Psychiatric Manifestations of Neurological Disease

Differential Diagnosis

- FIVE diagnoses in psychiatry: organic, substance-induced, psychosis ("mad"), neurosis ("sad"), and personality disorder ("bad")
- ALWAYS also consider: intellectual disability, neurodevelopmental disorder, malingering, factitious disorder, elaboration of symptoms for psychological gain, and NO diagnosis

When to suspect a neurological illness or organic cause

- Rapidly progressive course
- Acute or subacute onset
- Late/atypical onset psychiatric symptoms (but be aware of late paraphrenia, and very late onset bipolar disorder)
- Failure to respond or deterioration with psychiatric treatment
- Atypical presentation of psychiatric illness ("doesn't seem like one of ours")
- Unusual psychiatric symptoms (Lilliputian hallucinations; Capgras Syndrome; Fregoli Syndrome; Ekbom Syndrome; Othello syndrome; De Clermbault syndrome)
- Non-psychiatric symptoms mistaken as psychiatric (Anton's syndrome = cortical blindness may present as "psychosis/hallucinations"; Transcortical senosory aphasia may present as "thought disorder"; alien hand syndrome mistaken for passivity phenomena; NCSE may present as "catatonia")
- Associated constitutional symptoms: fever, malaise, flu-like prodrome
- Low score on MMSE/MOCA or other brief cognitive screen (in MCI region or below) but beware pseudodementia
- Alteration of sensorium or attention (inability to do serial 7s, months of year backwards)
- Abnormal vital signs (but can occur in catatonia, mania, psychosis, depressive stupor)
- Associated neurological symptoms: headaches, seizures, focal neurology, other signs like clonus, hyperreflexia, tremor, chorea, dysautonomia, gait abnormalities (ataxia), primitive reflexes (Glabellar tap, snout, grasp, palmomental, Babinski), soft neurological signs (stereognosis, dysgraphaesthesia)*
- Abnormal lab values (beware innocent bystanders like B12 or raised TSH)
- Abnormal neuroimaging (but beware incidentalomas and VOMIT)

What investigations to consider?

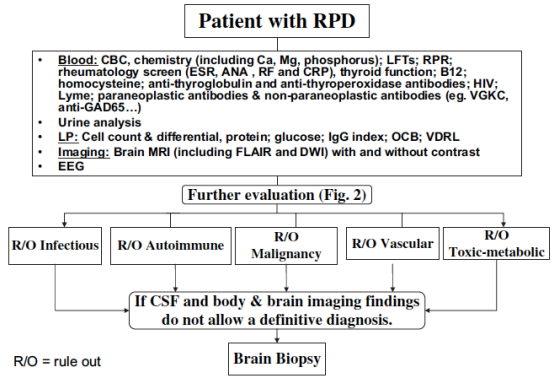

Fig. 1. RPD evaluation. AFB, acid-fast bacillus; Ca, calcium; CBC complete blood count; LDH, lactate dehydrogenase; LFT, liver function tests; LP, lumbar puncture; OCB, oligoclonal bands; Mg, magnesium.

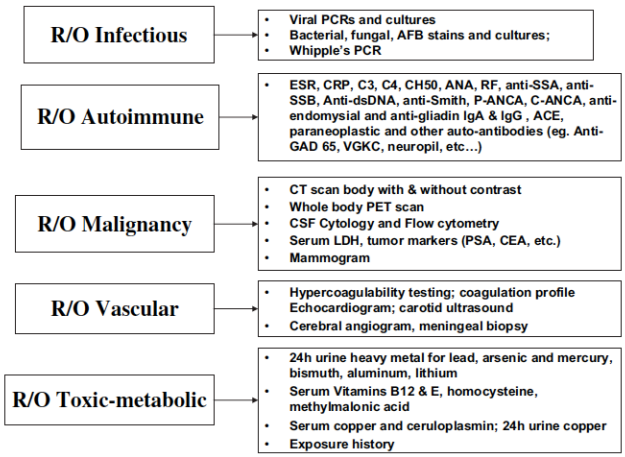

Fig. 2. Further RPD evaluation. AFB, acid-fast bacillus; CBC complete blood count; LDH, lactate dehydrogenase; LFT, liver function tests; LP, lumbar puncture; OCB, oligoclonal bands; Mg, magnesium.

<u>Psychiatric Disorders aren't simply brain disorders but brain disorders can cause psychiatric symptoms!</u>