTED] and receiving treatment from Dr [REDACTED] and the medications prescribed included [REDACTED] for a few years.

Dr [REDACTED] prescribed her medication regime for her [REDACTED] and included in his regime [REDACTED]

Subsequently she continued to consult Dr [REDACTED] on the following dates:

29.1.2019
18.2.2019
1.3.2019
8.3.2019
21.3.2019
18.4.2019
21.5.2019
21.6.2019
19.7.2019
20.8.2019
29.8.2019
1.7.2019
17.9.2019

The medication regime prescribed by Dr [REDACTED] always included the [REDACTED] but the dosage was [REDACTED]

I came into the picture only on 12.4.2019 as there was concern that her Depression was deteriorating despite the increased dosing as well as intensive psychotherapy with her therapist [REDACTED] I decided to add mood stabilizers [REDACTED] to her medication regime.

[REDACTED]

I followed her up on 5.7.2019, 29.8.2019 (where psychometric tests BDI-II and BAI) were administered. My last consult was on 6.9.2019.

Meanwhile Dr [REDACTED] has substituted a more potent antidepressant, DULOXETENE 60 mg to her regime. She was also complaining of drowsiness with memory loss from the [REDACTED] and thus discontinued.

In response to your questions in your email:

- 3) I assessed her to struggle with Depressive symptoms notwithstanding the regular use of antidepressant as well as psychotherapy.
- 4) Major Depressive Disorder. I annex the psychometric test BDI-II and BAI (administered on 29.8.2019)
- 5) The psychiatric disorder have been associated with crippling physiological symptoms of loss of energy, disruptive sleep, irritability, loss of appetite, concentration problem and fatigue in addition to the anhedonia and loss of self-worth.
- 6) The sense of social isolation, loss of volition and the uncertainty [REDACTED] and feeling of pessimism progressively aggravated her health. Environmental Stress serve only to worsen her physical and mental health.
- 7) No she's not actively suicidal
- 8) Since my first consult with her I have not seen any visible improvement
- 9) The precariousness of her social situation and the continued isolation could only aggravate her mental state.
- 10) She's helpless with regard to her capacity to improve her condition as she's the recipient of events beyond her control. This feeling of helplessness and hopelessness would aggravate her Depression and kept her in a vicious cycle of despair and emotional paralysis. Hence I couldn't foresee her having the resilience to make changes to her life and [REDACTED]

Conclusion: Given the narrative above and the endeavour to help her I conclude that we are at a stage of therapeutic nihilism.



[REDACTED]

1 Sept 2019

TO WHOM IT MAY CONCERN

RE: Nicola Gobbo
[REDACTED]

The above-named was first referred by her psychologist [REDACTED] in April/May 2019 for symptoms of clinical Depression and Anxiety. She has been receiving ongoing weekly therapy and crisis intervention from [REDACTED] since March 2019 before referral to my office.

My evaluation of her mental state affirmed [REDACTED] assessment and I suggested that Ms Gobbo added antidepressant and mood stabilizers [REDACTED] to her medication regime. She was also concomitantly treated for [REDACTED]

It was evident to all her specialists and therapist that the aetiology and perpetuating circumstances of her protracted Depression and Anxiety was her living circumstances [REDACTED] characterized by her precarious existence [REDACTED]

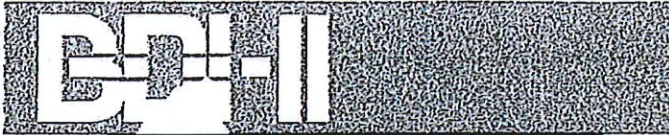
- i. She [REDACTED] live in "social isolation" without any viable social network of support [REDACTED] resulting in [REDACTED]
 - ii. She [REDACTED] separated from her partner [REDACTED] for an indefinite period of time with no time line given as to when they could be re-united
 - iii. She lives under some "veiled threat" that she [REDACTED] safety are under some sort of risk and that [REDACTED] or else she [REDACTED]
 - iv. She finds herself deteriorating progressively ("vegetating") in her intellectual and psychological functioning because she couldn't engage in any meaningful activity or access any emotional support other than [REDACTED]
 - v. There is nothing absolutely for her to do [REDACTED] but to "wait and wait" with no autonomy to make decisions for her [REDACTED]
- [REDACTED]

I have seen her at intervals over the past 6 months to monitor her response to treatment and to change the medication regime but there has been no improvement at all. Her Specialist has also prescribed strong antidepressant as part of the treatment regime but her psychiatric disorder remained impervious to all forms of pharmacological intervention.

My most recent review of her condition on 29.8.2019 indicated that she's not responding to pharmacological intervention (affirmed by the BDI-II and BAI test results attached) and the legitimate concern is that though she's not actively suicidal, the impasse in her status quo position could decompensate and cause a psychotic breakdown.

Her recovery therefore hinges on her she would be able to access support from family and friends.





Nicola Gobbo

Name:

Sex: F

Occupation:

Education: BA/UB (HONS) ULM

Instructions: This questionnaire consists of 21 groups of statements. Please read each group of statements carefully, and then pick out the one statement in each group that best describes the way you have been feeling during the past two weeks, including today. Circle the number beside the statement you have picked. If several statements in the group seem to apply equally well, circle the highest number for that group. Be sure that you do not choose more than one statement for any group, including Item 16 (Changes in Sleeping Pattern) or Item 18 (Changes in Appetite).

1. Sadness

- 0 I do not feel sad.
- 1 I feel sad much of the time.
- 2 I am sad all the time.
- 3 I am so sad or unhappy that I can't stand it.

