

DIFFERENTIAL DIAGNOSIS: NAVIGATING DIFFICULT DIAGNOSTIC DILEMMAS

PART II: PRACTICE CASES

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MHIP for Behavioral Health
Mental Health Integration Program



Webinar Objectives

- Integrate a structured diagnostic work flow into the assessment process.
- Use diagnostic screeners to aid in developing a differential diagnosis.
- Describe an approach to differentiation of common diagnostic dilemmas.
- Apply differential diagnosis skills to common case scenarios.

Questions

- Personality Disorders
- ADHD
- Malingering

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Personality Disorders

- Often co-exist with Axis I
- Be sensitive to personality traits/disorders for guiding therapeutic stance
- Observation over time is especially important to make these diagnoses
- May consider a personality disorder when do not respond to treatment or have significant interpersonal difficulties

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ADHD

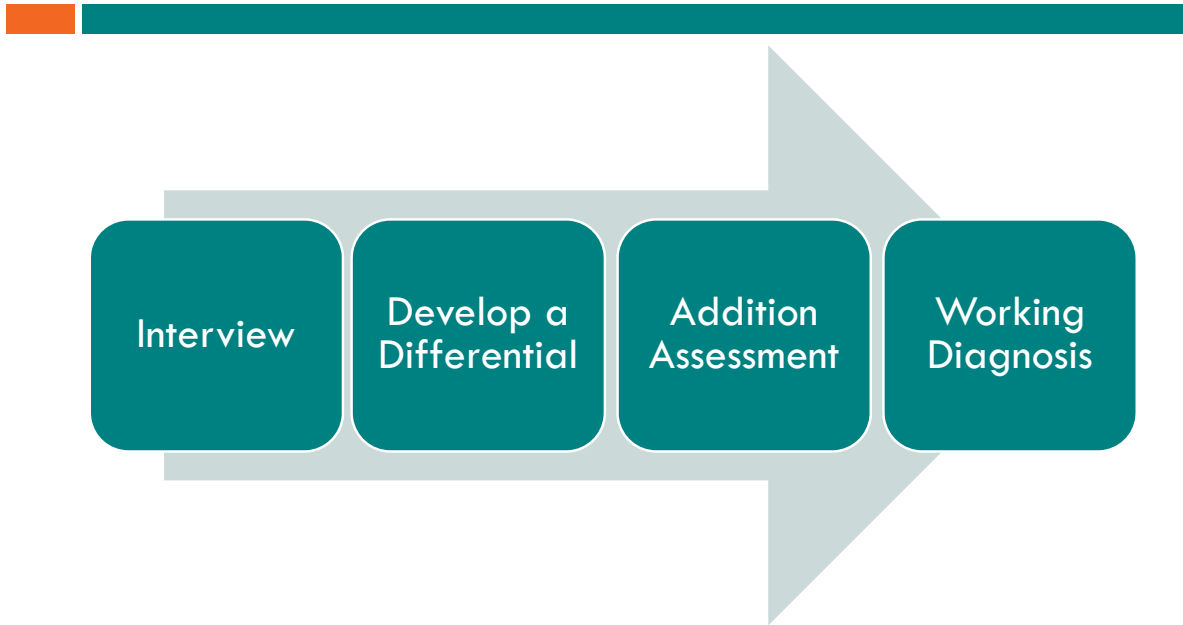
- Diagnosis of exclusion
- Inattention and difficulty with concentration are common in many mood, anxiety and psychotic disorders
- Treat other Axis I disorders first, then re-assess attention
- Obtain additional function impairment history
 - What can't they do right now because of poor attention?
- Educational and work functioning history are informative

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Factitious Disorder and Malingering

- Factitious disorder — The essential feature of factitious disorder is intentionally faking symptoms in order to assume the sick role, ie, to be a patient
- Malingering — The essential feature of malingering is intentionally faking or grossly exaggerating symptoms for an obvious, external incentive such as avoiding work, avoiding criminal prosecution, obtaining financial compensation, or obtaining medications
- Clinicians should suspect malingering when any combination of the following is present:
 - medical-legal context (eg, patient is referred by an attorney for evaluation)
 - marked discrepancy between the patient's claimed distress or disability and the objective findings; pan-positive symptoms across many categories!
 - noncompliance with diagnostic evaluation or treatment
 - antisocial personality disorder

