Psychiatry

Internal Medicine Board Review
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Case #1

- Mr. D. is a 68 y-o man here for an initial visit with you. He has a h/o DM, CAD, CRI, PUD and Hypercholesterolemia. He also has a long history of Major Depression and is treated with citalompram (Celexa) 40mg daily. He feels that the Celexa is helpful. He denies any current SI but has been suicidal in the past.

Celexa would be most concerning with respect to which of the following?

A. DM
B. CAD
C. CRI
D. PUD
E. Hypercholesterolemia

Question #1

Case #1 continued

- You treat Mr. D for an H. pylori infection. His PUD resolves, and he continues his Celexa. He does well for two months but is then hospitalized with a VRE infection and is started on Zyvox (linezolid). The following day, he experiences anxiety, restlessness, flushing and confusion. He also develops a HR of 120 and a BP of 210/110.

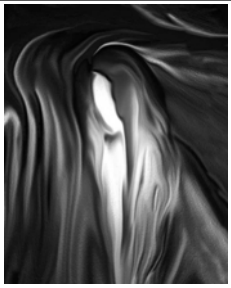
What is the likely explanation?

A. Acute Dystonic Reaction
B. Antidepressant Withdrawal
C. Akesthesia
D. Neuroleptic Malignant Syndrome
E. Serotonin Syndrome

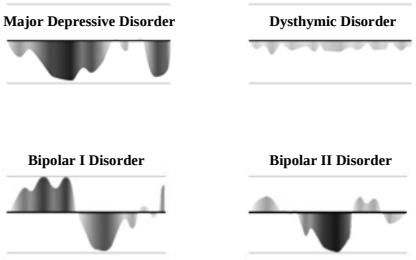
Question #2

Serotonin Syndrome

- Etiology
  - Too much of one agent
  - Two or more agents
- Symptoms
  - anxiety, restlessness, flushing, confusion, tremor, fever, ↕ vitals
- Treatment
  - D/C agent, Hydration



Mood Disorders



Major Depression (2 weeks)

- **S**adness
- **I**nterest or pleasure is diminished
- **G**uilt or worthlessness
- **E**nergy is low
- **C**oncentration is poor
- **A**ppetite changes
- **P**sychomotor slowing or agitation
- **S**leep changes, **S**uicidality or thoughts of death

Dysthymic Disorder

- Depressed mood ≥ 2 years. No MDD.
- Change in appetite
- Change in sleep
- ↓ Energy
- ↓ Self-Esteem
- ↓ Concentration
- Hopelessness

Case #2

- A 37 y-o woman with bipolar disorder is BIBA following a seizure. She is confused, tremulous and ataxic with increased muscle tone and ongoing N/V and diarrhea. Labs reveal a lithium level of 2.2 (0.6-1.2). She had been stable on the same dose of lithium for years, but recently she started some new medications.

Which medication is the culprit?

A. Motrin
B. Depakote
C. Oral Contraceptives
D. Claritin
E. Vitamin C

Question #3

Bipolar I & II (Mania vs. Hypomania)

A) Elevated (or Irritable)	M: 1 week
1. Grandiose	H: 4 days
2. ↓ Sleep	M: Can be psychotic
3. Talkative	H: No psychosis
4. Racing thoughts	M: Often hospitalized
5. Distractibility	H: No hospitalization
6. ↑ Activity	M: Major impairment
7. ↑ Pleasurable activities	H: Mild impairment

Treatments for Bipolar Disorder

- lithium
  - Nephrogenic DI, Hypothyroidism, preg-D
- divalproex (valproate, Depakote)
  - Thrombocytopenia, Liver toxicity, Pancreatitis, preg-D
- carbamazapine (Tegretol)
  - Aplastic anemia, Liver toxicity, Auto-induction, preg-D
- Atypical antipsychotics
- Screen for bipolar before treating depression

Case #3

- Two months ago, a 30 year old man had a period of intense fear which lasted 20 minutes. He also experienced chest pain, SOB, sweating, nausea and numbness. He thought he was going to die and went to the ED where a full medical work up was completely normal. Since then, he has been very worried that this will happen again.

