

A 41 yr old female complains of bilateral weakness in her feet. Ankle reflexes are normal. Two months earlier the pt was in a car accident in which her daughter's legs were amputated. What is the most likely diagnosis?

- A. Guillain Barre syndrome
- B. Malingering
- C. Conversion Disorder
- D. Somatization Disorder
- E. Multiple Sclerosis

Answer: C

- Conversion disorder (especially on tests) usually has a story that explains the appearance of the pseudoneurological symptom. In this case, the patient has a complaint of weakness in her feet that occurred after her daughter's traumatic leg injury. The patient's exam is normal. In GBS, we would expect decreased reflexes, while in an MS flair, we would an increase. A malingering patient should show evidence of secondary gain. Somatization disorder presents with multiple complaints including pain, GI and sexual symptoms.

Which of the following is NOT consistent with a diagnosis of conversion disorder?

- A. A 52 year old man with astasia–abasia gait.
- B. A 67 year old woman with acute onset of vision loss after finding her cat dead in the street.
- C. An 18 year old girl complaining of acute onset of numbness of her hands and wrists in a glove-like distribution.
- D. A 27 year old male complaining of foot pain. No swelling or redness on exam. X-rays were normal.

Answer: D

- Astasia-abasia is a wildly staggering gait that demonstrates good balance and strength despite the patient's complaint of gait dysfunction. Also called hysterical gait, this is classic for conversion disorder. The woman in B didn't like what she saw so she refused to see it – another classic conversion story that explains the patient's symptoms. The girl who's acute numbness corresponds to her own idea of anatomy, not the actual cutaneous innervation of her hands and wrists. Pain is not a neurological symptom, so it is not conversion.

Which of the following statements about hypochondriasis is true?

- A. It is more common in women.
- B. It is more common in men.
- C. These patients are seen more often in psychiatric clinics than in primary care settings.
- D. Depression is a common comorbidity.
- E. Research has shown insight oriented psychotherapy to be effective.

Answer: D

- Depression is seen in over half of patients with hypochondriasis. Its incidence is equal in men and women. It is seen more often in primary care settings and is not responsive to insight oriented therapy. CBT is helpful in addressing the distortions and catastrophizing that is prevalent with these patients.

29 yr old F has h/o multiple episodes of severe anxiety associated with abdominal pain and a tingling sensation in her hands. These episodes correspond with her menses. Which test may best elucidate her diagnosis?

- A. Morning cortisol
- B. TSH
- C. Urine porphobilinogen
- D. Anti-smith antibodies
- E. Carbamazepine level

Answer: C

- To establish the a diagnosis of a psychiatric disorder, it is important to consider medical conditions that may also explain the psychological symptoms. Patients with acute intermittent porphyria classically present with abdominal pain, peripheral neuropathy, and psychological symptoms (anxiety, psychosis, delirium) . Attacks are associated with menses, changes in diet, or hepatic enzyme inducing medications. Elevated porphobilinogens (as they are not converted to heme) are seen in the urine.

A 48 yr old woman is referred to you by her PCP due for treatment of depression. The patient says she is not depressed or anxious. You call the PCP for clarification. The PCP says that he has found no other cause for her many physical complaints, despite multiple work ups. The PCP says that she must be anxious or depressed. Which of the following is an appropriate management strategy for this type of patient?

- A. Admit her to psychiatry.
- B. Let the PCP continue be the main director of the patient's medical management.
- C. Refer her to multiple specialists to evaluate her complaints.
- D. Have her follow up on an as needed basis.

Answer: B

- There is nothing in the vignette to suggest that the patient is an immediate danger to herself or others, so pursuing a psychiatric admission is not needed. Because the patient is focused on her somatic symptoms, the patient will be more likely to stay in treatment if the PCP continues to direct her care. The PCP should schedule regular visits (not PRN) to give the patient structure. Multiple specialty evaluations will only reinforce her tendency to focus on somatic symptoms.

The previous patient decides to come see you for weekly therapy. What would be your approach to this patient?

- A. Introduce psychological issues slowly.
- B. Confront the patient's alexithymia.
- C. Assist the patient in doing a better job of suppressing her emotions.
- D. All of the above.
- E. None of the above.

Answer: A

- Because of the patient's difficulty in discussing her emotions, it would likely cause her too much anxiety if you confronted her alexithymia. We want to help her express her emotions, but we have to introduce psychological issues slowly, as she can tolerate them, to keep her engaged in treatment.

Which of the following is inconsistent with the presentation of factitious disorder?

- A. Extensive medical knowledge.
- B. Mundane history lacking in details.
- C. Willingness to undergo multiple tests and procedures.
- D. Appearance of new symptoms after a negative test.
- E. Multiple hospital admissions

Answer: B

- Patients with factitious disorder tend to have a dramatic presentation with details revealing extensive medical knowledge. Medical paraprofessionals are at increased risk for factitious disorder. The patients stories are often inconsistent. They are generally willing to undergo extensive testing and even invasive procedures in the pursuit of patient-hood. Negative test results bring about a new round of symptoms. In its severest form, factitious disorder results in multiple hospital admission across many cities.

A 24 year old man arrives to the emergency room sweating and complaining of chest pain. He is ruled out for MI, but blood glucose (BG)=43. His BG returns to 86 after drinking juice. Exam and labs are normal. After discussing follow up options with team, patient is found sweating. His BG = 38. What test would best help with the diagnosis?

- A. Insulin Level
- B. C-peptide
- C. Cortisol level
- D. Repeat BG
- E. Lumbar Puncture

Answer: B

- Again, we have to rule out medical conditions before we make a psychiatric diagnosis. In this case, we are trying to determine if this man's blood sugar plunges are caused by exogenous or endogenous insulin. C-peptide will be elevated if the patient's own insulin is the cause.