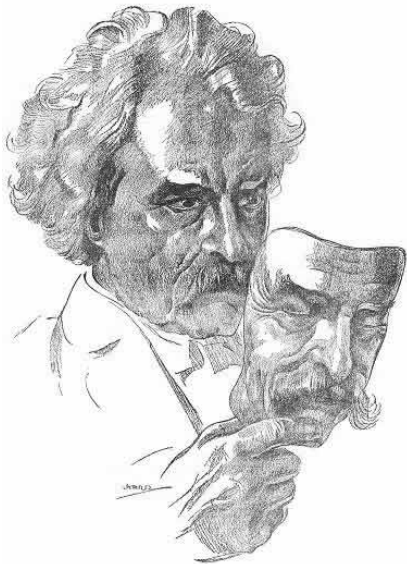


Psychological Masquerade

Distinguishing Psychological Disorders
from Organic Disorders



Co-Occurring Disorders
Conference


29 September 2008

Ken Ryan, MC - GMHS

Slide 1

Psychological Masquerade

Distinguishing
Psychological from
Organic Disorders



Ken Ryan,
mc - gmhs

Slide 2

Presented to the


**Co-Occurring Disorders
Conference**

29 September 2008

Slide 3

Agenda:

- Client Profiles > What illness?
- Statistics
- Overview
 - Clues
 - Brain Syndrome
 - Clinical Traps
 - Tests




Slide 4

**As to diseases,
make a habit of two things:**

- to help,
- or at least to do no harm.

Hippocrates –
Epidemics, Bk. I, Sect. XI



Slide 5

Client Profiles

- What do you think is typically seen as the psychiatric illness of each of the following people?

Slide 6

Alice

- 68 Years old
- History of depression
- Lives in mental health residential setting



Slide 7

Alice – continued

- Diagnosis = Depression
- Psych Meds & case management are always effective within 2 weeks
- Currently sad, tearful, low energy, isolating, increased sleep (typical symptoms)
- Treatment = Adjust antidepressant & increase case management (always quite effective)

Slide 8

Alice – continued

- After 4 weeks – still symptomatic
 - no decrease in symptoms
- After 6 weeks – still symptomatic
 - no decrease in symptoms
- Assessment?
- Typical Diagnosis?

Slide 9

Alice – continued

- Cause
 - Hypocalcemia
- Thing to See
 - Length of treatment without remission

Slide 10

Eddie

- 50 years old
- Lives in the community



Slide 11

Eddie - continued

- Diagnosis = schizophrenia
- Stable on medications for many years
- Current symptoms
 - Confusion
 - Increased psychosis

Slide 12

Eddie - continued

- Move to other setting?
- Increase psychotropic?
- Assessment?
- Typical Diagnosis?

Slide 13

Eddie - continued

- Cause:
 - UTI, Bronchitis, Constipation
- Thing to see:
 - Confusion

Slide 14

Susan

- 29 years old
- Stylishly dressed
- Good job
- Boyfriend



Slide 15

Susan - continued

- Presents at state hospital with psychosis and paranoia
- By History this is the first episode
- Typical Diagnosis??

Slide 16

Susan - continued

- Cause:
 - Medications for ulcers

- Thing to see:
 - First onset
 - Good pre-morbid functioning

Slide 17

Betty

- 70 Years old
- History of Bi-Polar illness
- Without psychotic symptoms
- Lives with husband



Slide 18

Betty - continued

- Started to see shadows as people a year ago
- Worried – spoke of illusions
- Now increasing hallucinations
 - Some content religious
 - Most is quite odd
- Typical Diagnosis?
 - Late life psychosis?
 - Bi-Polar w/ psychotic features
 - ????????????????

Slide 19

Betty - continued

- Non psychiatric symptom that was missed
 - Loss of vision related to diabetes
- Diagnosis:
 - Charles Bonnet Hallucinations


Things to see:

- Visual hallucinations
- Atypical presentation

Slide 20

Joe

- 45 Years old
- History of Depression
- Sx free for approx 10 years
- Some dysthymia
- Low functioning



Slide 21

Joe - continued

- Now, increasingly depressed on medications that had held him for 10 years
- Primary symptom = lack of energy

- Typical Diagnosis??

Slide 22

Joe - continued

- Saw PCP for work up
- Diagnosis:
 - Hypo-Thyroid
- Things to see:
 - ?????
 - Primary symptom lack of energy
 - Maybe the issue is how we are trained to see mental illnesses –
This Is Our Job

Slide 23

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

Andre Tardieu

Slide 24

What is our MH Training and where does it lead?

- Social Work
- Counseling
- Psychology
- Nursing

Slide 25

Are psychiatric symptoms always the result of psychological problems?

- Is the depression the result of job failure?
- Or is it the result of hormonal imbalance?
- Brain Tumor?
- Epilepsy?

Slide 26

Studies

- 10 – 20 % of outpatient MH clients have medical problems that cause the symptoms
- 46 % of patients in one hospital had medical problems that caused or greatly attributed to a psychiatric presentation
- 53% of neurological problems that were first diagnosed as psychiatric

Slide 27

Clues - Alerting

- No History of similar symptoms
- No readily identifiable functional cause
- Age 55 or over
- Co-existence of chronic illness
- Use of drugs
- When any of the above are present it is necessary to have an increased suspicion of organic cause

Slide 28

More Studies

- The prevalence of depression is 5%. Some studies say this may be 20% for OA. Harvard Mental Health Letter suggests that 75% of OA depression is from medical conditions
- 60% of first time psychiatric hospitalization admits were found to have a medical condition that either caused or greatly exacerbated the psychiatric presentation.

Slide 29

The question we need to ask is:

- Why is this specific person
- Here at this specific time
- With these specific symptoms

Slide 30

Clues - Presumptive

- Brain syndrome – more later
- Head injury
- Change in headache pattern
- Visual disturbance (hallucination / illusion)
- Speech defects
- Abnormal body movements
 - include gait and falls

Slide 31

Presumptive clues continued

- Sustained deviation of vital signs
 - What does 'WNL' mean?
- Changes in consciousness
- Incontinence
- When any of the above are present it is best to assume organic cause

Slide 32

Brain Syndrome

- Disorientation
- Poor recent memory
- Diminished reasoning
 - Problem solving – calculations – etc.
- Sensory indiscrimination
 - Illusions – (visual) hallucinations
- Note: personality change may start the syndrome

Slide 33

Clinical Traps

- Mistaking the symptom for the cause
- Getting seduced by the story
- Equating psychosis with schizophrenia
- Relying unnecessarily on limited information

Slide 34

Tests

- Draw a clock
 - Complete?
 - Numbers inside or outside?
 - Proper order?
 - Crowded?
 - Deletions?
 - Correct orientation?
 - Whole circle used?

Slide 35

Tests - continued

- Draw a 3 dimensional design – cube
 - 3 dimensional?
 - Approximate shape?
 - Perseveration?

Slide 36

Tests - continued

- Write a sentence
(10 plus words with subject and verb)
 - Repetitions?
 - Improper alignment of letters?
 - Non-existent words?
 - Able to be remembered?
 - Focus on obvious errors only

Slide 37

Somatization

- Depression can present as aches and pains
- Anxiety and panic can present w/ rapid heart rate, sweating, and breathlessness
- Conversion will present physically
- Factitious Disease Disorder is intentional and psychiatric – presents physically
- Often people with mental illness have co-existing medical problems

Slide 38

Last Words
Cases from the audience

Slide 39

EVALUATIONS