Which is the most likely diagnosis?

A. Acute Stress Disorder
B. Panic Disorder
C. Somatization Disorder
D. Social Phobia
E. Post Traumatic Stress Disorder

Question #4

Panic Disorder

- Panic Attacks (palpitations, sweating, SOB, chest pain, nausea, lightheaded, fear of dying or going crazy, chills, hot flushes, numbness

1. Concern about having more attacks
2. Worry about implications ("going crazy")
3. Major change in behavior

Post Traumatic Stress Disorder

1) ≥ One month
2) Threat of death/injury

A) Re-experience trauma
B) Avoidance/Numbing
C) Increased arousal

*Acute stress d/o (< 1 mo)

Other Anxiety Disorders

- Phobias
  - Specific (fear)
  - Social (embarrassment)
- Obsessive-Compulsive Disorder
  - Can have one without the other
- Generalized Anxiety Disorder
  - ≥ 6 months in duration
  - Restless, fatigue, poor concentration, poor sleep

Which is a black box warning for SSRI's?

A. ↑ Seizure
B. ↑ Suicide
C. ↑ SIADH
D. ↑ Serotonin Syndrome
E. ↑ Platelet Dysfunction

Question #5

SSRI's & FDA Indications

- MDD
- GAD
- OCD
- Panic d/o
- PTSD
- PMDD
- Bulemia

SSRI's & Other Considerations

- Sexual Dysfunction
- Nausea (90% of receptors in GI tract)
- Platelet Dysfuntion
- Hyponatremia
- Insomnia
- Bruxism
- Fairly safe in OD

Case #4

- A 50 y-o man has a h/o recalcitrant hypertension. He is on multiple antihypertensive medications and required hospitalization for a hypertensive crisis last year. Over the past few weeks you have been evaluating him for depression and have decided an antidepressant is indicated.

Which would you avoid?

A. Effexor (velafaxine)
B. Wellbutrin (bupropion)
C. Prozac (fluoxetine)
D. Remeron (mirtazapine)
E. Serzone (nefazadone)

Question #6

Serotonin Norepinephrine Reuptake Inhibitors

- Examples
  - Effexor (venlafaxine), Cymbalta (duloxetine)
- Indications
  - MDD, GAD, Panic d/o, Fibromyalgia, Diabetic Neuropathic Pain, Musculoskeletal Pain
- Side Effects
  - ↑BP, Nausea, Sexual dysfunction, Insomnia, Anticholinergics, ↓ Appetite

Other Common Antidepressants

Name	Indications	Side Effects	Special
mirtazapine (Remeron) 5HT blockade and Alpha2-antagonism	MDD	Sedation Weight gain Orthostatis	No sexual dysfunction Good in HIV Few interactions
nefazodone 5HT & NE blockade Alpha1-antagonism	MDD	Sedation Dizziness	Black box for hepatotoxicity low sexual dysfunction
bupropion (Wellbutrin) DA & NE reuptake Blockade	MDD Smoking-cessation Off-label ADHD	Insomnia Agitation ↓ appetite Seizures	No sexual dysfunction Avoid in Sz & Eating d/o

Case #5

- A 55 y-o man with a long h/o migraines and insomnia sustains a fall and injures his back. Over the following year, he develops neuropathic pain in his legs, and he becomes quite depressed. His screen for mania is negative. You decide to start him on Pamelor (nortiptyline)

Before starting, you would check?

A. Liver Function
B. Renal Function
C. An EKG
D. Cholesterol Level
E. Fasting Blood Sugar

Question #7

Tricyclic Antidepressants (TCA's)

- Examples: amitriptyline , nortriptyline
- Uses: MDD, OCD, Migraine, Neuropathic Pain, Insomnia
- Side Effects: Anticholinergics, Orthostasis, Weight gain, Sexual dysfunction, Cardiac Conduction Delay
- Can check blood levels

Case # 6

- A 28 y-o male post-doc believes his neighbor has been spying on him and reading his mail for the past 6 months. "He's also video taping me to get me kicked out of my program. I think he's jealous." The patient denies depressed or elevated mood and denies hallucinations. No drug use. He reports making good progress on his thesis.