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Differential Diagnosis

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Depression	History of manic/hypomania	Unipolar Depression: MDD, Dysthymia, Adjustment d/o
		Bipolar Disorder, Depressed/Mixed
Anxiety	Pervasive Anxiety/worry	Generalized Anxiety Disorder
	Recurrent unprovoked panic attacks	Panic Disorder
	Re-experiencing traumatic events	PTSD
	Obsessions or compulsions	OCD
Psychosis		Primary Psychotic Disorders Substance-Induced Psychosis Mood Disorders with Psychosis
Problematic Substance Use		Substance Abuse/Dependence
Cognitive Impairment		Acute: Delirium Chronic: Dementia, Psychotic Disorders

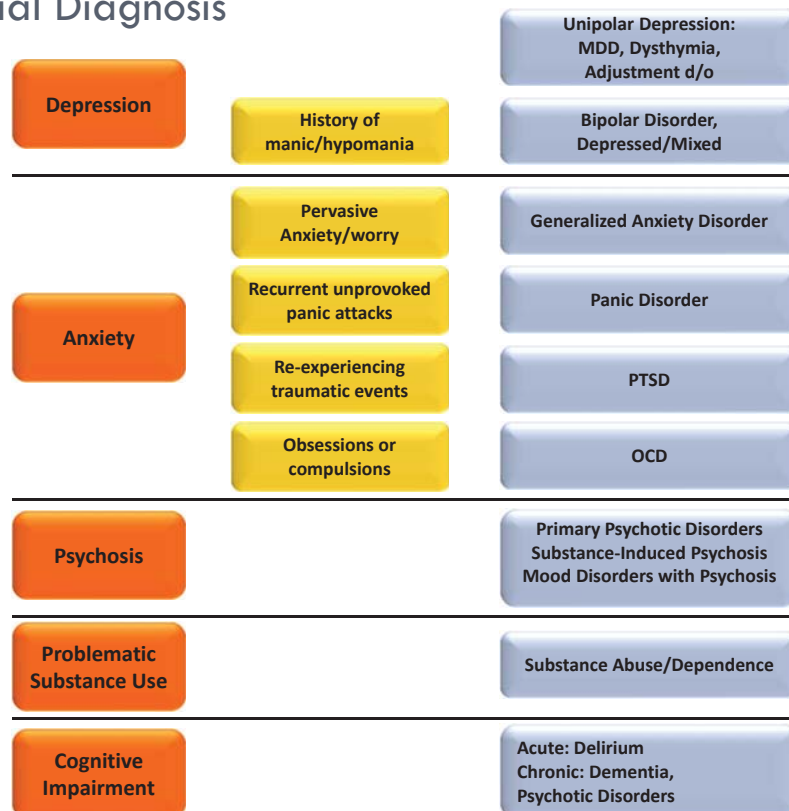
Case 1

- The patient is a 35-year-old male presenting to his primary care clinic complaining of depression. Patient reports a history of worsening depression over the 3 months. Patient reports difficulty sleeping, irritability, poor energy, poor appetite, feelings of worthlessness and hopelessness, passive suicidal ideation and depression.
- What do you do next?

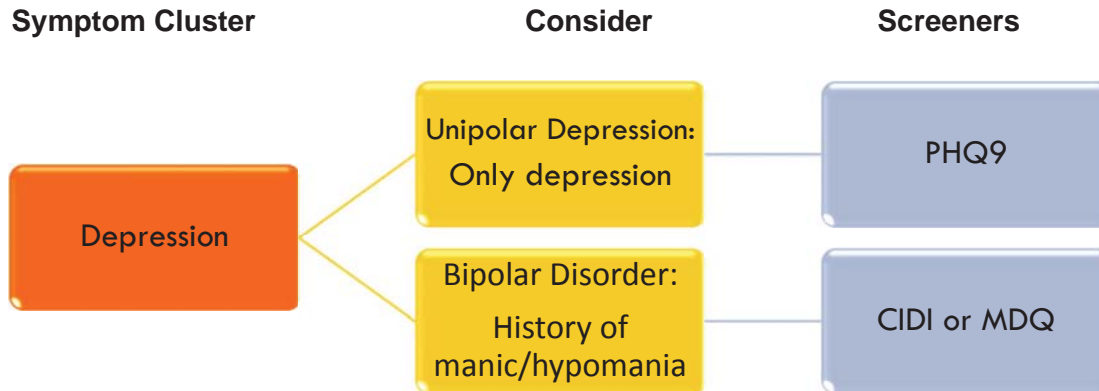
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Differential Diagnosis

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Mood Symptom Summary



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HPI – Mood Card

- Mood
 - Duration, trigger
- Sleep
- Appetite
- Energy level
- Suicidal ideation
- Mania/hypomania
 - “Has there ever been a period of time in your life that lasted for at least a few days in a row when you felt unusually happy or energized for no particular reason?”
 - Inquire about pertinent substance use

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Case 1 ... continued

- When the patient is asked about bipolar symptoms, the patient has a positive CIDI screener.
- Patient reports a previous history of heavy alcohol use.

