DEPARTMENT OF THE NAVY
BOARD FOR CORRECTION OF NAVAL RECORDS
2 NAVY ANNEX
WASHINGTON DC 20370-5100

JRE
Docket No. 07329-02
11 September 2003

[redacted]

[redacted]

This is in reference to your application for correction of your naval record pursuant to the provisions of title 10 of the United States Code, section 1552.

A three-member panel of the Board for Correction of Naval Records, sitting in executive session, considered your application on 11 September 2003. Your allegations of error and injustice were reviewed in accordance with administrative regulations and procedures applicable to the proceedings of this Board. Documentary material considered by the Board consisted of your application, together with all material submitted in support thereof, your naval record and applicable statutes, regulations and policies. In addition, the Board considered the advisory opinion furnished by Specialty Leader for Psychiatry dated 28 July 2003, a copy of which is attached.

After careful and conscientious consideration of the entire record, the Board found that the evidence submitted was insufficient to establish the existence of probable material error or injustice. In this connection, the Board substantially concurred with the comments contained in the advisory opinion. Accordingly, your application has been denied. The names and votes of the members of the panel will be furnished upon request.

It is regretted that the circumstances of your case are such that favorable action cannot be taken. You are entitled to have the Board reconsider its decision upon submission of new and material evidence or other matter not previously considered by

the Board. In this regard, it is important to keep in mind that a presumption of regularity attaches to all official records. Consequently, when applying for a correction of an official naval record, the burden is on the applicant to demonstrate the existence of probable material error or injustice.

Sincerely,

W. DEAN PFEIFFER
Executive Director

National Naval Medical Center

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28 Jul 03

FROM: Staff Psychiatrist
TO: Chairman, Board for Correction of Naval Records

SUBJ: COMMENTS AND RECOMMENDATION THE CASE OF FORMER [redacted]

Ref: (a) 10 U.S.C. 1552
(b) Chairman, BCNR ltr of 6 Nov 02 and attachments
(c) The Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition. Washington: American Psychiatric Association, 1994.

Encl: (1) Findings from Review of [redacted] VAMC Examination Report
(2) Pertinent Entries From the Military Medical Record
(3) Interpretation of Pertinent Entries From The Military Medical Record

1. This letter is written in response to reference (b), requesting general comments and recommendations on this case. Having reviewed available materials, I believe there are three key issues at issue:

(a) Do the VA records support a diagnosis of Bipolar Disorder?

(b) Do the USN records suggest a missed diagnosis of Bipolar Disorder?

(c) If the answer to (a) is yes and the answer to (b) is no, do the USN records reflect an early stage of psychopathology which later manifested itself as Bipolar Disorder -- supporting a determination of service connection for the VA's diagnosis of Bipolar Disorder?

2. Comments on each identified issue

(a) Do the VA records support a diagnosis of Bipolar Disorder?

(1) Short answer: **perhaps**

(2) Per Reference (b) Mr. Wolfram has been treated since the late 1980's by [redacted], and Bell and was assessed on 1 April 2002 by [redacted] The latter assessment is the only one available to me for review.

(3) Details of my review are contained in Enclosure (1). Briefly, [redacted]'s documentation provides modest support for a diagnosis of Bipolar Disorder and does not preclude the presence of a personality disorder.

(b) Do the USN records suggest a missed diagnosis of Bipolar Disorder?

(1) Short answer: **not in my opinion**

(2) I reviewed Mr. Wolfram's entire military medical record dating from his initial enlistment. There are numerous pertinent entries, described in detail in Enclosure (2).

(3) A detailed interpretation of these entries is contained in Enclosure (3). Briefly, the documentation strongly supports a diagnosis of a personality disorder. Some documented symptoms (e.g. depressed mood, irritability) are also seen in major mood disorders (such as Bipolar Disorder), but the documented time course, context, and pattern is much more consistent with a personality disorder than with a major mood disorder.