2. Pessimism

- 0 I am not discouraged about my future.
- 1 I feel more discouraged about my future than I used to be.
- 2 I do not expect things to work out for me.
- 3 I feel my future is hopeless and will only get worse.

3. Past Failure

- 0 I do not feel like a failure.
- 1 I have failed more than I should have.
- 2 As I look back, I see a lot of failures.
- 3 I feel I am a total failure as a person.

4. Loss of Pleasure

- 0 I get as much pleasure as I ever did from the things I enjoy.
- 1 I don't enjoy things as much as I used to.
- 2 I get very little pleasure from the things I used to enjoy.
- 3 I can't get any pleasure from the things I used to enjoy.

5. Guilty Feelings

- 0 I don't feel particularly guilty.
- 1 I feel guilty over many things I have done or should have done.
- 2 I feel quite guilty most of the time.
- 3 I feel guilty all of the time.

6. Punishment Feelings

- 0 I don't feel I am being punished.
- 1 I feel I may be punished.
- 2 I expect to be punished.
- 3 I feel I am being punished.

7. Self-Dislike

- 0 I feel the same about myself as ever.
- 1 I have lost confidence in myself.
- 2 I am disappointed in myself.
- 3 I dislike myself.

8. Self-Criticalness

- 0 I don't criticize or blame myself more than usual.
- 1 I am more critical of myself than I used to be.
- 2 I criticize myself for all of my faults.
- 3 I blame myself for everything bad that happens.

9. Suicidal Thoughts or Wishes

- 0 I don't have any thoughts of killing myself.
- 1 I have thoughts of killing myself, but I would not carry them out.
- 2 I would like to kill myself.
- 3 I would kill myself if I had the chance.

10. Crying

- 0 I don't cry any more than I used to.
- 1 I cry more than I used to.
- 2 I cry over every little thing.
- 3 I feel like crying, but I can't.

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Continued on Back



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11. Agitation

- 0 I am no more restless or wound up than usual.
- 1 I feel more restless or wound up than usual.
- 2 I am so restless or agitated that it's hard to stay still.
- 3 I am so restless or agitated that I have to keep moving or doing something.

12. Loss of Interest

- 0 I have not lost interest in other people or activities.
- 1 I am less interested in other people or things than before.
- 2 I have lost most of my interest in other people or things.
- 3 It's hard to get interested in anything.

13. Indecisiveness

- 0 I make decisions about as well as ever.
- 1 I find it more difficult to make decisions than usual.
- 2 I have much greater difficulty in making decisions than I used to.
- 3 I have trouble making any decisions.

14. Worthlessness

- 0 I do not feel I am worthless.
- 1 I don't consider myself as worthwhile and useful as I used to.
- 2 I feel more worthless as compared to other people.
- 3 I feel utterly worthless.

15. Loss of Energy

- 0 I have as much energy as ever.
- 1 I have less energy than I used to have.
- 2 I don't have enough energy to do very much.
- 3 I don't have enough energy to do anything.

16. Changes in Sleeping Pattern

- 0 I have not experienced any change in my sleeping pattern.
- 1a I sleep somewhat more than usual.
- 1b I sleep somewhat less than usual.
- 2a I sleep a lot more than usual.
- 2b I sleep a lot less than usual.
- 3a I sleep most of the day.
- 3b I wake up 1-2 hours early and can't get back to sleep.

17. Irritability

- 0 I am no more irritable than usual.
- 1 I am more irritable than usual.
- 2 I am much more irritable than usual.
- 3 I am irritable all the time.

18. Changes in Appetite

- 0 I have not experienced any change in my appetite.
- 1a My appetite is somewhat less than usual.
- 1b My appetite is somewhat greater than usual.
- 2a My appetite is much less than before.
- 2b My appetite is much greater than usual.
- 3a I have no appetite at all.
- 3b I crave food all the time.

19. Concentration Difficulty

- 0 I can concentrate as well as ever.
- 1 I can't concentrate as well as usual.
- 2 It's hard to keep my mind on anything for very long.
- 3 I find I can't concentrate on anything.

20. Tiredness or Fatigue

- 0 I am no more tired or fatigued than usual.
- 1 I get more tired or fatigued more easily than usual.
- 2 I am too tired or fatigued to do a lot of the things I used to do.
- 3 I am too tired or fatigued to do most of the things I used to do.

21. Loss of Interest in Sex

- 0 I have not noticed any recent change in my interest in sex.
- 1 I am less interested in sex than I used to be.
- 2 I am much less interested in sex now.
- 3 I have lost interest in sex completely.

28 Subtotal Page 2

14 Subtotal Page 1

42 Total Score (severe depression)

BIBAI

NAME _____

Below is a list of common symptoms of anxiety. Please carefully read each item and indicate how often you experienced each symptom during the PAST WEEK, INCLUDING TODAY, by placing an X in the corresponding space in the column next to each symptom.

	NOT AT ALL	MILDLY <small>It did not bother me much.</small>	MODERATELY <small>It was very unpleasant but I could stand it.</small>	SEVERELY <small>I could barely stand it.</small>
1. Numbness or tingling.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Feeling hot.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Wobbliness in legs.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Unable to relax.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Fear of the worst happening.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Dizzy or lightheaded.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Heart pounding or racing.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Unsteady.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Terrified.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Nervous.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Feelings of choking.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Hands trembling.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Shaky.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Fear of losing control.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Difficulty breathing.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Fear of dying.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Scared.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
18. Indigestion or discomfort in abdomen.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
19. Faint.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Face flushed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Sweating (not due to heat).	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Total: 18 (Moderate Anxiety) - (16-25)



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