

Medical and Surgical conditions
and treatments associated with
psychiatric disorders

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- Adjustment to illness and handicap – stress
- Psychiatric aspects of neurological disease
 - Stroke (depression, anxiety)- Rx SSRIs, shortacting BZDs, buspirone.
 - Parkinson' disease (cognitive impairment, depression, psychotic symptoms- visual hallucinations, sleep disturbances, usually paranoid delusions, dopamine dysregulation syndrome – drug hoarding and drug seeking behavior, impaired social functioning aggression, hypomania and frank psychosis. Rx clozapine

Tourette syndrome –

characterized by: motor tics- eye blinking, touching, licking, phonics- sniffing, throat clearing, coprolalia, echolalia and echopraxia
psychiatric manifest: depression, personality disorder, ADHD, OCD
Rx haloperidol, pimozide and sulpiride, risperidone, ziprasidone, olanzapine.

- Multiple sclerosis-

> F (20-40yrs) multiple demyelinating lesions – optic nerve, cerebellum, brain stem and spinal cord (depression, euphoria, emotional lability, psychosis- persecutory delusions, cognitive impairment)

- Space Occupying Lesions(SOL) i.e.
 - brain tumors- confusional states, behavioral and mood disturbances (irritability, euphoria, depression.
 - neurofibromatosis- esp. 1 may be related to learning disorder
 - tuberous sclerosis- may present with epilepsy, learning disability, autism

- Epilepsy –

psychoses – inter ictal psychosis, post ictal psychosis.

sexual function- decr interest, impaired performance

epilepsy and crime – incr association of crime esp in male epileptics ? Low intelligence and low socio economic status

Neurotic illness - a phobic anxiety in public places

Epilepsy and suicide – suicide temporal lobe epilepsy.

- Treatment

Anticonvulsant drugs. Phenytoin, topiramate and levetiracetam. The benzodiazepines, clobazam and clonazepam used as adjunctive therapy.

Medical conditions
associated with
psychiatric disorder

Introduction

- High levels of association of many of chronic conditions with psychiatric disorders.
- E.g depression is assoc with chronic medical illness
- Imp to ;understand the pathophysiology and clinical characteristics of medical & surgical condtns that frequently coexist with psychiatric disorders
 - also to know the behavioral and psychiatric side effects of medications and substances

Cardiovascular disorders

- Ventricular dysrhythmias(stress and anxiety),
- Hypertension (stress),
- Myocardial infarction (stress, depression,
- Type A and D personality(A- ambitiousness, aggressiveness, competitiveness, impatience, alertness, irritation, hostility
-D personality xterized by- inhibition of negative emotions and avoiding social contacts with others

Respiratory disorders

Asthma (MDD, panic attacks, GAD)

Chronic obstructive pulmonary disease (use of steroids can cause psychiatric symptoms- chronic hypoxia- delirium, mood lability, mood disorders, panic attacks)

Pulmonary embolism- incr risk in bipolar, anxiety & schizophrenia

Sleep apnea- day time somnolence, inability to concentrate, depressed mood, irritability and personality changes

GIT disorders

Oesophageal dysmotility – MDD, GAD, somatization disorder, substance related disorders.

Irritable bowel syndrome - GAD, social phobia, MDD

Inflammatory bowel disease-(ulcerative colitis and crohns disease- ? Physical, sexual abuse, stress

Gastroesophageal reflux and peptic ulcer disease - anxiety

- **Metabolic disorders**

Obesity (depression),

Wilson's disease(irritability, aggression, disinhibition, recklessness, depression.

Disorders of lipid metabolism-

Hepatic encephalopathy- liver failure-cerebral edema(agitation)- death

Endocrine disorders

Diabetes mellitus- anxiety (45%) and depression (33%)

Hypothyroidism- depression

Hyperthyroidism- depression , anxiety

Hypoparathyroidism- seizures, EEG abnormalities, incr intracranial pressure, disorientation, confusion and extrapyramidal symptoms

Hyperparathyroidism- lethargy, drowsiness,
Impaired concentration ability and confusion.
In severe cases; stupor, coma and psychosis

Cushing's syndrome- hyper secretion of
cortisol by adrenal gland. Increased serum
cortisol in MDD, alcoholism, anorexia nervosa,
panic disorder and psychoactive substance-
withdrawal syndromes

- Addison's disease- MDD, personality disorder, dementia or somatoform disorders.
- Hyperprolactinaemia-
- Hypopituitarism- headache, visual loss (depending on which hormones are deficient)

Autoimmune disorders

- Systemic lupus erythematosus- psychosis, delirium, seizures and cognitive dysfunction. Antibodies may be partially responsible for depression, short term memory problems and new learning difficulties in lupus patients
- Mood symptoms- cause of treatment with steroids.

Renal disorders

- Acute renal failure- abrupt decrease in renal function sufficient to result in azotaemia – retention of nitrogenous waste in the body, Neuropsychiatric manifestations include; somnolence, asterixis (flapping tremor), neuromuscular irritability and seizures.
- Chronic renal failure and end stage renal disease- progressive and irreversible loss of renal function

Neuropsychiatric manifestations include:
irritability, insomnia, lethargy, anorexia,
seizures and restless legs syndrome.

Dementia and depression >

Incr suicide

Haemodialysis- pts should adhere to diet and
fluid intake.

psychiatric reasons for non adherence
include: mood disorders, phobias, panic
disorders, substance related disorders,
adjustment disorders and cognitive disorders

Haematological disorders

Anaemia due to vitamin deficiency- folic acid and cobalamin (Vit B12) are necessary for production of DNA

- Main cause of folic acid def is dietary insufficiency, usually in severe alcoholics and of cobalamin def is malabsorption
 - folate or vitamin B12 def: fatigue and pallor
 - Cobalamin def; loss of proprioception in lower extremities, loss of vibratory perception, anosmia, forgetfulness, dementia & depression.
- Iron def anaemia- MDD

Haemophilia- incr depression, anxiety and suicidality

- **CONCLUSION**

Increasing recognition that patients with psychiatric signs and symptoms freq have associated medical disorders.

Interactions may involve:-

- Neuropsychiatric manifestations of medical illness
- Medical effects of psychiatric treatments
- Psychiatric effects of medical treatment
- Increased medical illness related to factors inherent in the psychiatric condn
- Maladaptive personality styles