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The Psychiatric Manifestations of Medical Illnesses Michael R. Lyles M.D.

Nearly 50% of patients in psychiatric outpatient clinics have undiagnosed medical problems. Furthermore, 10% have medical problems that are directly causing their psychiatric symptoms. The proper recognition of these medical disorders is necessary to initiate appropriate treatment, slow the progression of untreated medical states and avoid inappropriate psychiatric labeling.

Undiagnosed medical conditions may present with a variety of symptoms including depression, confusion, anxiety, personality changes, memory loss, psychosis, and visual hallucinations. One should think about medical causation especially in patients who present with a sudden onset of symptoms with a negative past and/or family history of psychiatric disorder. Think about medical causation in patients over the age of 35. For example, a brain tumor needs to be ruled out in patients that present with the first onset of mania after the age of 40. Highly suspect medical causation in patients whose symptoms correlate with changes in medication or medical status.

Anxiety symptoms can be caused by thyroid disease, excessive caffeine intake, cardiac arrhythmias, adrenal gland malfunctions (Cushing's Disease or pheochromocytoma), heart valve problems (Mitral Valve Prolapse), low blood sugar (hypoglycemia) or parathyroid problems. Thyroid problems are very common in anxiety and usually consist of too much thyroid hormone production. Symptoms would include tremors of the hands, heat intolerance, excessive sweating, weight loss, oily skin, bulging eyes and reduced menstrual flow. Mitral valve prolapse patients have a heart murmur. Pheochromocytoma patients have very elevated blood pressure. Parathyroid patients may have kidney stones, duodenal ulcers and abdominal pain.

Depression is associated with low thyroid production, intracranial or pancreatic carcinoma, severe anemia or after open-heart surgery. A significant number of stroke patients develop depression afterwards. Heart attack patients often develop depression. Symptoms of low thyroid states include dry skin, fatigue, constipation, weight gain, slowed pulse, cold intolerance, swelling in the feet or legs and heavy menstrual flow. Anything that disrupts sleep, such as sleep apnea, can cause depression. Anything that

disrupts hormonal balance, such as endometriosis or polycystic ovarian syndrome, can contribute to depression.

A variety of conditions may present with psychosis or mania. Multiple sclerosis can present with any kind of psychiatric symptom, but is most often characterized by sudden transient motor and sensory disturbances such as unilateral blindness. Wilson's Disease usually presents with liver and eye pathology along with an abnormal gait. Porphyria presents with psychosis and abdominal pain. Systemic lupus erythematosus presents with arthritis type symptoms in patients who feel ill. Some forms of epilepsy and thyroid disorders are also relevant potential causes of psychosis. Traumatic head injury can commonly present with a clinical picture that looks like mania mixed with Attention Deficit Hyperactivity Disorder.

Prescription and herbal drugs can trigger a variety of psychiatric symptoms. Accutane (acne) has been associated with suicidal depression. Tamoxifen (breast cancer chemotherapy) and Lupron (for endometriosis) are often problematic with depression. Lariam (antimalarial) has been associated with psychosis and depression. Opiates (narcotic pain pills) have been associated with depression. Corticosteroids can mimic any psychiatric symptom. Ephedra, Ma Hyuang and Gingseng can cause anxiety, depression, panic, and paranoia. Kava Kava and Valerian Root can contribute to depression. St. John's Wort has induced mania in bipolar patients. Drug interactions represent the other major possibility for pharmacological causation. Thus one must always be diagnostically alert – especially in patients who are not responding to standard treatment. For this brief review just touches the surface of the medical issues that can be confused with psychiatric illness.