Which diagnosis is most likely?

A. Brief Psychotic Disorder
B. Schizoaffective Disorder
C. Delusional Disorder
D. Schizophrenia (paranoid)
E. Schizophrenia (undifferentiated)

Question #8

Schizophrenia

- 6 months of social/occupational impairment
- Two or more symptoms for a month:
  1. Delusions
  2. Hallucinations
  3. Disorganized Speech
  4. Disorganized Behavior
  5. Negative Symptoms (avolition, flat affect)

- Brief Psychotic (< 1 m); Schizophreniform (< 6 m)

Schizoaffective Disorder

- Criteria are met for schizophrenia
- Criteria are met for MDD or Bipolar
- 2 weeks of psychosis without mood symptoms
- Mood symptoms must be present for a substantial portion of the overall illness

Case #6 Continued

- He is given haloperidol 5mg qhs, and two weeks later he self-presents to the ED with rigidity and a temperature of 101.5 (otherwise normal vitals). He also seems mildly confused. Laboratory testing reveals a CK of 3500 with normal renal function. You make a tentative diagnosis of NMS and stop his haloperidol. You also start IV hydration.

What other treatment is indicated?

A. Dantrolene
B. Bromocriptine
C. Dantrolene + Bromocriptine
D. Cogentin
E. None of the above

Question #9

Traditional Antipsychotic Side Effects

- EPS – parkinsonism, dystonias, akathisia, tardive dyskinesia
  - Often treated with anticholinergics
- Hyperprolactinemia – galactorrhea
- Neuroleptic Malignant Syndrome:
  - Fever, AMS, ↕vitals, rigidity (↑CK)
  - Treat: d/c med, supportive care, bromocriptine (D2 agonist), dantrolene (muscle relaxant), ECT

Which is a black box warning for all atypical antipsychotics?

A. ↑ Seizure Risk
B. ↑ QT Interval
C. Dementia-related psychosis
D. MI, acute recent
E. None of the above

Question #10

Atypical Antipsychotics

- DA, SE, Ach Receptors
- Indications
  - Schizophrenia, Bipolar, MDD
- ↓ rates of EPS and NMS
- **Weight gain**, ↑ lipids, DM,

Which is not a somatoform disorder?

A. Conversion Disorder
B. Pain Disorder
C. Hypochondriasis
D. Factitious Disorder
E. Body Dysmorphic Disorder

Question #11

Somatoform Disorders

"There are some things they don't teach you in medical school. I think you've got one of those things."

Somatoform Disorders

- **Somatization**: (4 pain, 2 GI, 1 sexual or reproductive, 1 pseudoneurological)
- **Conversion**: (motor or sensory dysfunction due to psychological factors)
- **Pain**: (psychological, psych + medical)
- **Hypochondriasis**: (preoccupation that one has a serious disease. Misinterpretation of symptoms)
- **Body Dysmorphic**: (imagined deficit)

Which is not part of substance dependence?

A. Withdrawal
B. Knowing the substance causes problems
C. Legal problems related to use
D. Trying to cut down or quit
E. Tolerance

Question #12

Substance Abuse

- 1 sx within 12 months

1. Failure to fulfill role obligations
2. Physically hazardous
3. Legal problems
4. Social or Interpersonal problems

Dependence

- 3 sx within 12 Months

1. Tolerance
2. Withdrawal
3. More than intended
4. Attempts to cut down
5. ↑ Time spent for use
6. Give up activities
7. Aware of damage done

Case #7

- A 57 y-o man has sadness, ↓ interest, ↓sleep, ↓concentration, ↓appetite, ↓energy and vague SI (w/o intent or plan). He has been in therapy with a social worker for the past six months. He denies a history of mania. Labs reveal a TSH of 6.25 (0.5-5), a normal T3 and Free T4. The patient is open to any treatment to help his mood.

