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
As to diseases, make a habit of two things:
☐ to help,
☐ or at least to do no harm.

Hippocrates – *Epidemics, Bk. I, Sect. XI*

---

Client Profiles

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

---

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?
Eddie - continued

- Cause:
  - UTI, Bronchitis, Constipation

- Thing to see:
  - Confusion

Susan

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

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
  - ??????????????
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

Joe

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

Joe - continued

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

Typical Diagnosis??
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"

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

Andre Tardieu

What is our MH Training and where does it lead?
- Social Work
- Counseling
- Psychology
- Nursing
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?

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% or neurological problems that were first diagnosed as psychiatric

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
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.

The question we need to ask is:

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

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
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

Brain Syndrome

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

Clinical Traps

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

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

Tests - continued

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

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
**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

---

**Last Words**

Cases from the audience