- How would you ask about his previous episodes of mania?

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Bipolar Disorder: Follow-up Questions

- How long do the hypomanic/manic episodes last?
- How frequently do the hypomanic/manic episodes occur ?
- During periods of sobriety have you had hypomanic/manic episodes?
- Do you have a family history of bipolar disorder or schizophrenia?
- Have you been previously diagnosed with bipolar disorder, and if so, by whom?
- Have you previously been treated with antidepressants? How did you respond?

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Case 1... continued

- The patient reports that sometimes he has mood episodes that go up and down over a day.
- However, he notes two previous episodes of increased energy after little sleep. During these periods of time, he reported "working on a book", spending money to develop a tour to sell his book, impulsive travel to another state and increased sexual promiscuity.
- He notes these happened during a period of sobriety.
- The patient also reports periods of approximately one week lasting up to one month of increased irritability, agitation with a depressed mood.
- What is your diagnosis and are there other questions you would ask?

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Case 1... conclusion.

- Be sure to ask about psychosis and other physical symptoms
- Working diagnosis: Bipolar I disorder, current episode depressed
- Consider Bipolar I disorder, mixed episode; Substance induced mood disorder and Mood disorder secondary to medical condition
- Treatment implications
 - Helpful if can ask about previous treatment response

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Case 2

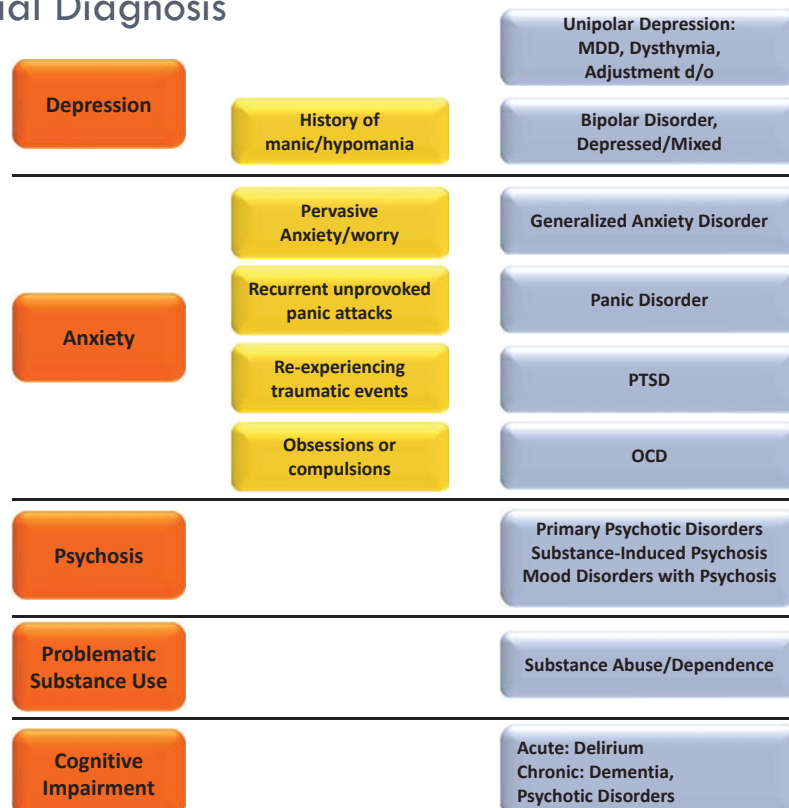
- Patient is a 29-year-old Hispanic female presenting at a 6-week post partum check up. She presents answering questions slowly, looks physically slowed down and has a blunted affect. When asked about her mood, she is slow to answer you but says she is feeling depressed. Her husband and baby are present for the appointment.

- What would you ask about next?

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Differential Diagnosis

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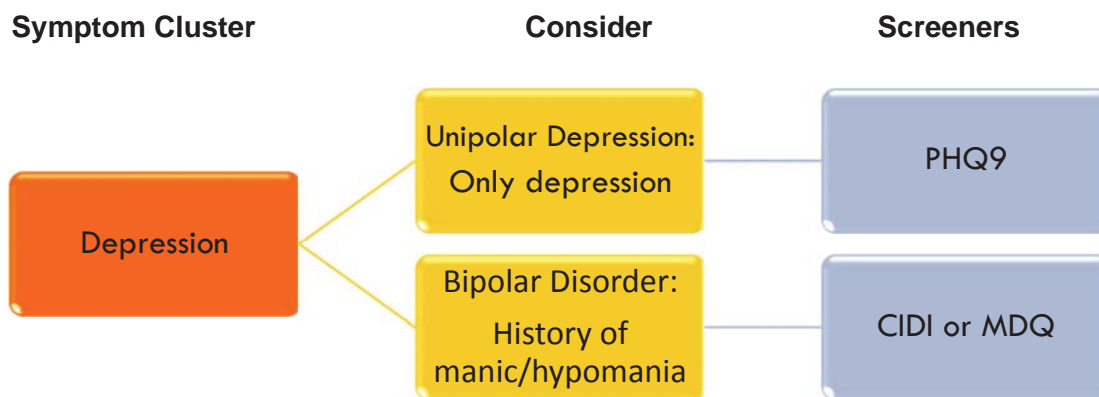