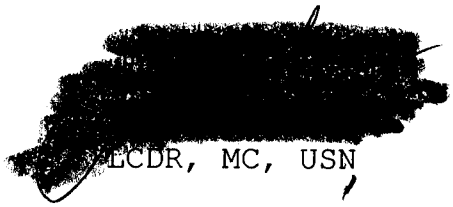
(c) If the answer to (a) is yes and the answer to (b) is no, do the USN records reflect an early stage of psychopathology which later manifested itself as Bipolar Disorder -- supporting a determination of service connection for the VA's diagnosis of Bipolar Disorder?

(1) Short answer: **not in my opinion**

(2) The sum of the USN and VA documentation suggests the ongoing presence of a personality disorder beginning early in life, continuing throughout Mr. Wolfram's enlistment, and persisting to this day.

(3) If Bipolar Disorder is indeed present now, the record suggests that it is a newly emerging condition appearing on top of the longstanding personality disorder. Such a scenario is not rare.

(4) The condition documented in the military medical record was described in several reports as "lifelong" and there is no evidence in the record that military service worsened Mr. Wolfram's condition. Should the BCNR choose to connect the current diagnosis of Bipolar Disorder with Mr. Wolfram's condition during Naval service, the record supports a determination of EPTE-NSA.



LCDR, MC, USN

Findings from Review of [redacted] VAMC Examination Report

1. [redacted]s report contains the following:

a. A notation that the patient has seen three other doctors, each of whom has diagnosed him with Bipolar Disorder. A notation that that Dr. [redacted] report was accompanied by "a good description of the typical symptomatology". No details are included.

b. History obtained from the patient: "high anxiety and deep depression... irritable... hateful, resentful, and paranoid... poor sleep... does not mix well with people because of his paranoia and because of his intrusiveness."

c. Mental status examination: "unshaven and is clearly in a labile mood... hypertalkative with a push of speech and intrusiveness... with a rather lengthy statement in support of his claim. It is rather wordy and defensive. He is circumstantial but does not show impairment of thought process. His communication, however, is rambling and loquacious. He reports no delusions or hallucinations, although he labels himself paranoid. He reports no suicidal or homicidal thoughts now, although he states he could have been homicidal in the past. His personal hygiene is marginal... He has a tendency to be obsessive, defensive, and argumentative. He reports mood swings with panic and anxiety attacks and poor sleep."

d. An Axis I diagnosis of "Bipolar affective disorder" (sic) with supportive findings

e. No Axis II diagnosis: "Nowhere is there an indication of a secondary diagnosis. The diagnosis of avoidant personality disorder is not sustained by virtue of lack of supporting evidence to substantiate this diagnosis. Rather, it is classically that of a bipolar affective disorder sustained over a longitudinal period of time."

2. In my opinion Dr. Pardo's diagnosis of Bipolar Disorder is not fully supported and the diagnosis of Personality Disorder is not fully excluded.

a. Several features of depressive and manic episodes are noted but they are not given a time course. The record does not document and characterize episodes of mood disturbance as

required to meet DSM-IV criteria for Bipolar Disorder - see Reference (c). Contrary to Dr. [redacted] statement, sustained symptomatology is not a classic feature of the bipolar disorders.

b. In contrast, sustained symptomatology is a key feature of the personality disorders. Many of the symptoms Dr. [redacted] documents (sustained irritability, paranoia, not mixing well with people) are seen in personality disorders, including the one (Avoidant Personality Disorder) with which the Navy psychiatrists diagnosed this patient. The symptoms are not fleshed out in sufficient detail in Dr. [redacted] examination to confirm a personality disorder diagnosis, but this diagnosis cannot be ruled out on the basis of the contents of this report.

c. The report does not address the possibility of an Axis II condition being present simultaneously with an Axis I condition such as a bipolar disorder. Such comorbidity is not uncommon.

Pertinent Entries
From The Military Medical Record

1. The record contains SF93's ("Report of Medical Examination") for the following dates: 15 September 1975, 24 July 1978, 24 July 1980, 19 March 1981, and 6 October 1983. Each report deems the patient psychiatrically "normal".

