Physical Aspects of Psychiatric Illness, Psychiatric Aspects of Physical Illness

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UPON COMPLETION OF THIS WORKSHOP, PARTICIPANTS WILL BE ABLE TO:

1. SCREEN FOR ADVERSE PHYSICAL HEALTH CONSEQUENCES RELATED TO PSYCHIATRIC ILLNESS OR PSYCHIATRIC MEDICATIONS
2. RECOGNIZE NEUROLOGICAL, METABOLIC, OR AUTOIMMUNE DISEASES THAT MIGHT INITIALLY PRESENT TO A MENTAL HEALTH PROVIDER
3. PROVIDE APPROPRIATE REFERRALS TO PATIENTS, AND USEFUL CLINICAL INFORMATION TO GENERAL MEDICAL PROVIDERS, TO IMPROVE THE FRAGMENTED NATURE OF PATIENTS’ HEALTHCARE
THERE ARE NO POTENTIAL CONFLICTS OF INTEREST TO REPORT.
Part I: Physical complications of psychiatric illness and treatments
Metabolic risks of antipsychotic medications

- Not only prescribed for psychotic disorders
- Associated with weight gain, hyperglycemia (diabetes), and elevated cholesterol (LDL)
- Labs do not require fasting
- Waist circumference measurement is very useful
A special note about prolactin

- Antipsychotic medications can lead to elevated levels of prolactin in the blood, due to dopamine blockade in the pituitary gland.

- Consequences are not limited to males.

- Awareness recently increased by class action television commercials.
Sexual dysfunction related to antidepressant medication

- A variety of different dysfunctions are possible
- Frequently experienced by patients
- Infrequently mentioned by patients
- Some agents appear to have lower risk – bupropion, vilazodone
Lithium toxicity

- Lithium is a first-line treatment option for bipolar disorder
- Toxicity can occur as acute, chronic, or acute on chronic
- Symptoms include tremors, stomach pain, ataxia, seizures, confusion
Anticonvulsant medication toxicity

- Several versions of anticonvulsant medication are often used to treat bipolar disorder
  - Carbamazepine toxicity – drowsiness, ataxia, tremors, nausea
  - Valproic acid toxicity – drowsiness, ataxia, nausea, potential for cerebral edema
  - Lamotrigine’s dreaded adverse reaction: Stevens-Johnson Syndrome
Communicable disease in addiction

- Risk not only due to intravenous use; decreased inhibitions or commercial sex work also possible

- HIV testing is now routinely recommended as a part of health maintenance, for all adults

- Hepatitis B/C and syphilis screening for high risk individuals

- Remember vaccinations
Nutritional concerns related to alcohol use

- Vitamin B1 (thiamine) – deficiency can lead to Wernicke’s Encephalopathy

- Vitamin B12 (cyanocobalamin) – deficiency can lead to anemia, memory loss, ataxia

- Vitamin B9 (folate) – deficiency can lead to anemia and may play a role in major depressive disorder
Tobacco use disorder

- Occurs at much higher rates in individuals with certain psychiatric illnesses
- Socioeconomic factors also significant
- Associated with a long list of adverse health effects
- Numerous approved treatments are now available, and likely under-utilized
Physical injuries related to impulse control

- A variety of psychiatric illnesses are associated with impaired impulse control
- Detecting risk
- Providing interventions that can lower risk
Many classes of medications are associated with increased fall risk in older adults, including many frequently prescribed psychiatric medications.

Antipsychotic medication use in patients with dementia syndromes is associated with an increased risk for sudden cardiac death.

Certain antidepressant medications may contribute to the risk for cardiac arrhythmia.
Exploitation of senior adults

- Collaborative actions regarding advanced directives and financial safeguards, before tragedy occurs, is important in avoiding preventable situations
Part II: Psychiatric manifestations of physical illness and treatments
Reversible dementia syndromes

- Typically present with memory loss, language deficits, executive dysfunction
- Thyroid disease
- Vitamin B12 deficiency
- Occult infections
- Normal pressure hydrocephalus (special triad)
Rapidly progressive dementia syndromes

- Personality change is often the first symptom, with typical dementia symptoms rapidly appearing over 6-12 months
- Unfortunately, no effective treatments exist

- Frontotemporal dementia
- Prion disease (“Creutzfeldt-Jakob disease”)
- Multisystem Atrophy and “Parkinson’s Plus” syndromes
Hypertensive Encephalopathy

- More accurately referred to as: “Posterior Reversible Encephalopathy Syndrome”

- Most often associated with extremely elevated blood pressure (>220/120)

- Presents with very sudden and dramatic symptoms

- Detected by MRI Brain or EEG (if seizures present)
Psychiatric manifestations of Parkinson’s disease

- Patients often appear depressed, because of limited facial expressions and bradykinesia.

- Many patients, though, actually develop Major Depressive Disorder.

- Memory loss and other dementia syndromes often appear after 8-10 years of motor symptom onset.

- Lewy Body Disease is a closely related syndrome.
Abnormalities related to glucose, sodium, and calcium

- Electrolyte abnormalities can present with changes in cognition or behavior

- In particular, patients with diabetes face special challenges in maintaining mental health

- Certain cancers can present with changes in mood, cognition, or behavior
Autoimmune encephalitis

- Systemic Lupus Erythematosus (“SLE”, “lupus”) is associated with a variety of psychiatric symptoms and central nervous system complications
- Lupus treatment (corticosteroids) also has potential for provoking psychiatric symptoms
- Limbic encephalitis is a fairly recently recognized process, often associated with certain types of cancer (ovarian, lung, testes)
Adverse reactions to corticosteroid medications

- Depression
- Mania
- Psychosis
- Insomnia
- Delirium
Adverse effects related to chemotherapy

- Hepatitis C treatment – interferon - and depression
- Certain chemotherapy agents, used for cancer treatment, are associated with Posterior Reversible Encephalopathy Syndrome
Depression related to isotretinoin

- Isotretinoin is used as an acne treatment
- The increased risk for depression, associated with isotretinoin, is a useful reminder of unexpected and unintended consequences of medications
Testosterone supplementation concerns

- Treatment for “Low T” has experienced commercial success, though considerable debate continues regarding the merits and safety of treatment.

- Recent data has shown an association between testosterone supplementation and an increased risk for heart attack.
References

1. AMERICAN PSYCHIATRIC ASSOCIATION PRACTICE GUIDELINES – WWW.PSYCHIATRYONLINE.ORG/GUIDELINES

