### Management of Organic Psychiatric DISORDERS In Geriatric People

#### DR. HUMAYRA JESMIN

MRCP (UK), FCPS (MEDICINE)

JUNIOR CONSULTANT, NIKDU



# Angry Oldman Why?

Case: A 65 years old gentleman was presented to the A&E dept. of mental hospital with irrelevant talking and aggressive attitude, delusions and visual hallucination. On 3<sup>rd</sup> day of admission meticulous history revealed an episode of generalized edema followed by undocumented drug ingestion. Urgent reports showed low sodium level with high serum creatinine.

## Delirium due to Electrolyte imbalance most probably due to Diuretic therapy with CKD

What might be the cause behind his psychiatric presentation?

## OBS!

### What is it?

## **OBS** (Organic Brain Syndrome)/Organic Mental Disorder/ Organic Psychiatric Disorder

**Specialty: Psychiatry** 

These names are older and nearly obsolete general terms from psychiatry

ICD-10: F06.9

referring to many <u>physical disorders</u> that cause impaired <u>mental function</u>. They are meant to exclude psychiatric disorders.

What does ICD-10 say?

ICD-10 reveals in F06.9 as

"The Disorder is a common expression for decreased mental functioning because of medical condition instead of a psychiatric disorder"

#### Decreased mental functioning means-

#### Reduction of

- Memory problems
- Troubles in understanding languages
- Behavioral changes
- Difficulties in handling daily chores

#### Classification of OBS

#### 2 major categories:

✓ acute: Delirium or acute state of confusion

✓ Chronic: Dementia often seen in the chronic stage

Encephalopathy, third category, denotes the gray zone between dementia and delirium

## Study shows

- Premorbid psychiatric illness had no influence on the clinical presentation of OBS
- 5-42% of referred psychiatric patients had an underlying medical illness
- In hospitalized older people OBS was common (29.41%) where delirium accounts for 60%
- Detection of OBS takes more than 3 days
- A psychiatric referral taken almost 5 days

#### Contd.

- Acute syndrome had better symptom resolution
- The most popular combination of treatment was low-dose neuroleptic and benzodiazepine (34.7%)

In past Johnson performed detailed physical examinations on 250 patients on an inpatient psychiatric unit:

- > 12% had physical illness
- > 80% missed by a physician before admission
- > 6.6% initially missed even after the admission workup

## How do they present

- > Fluctuation of consciousness
- difficulty to correlate to the surroundings
- > Trouble in understanding certain concepts
- Loss of memory



**Result from Neurodegenerative Diseases** 

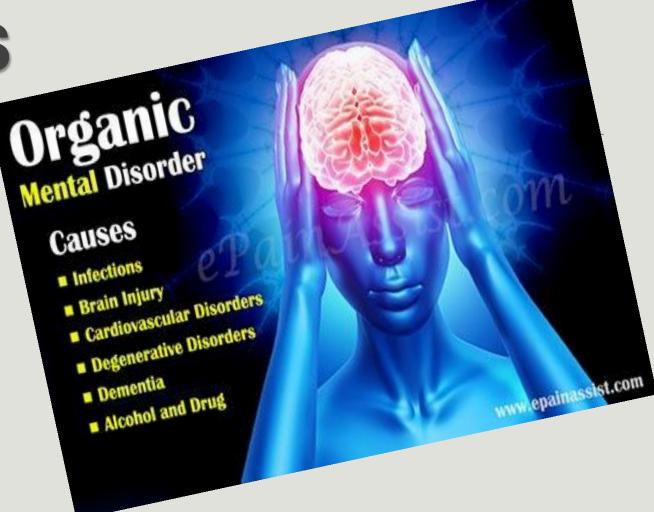
#### Contd.

- ➤ Disturbed sleep
- Confused state of mind
- Headache (injury or tumor)
- **Inattention**
- Hassles in doing routine chores

- ➤ Short term memory loss
- Loss of Inhibition
- ➤ Visual disturbances
- Ataxia or troublesomevoluntary movements

**Causes of OBS** 

- •Infections
- Brain injury, tumor
- Cardiovascular disorders
- Degenerative disorders
- Alcohol, Drugs
- Metastasis



#### **Endocrine Disorders**

- •Hyperthyroidism anxiety ,manic excitement, delusions, hallucinations. Apathy, psychomotor retardation and depression in older people.
- Hypothyroidism Depression, "Myxedema madness" (paranoid, depression, hypomania, and hallucinations)
- Parathyroid disorders delirium, personality changes, apathy and cognitive impairments
- Cushing syndrome Agitated depression and often suicide
- **Exogenous steroids** Mania, Psychosis and withdrawal to severe depression
- Adrenocortical insufficiency irritability, depression, and rarely psychosis

#### **Nutritional Disorders**

Apathy, depression, irritability, insomnia, nervousness, and poor concentration, dementia are common in nutritional deficiencies.

Special features:

- Severe memory disorders (Wernicke-Korsakoff syndrome in alcoholics) **Thiamine**deficiency
- "megaloblastic madness" (delirium, delusions, hallucinations, dementia, and paranoia) - Cobalamin (B12) deficiency
- Dermatitis, Peripheral neuropathies and Diarrhea Niacin Deficiency

#### **Metabolic & Immune Disorders**

Metabolic Disorders presents with

Neuropsychiatric complaints with encephalopathy

- Hepatic
- Uremic
- Hypoglycemic
- DKA
- Hyperosmolar hyperglycemic state
- AIP

Immune disorders

#### SLE

- "The great Mimicker"!
- 50% show neuropsychiatric manifestations
- Depression, insomnia, emotional lability, confusion, psychosis

### Diagnosis of OBS



- Organic Brain Syndrome (OBS) mimics
   Psychiatric disorders so exclusion of Chronic depression, Schizophrenia & Psychosis
- Careful history taking
- Thorough physical examinations
- Mental ability tests and diagnostic imaging are vital steps

## Relevant Investigations

#### Some tests are mentioned below:

- > MRI which can help in detecting brain damage
- > PET which can be used for spotting damaged brain areas
- CSF markers for infection, cancer, MS.

#### To know the exact cause in the initial stages:

- Electroencephalogram (EEG)
- Blood tests
- Head MRI Lumbar puncture (spinal tap)
- > Head CT scan.

### **Treatment of OBS**



- OBS is a secondary diagnosis
- Treatment varies with the cause, severity and duration
- Medications to relieve headaches
- Antibiotics for infections
- Brain surgery in worst cases
- Occupational therapy and physiotherapy for improvement of the independence of a patient

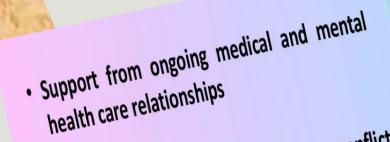
• Cognitive-behavioral (CBT) · Problem-solving (PST)

- Interpersonal
- Psychosocial Intervent · care management

  - intellectual/creative/recreational activity • exercise

    - · dealing with real life problems • relationships

- Identification of risk by "Gatekeepers" • Primary care physicians
- Home health providers
- Social service workers
- People in the neighborhood



solving, conflict and nonviolent handling of Skills resolution, disputes



## Conclusion

 Organic Brain Syndromes (OBS) are often missed in clinical practice

Physicians need to be aware enough for earlier detection

It might prevent damages and retrieve the mental function

Earlier psychiatric referral is a cornerstone of OBS management



