

# Management of Organic Psychiatric DISORDERS In Geriatric People

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**Angry Oldman**  
**Why?**

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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.

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

What might be the cause behind his psychiatric presentation?

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**OBS !**

# What is it?

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**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 physical disorders that cause impaired mental function.

They are meant to exclude psychiatric disorders.

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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**”

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Decreased mental functioning means-

Reduction of

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



# Classification of OBS

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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

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- 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.

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- 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

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



**Result from Neurodegenerative Diseases**

# Contd.

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- 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 troublesome voluntary movements

# Causes of OBS

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



# Endocrine Disorders

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- **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

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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

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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

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**Early and  
differential  
diagnosis is  
critical**

- 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

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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

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- 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



- **Psychotherapy**

- Cognitive-behavioral (CBT)
- Problem-solving (PST)
- Interpersonal

- **Psychosocial Interventions:**

- care management
- exercise
- intellectual/creative/recreational activity
- relationships
- dealing with real life problems

- *Identification of risk by “Gatekeepers”*

- Primary care physicians
- Home health providers
- Social service workers
- People in the neighborhood

- **Support from ongoing medical and mental health care relationships**

- Skills in problem solving, conflict resolution, and nonviolent handling of disputes



# Conclusion

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- 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





The Journey of life