Medical Mimics:
Challenges on the Mind-Body Interface
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Wandal W. Winn, M.D.
Regional Medical Director
Qualis Health
Domains

- Physical
- Mental - Emotional
- Mental – Cognitive
- Social
- Spiritual
Mental vs. Med/Surg

Some medical/surgical conditions are less likely to mimic psychiatric disorders. Examples: Myocardial infarction, pneumonia, fractures, etc.

Other medical/surgical conditions are more likely to mimic psychiatric disorders. Examples:

- Tumors
- Endocrine Disorders
- Infections
- Drug Intoxication
- Sleep Disorders
- Toxins
- Epilepsy
A Practical Model of Somatic Presentations

- Classical Malingering
- Hypochondriasis
- Health
- Occult Illness
- Denial
- Negative Malingering
- Factious Disorder
- Conversion

Objective Signs

Subjective Symptoms
<table>
<thead>
<tr>
<th>Disorder</th>
<th>Sx Production</th>
<th>Motivation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Malingering</td>
<td>Conscious</td>
<td>Conscious</td>
</tr>
<tr>
<td>Factious</td>
<td>Conscious</td>
<td>Unconscious</td>
</tr>
<tr>
<td>Conversion, Somatoform, Hypochondriasis</td>
<td>Unconscious</td>
<td>Unconscious</td>
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</tbody>
</table>
Prognosis

“I can cure your back problem, but there’s a risk that you’ll be left with nothing to talk about.”
Somatoform Disorders -> Somatic Symptom Disorder

Criteria A, B, and C must all be fulfilled to make the diagnosis:

A. Somatic symptoms: One or more somatic symptoms that are distressing and/or result in significant disruption in daily life.

B. Excessive thoughts, feelings, and behaviors related to these somatic symptoms or associated health concerns: At least one of the following must be present.

(1) Disproportionate and persistent thoughts about the seriousness of one's symptoms.

(2) Persistently high level of anxiety about health or symptoms

(3) Excessive time and energy devoted to these symptoms or health concerns

C. Chronicity: Although any one symptom may not be continuously present, the state of being symptomatic is persistent (typically >6 months).
Co-morbid Conditions

- Personality Disorder (malingering)
- Anxiety Disorder (somatization)
- Affective Disorder (somatization)
“Suggestive” of Physical Causation

- Sx: type, consistency, onset, sequence
- Sudden onset of sx without clear precipitating event
- Alteration in level of consciousness
- Focal stimulation or inhibition of movement
- Hormonal or seasonal variation in symptoms
- Unilateral symptoms
“Suggestive” of Physical Causation

- Bizarre sensory symptoms
- Sx consistent with medication side effects
- History of brain injury
- Family history of medical disorder
- Prior psych Dxs multiple and evolving
- Prior psych Dxs appended with multiple modifiers (NOS, R/O, Possible, etc.)
- “Soft” neurological signs
## ‘Soft’ vs. ‘Hard’ Neurological Signs

<table>
<thead>
<tr>
<th>Cluster of Sign</th>
<th>Putative Localization</th>
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<tbody>
<tr>
<td>‘Soft’ neurological signs:</td>
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<tr>
<td>Integrative sensory function</td>
<td>Parietal lobe</td>
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<tr>
<td>Motor coordination</td>
<td>Frontal lobe Cerebellar</td>
</tr>
<tr>
<td>Sequencing of complex motor acts</td>
<td>Prefrontal lobe</td>
</tr>
<tr>
<td>Primitive reflexes</td>
<td>Frontal</td>
</tr>
<tr>
<td>‘Hard’ neurological signs:</td>
<td>Central nervous system &amp; cranial nerves</td>
</tr>
<tr>
<td>• Extrapyramidal signs</td>
<td></td>
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<tr>
<td>• Pyramidal signs</td>
<td></td>
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<tr>
<td>• Dyskinesia</td>
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<tr>
<td>• Language</td>
<td></td>
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<tr>
<td>• Speech</td>
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Tips For Mental Health Professionals

- Know common mimics
- Take a medical, medication and family history
- Encourage contact with a Primary Care Provider
- Have a consultation relationship with a physician or nurse practitioner
- Be ‘super observant’
- Be aware of cultural factors
Brief Medical History For Mental Health Intake

- Patient’s Concerns
- Primary Care Provider
- General Health
- (Gv, Pa, Ab, LC)
- Surgeries
- Allergies
- Medications

- Drug Use:
  - Illicit
  - Alcohol
  - Tobacco
  - Caffeine

- Weight
- Sleep
Cultural Factors in Assessment: Alaska Native Patients

- Eye contact
- Seating
- Tolerance of silence
- Timing
- Indirection & confrontation
- Visual > auditory
- PIQ > VIQ
Clinical Dilemma #1: Fatigue / Depression

- Substance abuse / dependence
- Anemia
- Chronic viral infection
- MS w/ focal sx
- Hypothyroid
- Adrenal disease
- ‘Chronic fatigue syndrome’
Clinical Dilemma #2: Anxiety

- Substance abuse / dependence
- Adrenal dysfunction
- Pheochromocytoma
- Hyperthyroid
Clinical Dilemma #3: Psychotic / Aggressive

- Substance Abuse / Dependence
- CNS tumor
- Hypothyroid
- Seizures
Medical Mimics

Questions & Answers