PSYCHOLOGICAL MASQUERADE

Difficulties lie in our habits of thought rather than in the nature of things. Andre Tardieu

Psychiatric symptoms are not always best explained psychologically. Mental and emotional changes commonly associated with various problems in living can result from dysfunctions within the body itself. This creates a problem in clinical assessment. Is the patient depressed because of a job failure or loss of a lover; or is the depression a manifestation of a hormonal imbalance, brain tumor, or epilepsy? [1]

- Various studies have shown that between 10% & 20% of outpatient clients (therapy & case management) have medical problems that account for the psychiatric presentation.
- One study showed that as much as 46% of patients at one hospital had medical conditions that caused or greatly attributed to the psychiatric presentation.
- One study found that 53% of neurological patients had originally been diagnoses with a psychiatric condition.
- The prevalence of depression is 5% for all adults. Some studies indicate that the prevalence of depression in older adults may be as high as 20%. A Harvard Mental Health Letter suggests that the difference – a rate of depression 4 timers that of younger people – is not because older adults have more sad events, but because older adults have more health conditions that produce depressive symptoms.
- Remember, our training leads us to look for mental illness. Rather we should be saying, "Why is this particular person - at this particular place and time - with these particular symptoms."

CLUES

A. Alerting
    1. No history of similar symptoms
    2. No readily identifiable functional cause
    3. Age 55 or older
    4. Coexistence of chronic illness
    5. Use of drugs
    6. When above are present have an increased suspicion for organic cause

B. Presumptive:
    1. Brain syndrome – (more about this later)
    2. Head injury
    3. Change in headache pattern
    4. Visual disturbance
    5. Speech deficits
    6. Abnormal body movements (include gait disturbance and falls)
    7. Sustained deviation of vital signs
    8. Changes in consciousness
    9. Incontinence
    10. When above are present it is best to assume organic cause otherwise proven

BRAIN SYNDROME

[1] Taylor, Robert L. (1990).

1. Disorientation
2. Poor recent memory
3. Diminished reasoning (problem solving, calculations, etc.)
4. Sensory indiscrimination - illusions & hallucinations (especially visual)
5. Note: personality change may start the syndrome

CLINICAL TRAPS

1. Mistaking the symptom for the cause
2. Getting seduced by the story
3. Equating psychosis with schizophrenia
4. Relaying unnecessarily on limited information

TESTS

1. Draw a clock - complete? numbers inside or outside? proper order? crowded, deletions? correct orientation?
2. Draw a 3 dimensional design (cube) - 3 dimensional? Approximate shape?
3. Copy intersecting pentagons – only 2 angles intersect? Figure closed?
4. Write a sentence (10 words & medium complexity) - remembered correctly? Repetitions, improper alignment of letters, nonexistent words? Focus on obvious errors only!

THE FLIP SIDE - SOMATIZATION (and such)

1. Depression can present as aches and pains.
2. Anxiety and panic can present as rapid heart rate, sweating, breathlessness.
3. Conversion will present as a physical disorder.
4. Somatization Disorder is a lengthy list of unsubstantiated, multiple system complaints that the client focuses on.
5. Factitious Disease Disorder is a conscious (but uncontrolled) attempt to fool others into treating the client for non existent physical problems.
6. Oftentimes people have mental illnesses with coexisting physical illnesses.