2. The record contains a number of entries regarding mental health symptoms. A synopsis of each one is listed below.

a. 24 July 1981 report by [redacted] (psychiatrist). The documented history notes (a) a lifelong difficulty controlling anger, being vengeful, with a history of fighting and four NJP's during his first enlistment, (b) occasional suicidal ideation without intent, and (c) low self-esteem. The mental status examination describes the patient's mood as "concerned" with appropriate affect, "not psychotic", "insight poor", "judgment quite impulsive." [redacted] diagnosis is "Avoidant Personality Disorder with explosive features."

b. 15 March 1982 entry by LCDR [redacted] (sick call physician), noting "still explosive - personality disorder at work - claims he does not just like anybody at the shop - Refer back to MHC"

c. 17 March 1982 report by [redacted] (psychiatrist). The documented history notes "explosive features in his personality", feeling "very distrustful of many people in many situations", and having "arguments frequently". The mental status examination is documented as follows: "He was alert, cooperative, and in no distress. His speech was clear and he was quite expressive of his feelings. There were no loosened thought associations. Affect was full range and appropriate to his concerned mood. There was no depression, suicidal ideation, homicidal ideation, evidence of hallucinations or delusions. He was oriented with memory intact." The impression is documented as follows: "It is clear that there is a pervasive and unwarranted suspiciousness and mistrust of people. He is clearly hypersensitive to his situation. It is possible that this could form a personality disorder. There is no evidence of psychosis." Therapy was recommended, but there is no subsequent notation that this occurred.

d. 14 March 1983 evaluation by Dr. [redacted] (sick call physician), noting "Patient relates two episodes of conflicts with co-workers and superiors... unable to express anger. Feels he might hurt others." The mental status examination is documented as follows: "thought process coherent, memory intact; however relates in an immature, childlike manner. Judgment and insight somewhat limited. Not suicidal." The assessment is "Immature personality disorder with situational stress."

e. 15 March 1983 brief MHC entry by [redacted] "testing"

f. 17 March 1983 brief MHC entry by [redacted] - "initial evaluation"

g. 17 March 1983 report by [redacted], noting "marked difficulty in interpersonal relationships which has been a life long problem for him" and other similar descriptions. Mental status documented the following: "mood was markedly dysphoric with a concerned and tense affect... there was no evidence of a thought disorder or current suicidal ideation... Thought content centered on his unhappiness and difficulty controlling his anger and being successful in personal relationships." The diagnosis was "Avoidant Personality Disorder with paranoid features."

h. 21 March 1983 brief MHC entry by [redacted] - "individual psychotherapy"

i. 28 March 1983 brief MHC entry by [redacted] (unclear - possibly individual psychotherapy)

j. 4 April 1983 brief MHC entry by [redacted] - "individual psychotherapy"

k. 11 April 1983 brief MHC entry by [redacted] - "individual psychotherapy"

l. 18 April 1983 brief MHC entry by [redacted] - "individual psychotherapy"

m. 25 April 1983 brief MHC entry by [redacted] - "individual psychotherapy"

n. 16 May 1983 brief MHC entry by [redacted] - "individual psychotherapy"

o. 22 August 1983 brief MHC entry by [redacted] "individual psychotherapy"

Interpretation of Pertinent Entries From The Military Medical Record

1. There is remarkable consistency across time and between the two psychiatrists and one general physician who describe Mr. Wolfram's psychiatric symptoms. These symptoms -- primarily problems of interpersonal discord and difficulty managing anger -- are described as nearly constant in severity over the three years of documentation. The problems are clearly described as "lifelong" -- a characteristic of personality disorders.

2. Multiple general medical entries (be they sick call notes or one of five SF93's) reveal no psychiatric symptoms. A condition as severe as Bipolar Disorder would be manifest not only in specialty visits but in general medical visits as well.

3. The symptoms documented in the mental health assessments meet DSM-IV criteria for a personality disorder -- see Reference (c). The symptoms documented do not meet DSM-IV criteria for either manic, hypomanic, major depressive, or mixed episodes -- essential ingredients for an Axis I mood disorder (including one of the bipolar disorders).