Psychiatric Disorder Due To General Medical Conditions

David A. Beck, M.D., F.A.C.P.
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- General Overview
  - The differential diagnosis for a mental syndrome in a patient should always include consideration of any general medical disease or disorder a patient may have.
  - Additionally, any prescription, non-prescription or illegal substances a patient is taking should be considered.

- Delirium – Clinical Description and Course
  - Impaired memory function
  - Hypoactive or hyperactive
  - Key Features
    - Rapid onset of mental confusion hours to days
    - Rapid fluctuations in the severity of symptoms

- Delirium – Clinical Description and Course
  - The morbidity and mortality associated from unrecognized or untreated delirium are substantial
  - 22-76% chance of dying that hospitalization
  - Prolongs hospitalization and worsens outcome

- Screening/Assessment
  - Thorough examination of the patient’s mental status
  - Folstein’s Mini-Mental Status Examination (MMSE) – most widely used and best known screening mental status examination

- “I WATCH DEATH”
  - Infection
  - Withdrawal
  - Acute metaboloic
  - Trauma
  - CNS pathology
  - Hypoxia
  - Deficiencies
  - Endocrinopathies
  - Acute vascular
  - Toxins/drugs
  - Heavy metals

- Management
The primary management goal is to discover and attend to reversible causes for delirium.

Ideal medication – should not suppress respiratory drive, cause excessive sedation, cause hypotension, or be deliriogenic (e.g., anticholinergic)
- Haldol – drug of first choice

Management
- Environmental interventions sometimes help
  - Nurses and family members can reorient the patients.
  - Clock, calendar, and familiar objects
  - Adequate light, eyeglasses or hearing aid
  - Do not place two delirious patients in the same room

Mood Disorders
- Characteristics of a depression secondary to a medical illness compared to a primary major depression
  1. Older age at onset
  2. More likely to respond to electroconvulsive therapy
  3. More likely to be improved at discharge

Mood Disorders
- Characteristics of a depression secondary to a medical illness compared to a primary major depression.
  4. More likely to show “organic” features in the mental status examination
  5. More likely to have much lower incidence of family history of alcoholism and depression
  6. Less likely to have suicidal thoughts and commit suicide

Mood Disorders Due To A General Medical Condition
- 1. A prominent and persistent disturbance in mood predominates in the clinical picture and is characterized by either (or both) of the following:
  1. depressed mood or markedly diminished interest or pleasure in all, or almost all, activities
  2. elevated, expansive, or irritable

Mood Disorders Due To A General Medical Condition
- 2. There is evidence from the history, physical examination, or laboratory findings that the disturbance is the direct physiological consequence of a general medical condition.
- 3. The disturbance is not better accounted for by another mental disorder.

Mood Disorders Due To A General Medical Condition
- 4. The disturbance does not occur exclusively during the course of a delirium.
- 5. The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

Anxiety Disorders
- Characteristics of secondary anxiety disorder as opposed to a primary anxiety disorder include:
  1. Onset before age 18 or after age 35 in patients with no personal or familial psychiatric histories.
  2. Characteristic fluctuations in severity and duration.
  3. Duration of less than 2 years.
Characteristic of secondary anxiety disorder as opposed to a primary anxiety disorder include:

- 4. Absence of other psychiatric symptoms such as phobias or conversion disorder.
- 5. Absence of a recent major psychosocial stressor.

**Anxiety Disorder Due To General Medical Condition**

- 1. Prominent anxiety, panic attacks, or obsessions or compulsions predominate in the clinical picture.
- 2. There is evidence from the history, physical examination, or lab findings that the disturbance is the direct physiological consequence of a general medical condition.
- 3. The disturbance is not better accounted for by another mental disorder.

**Anxiety Disorder Due To General Medical Condition**

- 4. The disturbance does not occur exclusively during the course of delirium.
- 5. The disturbance causes clinically significant distress or impairment in social, occupations, or other important areas of functioning.

**Psychotic Disorder Due To General Medical Condition**

- 1. Prominent hallucinations or delusions.
- 2. Evidence from the history, physical exam, or lab findings that the disturbance is the direct physiological consequence of a general medical condition.
- 3. Not better accounted for by another mental disorder.
- 4. Does not occur exclusively during the course of a delirium.

**Personality Change Due To A General Medical Condition**

- 3 separate frontal lobe syndromes that in practice tend to overlap.
  - 1. Orbitofrontal syndrome: Disinhibition, impulsive, “pseudopsychopathic”
  - 2. Frontal convexity syndrome: apathy
  - 3. Medial-frontal syndrome: akinesia

**Orbitofrontal Syndrome**

- Dramatic behavioral change, totally uncharacteristic behavior, loss of social tact, rude, tasteless, inappropriate language, antisocial behavior.
- Labile emotions, inappropriate sexual behavior, easily distracted, lack ability to monitor and evaluate own behavior.
- Insight and judgment markedly impaired.

**Personality Syndrome Associated with Seizure Disorder**

- Especially complex partial seizures:
  - Emotional “viscosity” (pedantic and over inclusive thinking)
  - Hyperreligiosity
  - Hypergraphia
  - Intense emotional reactions
  - Humorlessness
  - Hypermoralism
  - Changes in sexual behavior (usually hypersexuality)

**Psychiatry of AIDS**

- Neurological:
  - Subcortical type of dementia in up to 50%
  - Peripheral neuropathies may suggest increased CNS involvement
- HIV encephalopathy: Subacute encephalitis infects primarily the astrocytes.
  - Results in progressive subcortical dementia without focal neurological signs.
Acute Porphyria

- **Presentation:**
  - Any age from puberty on
  - Attacks take many forms
  - Typically: acute abdominal pain, pain in limbs or back, nausea, vomiting, headache, severe constipation

- **Diagnosis:** detection of excess porphobilinogen in urine
  - Urine tends to be red with standing, acidification or heating.
  - South African variety – examination of stools – extracts have “brilliant pink” fluorescence under ultraviolet light.
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Screening/Assessment

▼ “WHHHHIMP” disorders
  ▼ Wernicke’s encephalopathy/Withdrawal
  ▼ Hypertensive encephalopathy
  ▼ Hypoglycemia
  ▼ Hypoperfusion
  ▼ Hypoxemia
  ▼ Intracranial bleed/infection
  ▼ Meningitis/encephalitis
  ▼ Poisons/medications
“I WATCH DEATH”

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