

Rating Decision

Department of Veterans Affairs
Cleveland Regional Office

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03/25/98

NAME OF VETERAN

MICHAEL J. LAKE

VA FILE NUMBER

[REDACTED]

SOCIAL SECURITY NR

[REDACTED]

POA

None

ISSUE:

Evaluation of bipolar disorder, currently evaluated as 50 percent disabling.

EVIDENCE:

Outpatient treatment reports from the Toledo VA Clinic and Ann Arbor VA Medical Center for the period 5-1-95 to 10-20-97.

Report of VA examination dated 9-23-97 from the Cleveland VA Medical Center.

VA rating decision dated 1-8-98.

Letter to veteran dated 1-13-98.

DECISION:

Evaluation of bipolar disorder, which is currently 50 disabling, is decreased to 30 percent effective 6-1-98.

REASONS AND BASES:

The evaluation of bipolar disorder is decreased to 30 percent effective 6-1-98, the first day of the third month following the month in which notice of this decision will be mailed to the veteran. An evaluation of 30 percent is granted whenever there is occupational and social impairment with occasional decrease in work efficiency and intermittent periods of inability to perform occupational tasks (although generally functioning satisfactorily, with routine behavior, self-care, and conversation normal), due to such symptoms as: depressed mood, anxiety, suspiciousness, panic attacks (weekly or less often), chronic sleep impairment, mild memory loss (such as forgetting names, directions, recent events). A higher evaluation of 50 percent is not warranted unless there is reduced reliability and productivity due to such symptoms as: flattened affect; circumstantial, circumlocutory, or stereotyped speech; panic attacks more than once a week; difficulty in understanding complex commands; impairment of short- and long-term memory (e.g., retention of only highly learned material, forgetting to complete tasks); impaired judgment; impaired abstract thinking; disturbances of motivation and mood; difficulty in establishing and maintaining effective work and social relationships.

This condition was previously rated according to disability evaluation criteria which are no longer in effect. Such changes in evaluation criteria cannot be used as grounds for reduction unless medical evidence establishes that the disability to be evaluated has actually improved. This disability has undergone actual improvement and is therefore not protected under this provision of the law. Prior to a change in the VA rating schedule in 11-96, an evaluation of 30 percent was granted whenever there was indication of definite impairment of social and industrial adaptability. A higher evaluation of 50 percent was not warranted unless evidence demonstrated considerable impairment of social and industrial adaptability.

The prior VA rating decision dated 1-8-98 proposed to reduce the evaluation of the bipolar disorder from 50 percent to 30 percent disabling based on the information contained in the outpatient treatment reports from the Toledo VA Clinic and Ann Arbor VA Medical Center for the period 5-1-95 to 10-20-97 and the report of VA examination dated 9-23-97 from the Cleveland VA Medical Center. The outpatient treatment reports for the

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MICHAEL L LAKE	██████████	██████████	None

period 5-1-95 to 10-20-97 show the vet was treated for his mental disorder, currently assessed as schizoaffective disorder. He is taking medications for this condition. When seen in 10-96, he reported he stopped **going** to school because he could not concentrate and his mind goes blank during testing. When seen in 6-97, he was properly groomed, alert, calm and coherent. He reported he was working 40 hours a week in electronics, and that he had no psychiatric problems in spite of the fact that he occasionally misses taking his medications. when seen in 10-97, he had no psychiatric complaints. He was doing very well on his medications, and reported he was doing part time work. The report of VA examination dated 9-23-97 shows the veteran is currently taking Lithium Carbonate and Risperdal for his mental condition. He complained of difficulty concentrating and some on and off depression. He reported some compulsive behaviors and a history of auditory hallucination 2 months ago. His speech was relevant and coherent. He was oriented to time, place and person. Memory for recent and past events was intact. He was anxious and tense throughout the interview. His insight and judgment were good. His intelligence was estimated to be in the average range. He was able to give abstract meanings to proverbs. Relationship problems were noted as a psychosocial problem. Diagnosis was schizoaffective disorder in partial remission. Global Assessment of Functioning Scale was estimated at 75, which is indicative of symptoms, if present, that are transient and expectable reactions to psychosocial stressors, with no more than slight impairment in social, occupational, or school functioning. It was noted a prior VA rating decision dated 10-11-95 increased the evaluation of the bipolar disorder from 30 percent to 50 percent effective 5-17-95 based on the information contained in the report of hospitalization from 5-17-95 to 6-2-95 at the Ann Arbor VA Medical Center. The hospital report showed the vet was admitted due to disorganized thought. He was somewhat disheveled and had pressured speech. Thought processes were grandiose and tangential. His compliance with medications was questionable. His thought processes became more goal directed within a few days after his medication levels were adjusted. His ability to communicate with staff and other patients greatly improved during the course of hospitalization. However, he continued to have bizarre thoughts and theories. with the degree thought disorder the vet was having, it was felt his condition was actually a schizoaffective disorder rather than a bipolar affective disorder.

The findings contained in the outpatient treatment reports from the Toledo VA Clinic and **Ann** Arbor VA Medical Center for the period 5- 1-95 to 10-20-97 and in the report of VA examination dated 9-23-97 from the Cleveland VA Medical Center, when compared to the findings contained in the report of hospitalization from 5-17-95 to 6-2-95 at the Ann Arbor VA Medical Center, show there has been a sustained improvement in the veteran's mental disorder. The most recent findings described above do not support the continuation of a 50 percent disability evaluation for the veteran's mental disorder. This condition currently causes no more than a definite impairment of social and industrial adaptability.

The veteran was notified of the proposed decision and of his due process rights under the law in a letter dated 1-13-98. He did not respond to this letter within the 60 day period specified in the letter, so it must be assumed he does not want a personal hearing and has no additional evidence to submit to show why the proposed decision should not be implemented.