



*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
- ❖ Screening/Assessment
  - “WHHHHIMP” disorders
    - Wernicke’s encephalopathy/Withdrawal
    - Hypertensive encephalopathy
    - Hypoglycemia
    - Hypoperfusion
    - Hypoxemia
    - Intracranial bleed/infection
    - Meningitis/encephalitis
    - Poisons/medications
- ❖ “I WATCH DEATH”
  - Infection
  - Withdrawal
  - Acute metabolic
  - 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 no 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.
- ❖ Anxiety Disorders

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

# *Mood Disorders*

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