

# Psychiatric aspect of General medical condition

- Many psychiatric syndromes can have an organic etiology.

For this reason, every patient who presents with psychiatric symptoms requires a thorough physical examination (in most cases including neurological examination and special investigations) before a diagnosis of functional illness is made.

# Psychosis

**DSM-IV criteria for psychotic disorder secondary to a general medical condition include:**

- Prominent hallucinations or delusions
- Symptoms do not occur only during episode of delirium
- Evidence to support medical cause from lab data, history, or physical

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Medical causes of psychosis include:

- 1. CNS disease** (head injury, CVA, multiple sclerosis, neoplasm, Parkinson's disease, Huntington's chorea, temporal lobe epilepsy, encephalitis, prion disease)
- 2. Endocrinopathies** (Addison's/Cushing's disease, hyper/hypothyroidism, hyper/hypocalcemia, hypopituitarism)
- 3. Nutritional/Vitamin deficiency states** (B12, folate, niacin)
- 4. Other** (connective tissue disease [SLE, temporal arteritis], porphyria, HIV)

# Mood disorder

- Depression
- Mania

# 1- Depression

## Major Depressive Episode (DSM-IV Criteria)

Must have at least five of the following symptoms (must include either number 1 or number 2) for at least a 2-week period:

1. Depressed mood
2. Anhedonia (loss of interest in pleasurable activities)
3. Change in appetite or body weight (increased or decreased)
4. Feelings of worthlessness or excessive guilt
5. Insomnia or hypersomnia
6. Diminished concentration
7. Psychomotor agitation or retardation (i.e., restlessness or slowness)
8. Fatigue or loss of energy
9. Recurrent thoughts of death or suicide

Symptoms **cannot be** due to substance use or medical conditions, and they must cause social or occupational impairment.

# 1- Depression

## Medical causes:

- **Neurological** (CVA; epilepsy; Parkinson's disease; brain tumour; dementia; MS; Huntington's disease; head injury)
- **Infectious** (HIV; EBV/infectious mononucleosis; brucellosis)
- **Endocrine and metabolic** (hypo\hyper-thyroidism, hypo/hyper-calcemia, hypoglycemia, Cushing's; Addison's disease; parathyroid disease; vitamin deficiency [B<sub>12</sub> and folate]; porphyria)
- **Cardiac disease** (MI; CCF)
- **SLE**
- **Rheumatoid arthritis**
- **Cancer**
- **Medications** (analgesics; antihypertensives; L-dopa; anticonvulsants; antibiotics; steroids; OCP; cytotoxics; cimetidine; salbutamol)
- **Drugs of abuse** (alcohol; benzodiazepines; cannabis; cocaine; opioids)
- **Toxins**

# 2- Mania

A period of abnormally and persistently elevated, expansive, or irritable mood, lasting at least 1 week and including at least three of the following (four if mood is irritable):

1. **Distractibility**
  2. **Inflated self-esteem or grandiosity**
  3. **Increase in goal-directed activity (socially, at work, or sexually)**
  4. **Decreased need for sleep**
  5. **Flight of ideas or racing thoughts**
  6. **More talkative or *pressured speech (rapid and uninterrupted)***
  7. **Excessive involvement in pleasurable activities that have a high risk of negative consequences (e.g., buying sprees, sexual indiscretions)**
- These symptoms **cannot be** due to substance use or medical conditions, and they must cause social or occupational impairment. Seventy-five percent of manic patients have psychotic symptoms.

# 2- Mania

- **Neurological** (CVA; epilepsy; brain tumour; head injury; MS)
- **Endocrine** (hyperthyroidism)
- **Neoplasm**
- **HIV infection**
- **Medications** (steroids; antidepressants; mefloquine; cytotoxics)
- **Drugs of abuse** (cannabis; cocaine; amphetamines)
- **Toxins**

# Anxiety

## Causes:

- Poor pain control—Such as ischaemic heart disease, malignant infiltration
- Hypoxia—May be episodic in both asthma and pulmonary embolus
- Hypocapnia, Hypercapnia
- Hypoglycemia
- Hyponatraemia
- Anemia
- **Hyperthyroidism**
- Hyperkalaemia

- Central nervous system disorders (epilepsy ,MS, tumor)
- Vitamin B12 deficiency
- Pheochromocytoma
- Head injury (post-traumatic stress disorder)
- Infection (HIV)

# Cognitive Disorders

- Delirium
- Dementia
- Amnestic Disorders

# 1- Delerium

– clouding of consciousness-

Organic causes :

- CNS injury or disease.
- Systemic illness (Urinary tract infection , Renal failure , Liver disease , Endocrinopathy, HIV).
- Hypoxia
- Electrolyte imbalances (uremia )
- Fever
- Postop.
- Post ictal seizures
- Medications (anticholinergics, steroids, antipsychotics, antihypertensives, insulin, etc.)
- Drug abuse/withdrawal.

## 2- Dementia

- **Progressive** and **irreversible** impairment of **memory** and other **cognitive functions** without alteration in the level of consciousness
- The most common causes of dementia are:
  1. **Alzheimer's disease (50 to 60%)**
  2. **Vascular dementia –CVA-(10 to 20%)**
  3. **Major depression (“pseudodementia”)**

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## Organic causes:

- 1. Structural:** Benign forgetfulness of normal aging, Parkinson's disease, Huntington's disease, Down's syndrome, head trauma, brain tumor, normal pressure hydrocephalus, multiple sclerosis, subdural hematoma.
- 2. Metabolic:** Hypothyroidism, hypoxia, malnutrition (B12, folate, or thiamine deficiency), Wilson's disease, lead toxicity.
- 3. Infectious:** Lyme disease, HIV dementia, Creutzfeldt–Jakob disease, neurosyphilis, meningitis, encephalitis.

## Drugs:

Alcohol (chronic and acute), phenothiazines, anticholinergics, sedatives

# 3- Amnesia

- Impairment of **memory** without other cognitive problems or altered consciousness. They **always** occur **secondary to an underlying medical condition.**

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## Causes:

- Hypoglycemia
- Systemic illness (such as thiamine deficiency)
- Hypoxia
- Head trauma
- Brain tumor
- CVA
- Seizures
- Multiple sclerosis
- Herpes simplex encephalitis
- Substance use (alcohol, benzodiazepines, medications)