An appropriate next step is:

A. Low dose Sythroid (T4)
B. Low dose Cytomel (T3)
C. Celexa (citalopram)
D. Low dose Synthroid + Celexa
E. Recheck hormone levels in 4-8 weeks

Question #13

Case #8

- A 48 y-o man with a h/o IVDU is brought in by his roommate who says, "He's up in the middle of the night, mopes around all day and yells at me all the time." On exam, the patient is quite irritable and distractible. He shows psychomotor slowing, thinks he can read minds and scores a 24/30 on his MMSE. He denies any psychiatric history.

Which is most likely:

A. Paraphrenia
B. Depression 2º substance use
C. Multi-infarct dementia
D. Tertiary syphilis
E. HIV-associated mania

Question #14

Psychiatric Illness Secondary to a GMC

Psychiatric Illness Secondary to a GMC

- Endocrine
  - Thyroid
  - Diabetes
  - Cushing's Syndrome
  - Addison's Disease
- CNS
  - Tumors, Parkinson's, Seizures, Infections (syphilis, HIV, etc)
- Vitamin Deficiency
  - B12, Thiamine
- Metabolism
  - AIP, Wilson's disease
- Toxins (CO, lead, mercury, aluminum)
- Medications (anticholingerics, steroids, Parkinson d/o)

Case # 8

- A 25 year old man is preoccupied with being criticized in social settings. He left his last job because he felt that others would likely disapprove of him. He tends to be very guarded with his girlfriend, because he thinks she will probably make fun of him.

Which diagnosis is most likely?

A. Avoidant P.D.
B. Schizoid P.D.
C. Paranoid P.D.
D. Dependent P.D.
E. Interpersonal P.D.

Question #15

Personality Disorders

A. Pattern of inner experience and behavior that deviates from the cultural norm. (Two or more of the following)
1. Cognition (perception)
2. Affectivity
3. Interpersonal Functioning
4. Impulse Control

Cluster A ("weird")

1. **Paranoid** – Distrust
2. **Schizoid** – Detachment and ↓ emotional expression
3. **Schizotypal** - Eccentric

Cluster C ("worried")

1. **Avoidant** – Social inhibit., feelings of inadequacy
2. **Obsessive-Compulsive** – Perfection, order, control
3. **Dependent** - Clinging

Cluster B ("wild")

1. **Antisocial** – Disregard for the rights of others
2. **Borderline** – Instability (relationships, self-image, "splitting")
3. **Histrionic** – excessive emotionality and attention seeking. Flamboyant.
4. **Narcissistic** – Need for admiration, ↓empathy

Case #9

- A 66 year-old, divorced, Caucasian man with two sons presents with SI. Since his divorce three years ago, he has become more depressed and has been drinking more. He has a history of one prior suicide attempt at age 17 when his father died. He endorses vague AH telling him that he is a "bad father". He denies HI or access to firearms.

Which is not a risk factor for suicide?

A. Age > 65
B. Divorced
C. Alcohol
D. Children
E. Hallucinations

Question #16

Suicide

- U.S. rate is 11 per 100,000
- 11th leading cause of death (3rd for age 15-24)
- Firearms > Suffocation > Overdose
- Men > Women (roughly 4 times)
- White > Nonwhite (except Native American)
- Older white > Younger white
- Younger non-white > Older non-white

Suicide Risk Factors

- **S**ex
- **A**ge
- **D**epression
- **P**revious attempt
- **E**thanol
- **R**ational thought loss
- **S**ickness
- **O**rganized plan
- **N**o spouse
- **S**ocial support lacking

Good Luck!

Answer Key

1. D
2. E
3. A
4. B
5. B
6. A
7. C
8. C
9. E
10. C
11. D
12. C
13. C
14. E
15. A
16. D