Case 2... continued.

- She denies any history of anxiety, substance use, or manic symptoms. PCP checked her thyroid and has no concern for other medical illness. Patient denies any thoughts of harming the baby. She notes that she has had some thoughts about harming herself but is very wary when answering your questions about this and vague about answering any question about her plans for self harm or intent. She also reports that she feels like her husband is following her “too closely”.
- **What do you do next?**

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Mood Symptom Summary



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HPI – Psychosis Card

- Questions may need to be tailored to the specific patient
- Be alert to signs of possible psychosis: Thought/behavioral disorganization, vagueness of speech, bizarre mannerism, response to internal stimuli
- Common ways to phrase your question:
 - “Have you ever had strange experiences such as hearing voices when no one is around, or seeing things that aren’t there?”
 - (When suspecting psychotic depression) “Sometimes when people feel very depressed, they can have strange experiences such as hearing voices when no one is around. Has something like this ever happened to you?”
- Inquire about possible delusions when appropriate:
 - “Have you ever felt that other people (such as your neighbors, or government organizations) are out there to get you?”

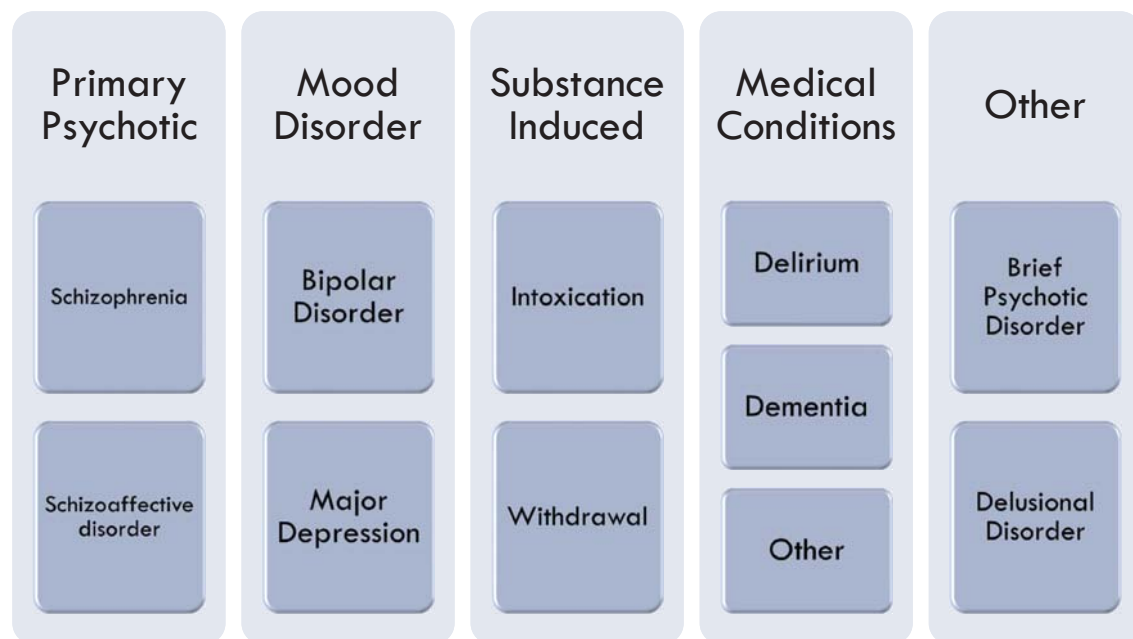
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Case 2 ... continued

- You ask the husband if he has any concerns about his wife. He asks to speak to you alone and since you have an ROI to speak to him you step into the hall while having a medical assistant sit with the patient.
- He reports that he found his wife with a piece of rope around her neck last night in the bedroom and he is very concerned about her. You go back into the room and the patient becomes agitated and restless.
- What is your leading diagnosis in the differential and why?

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Differential for Psychosis



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Case 2...convulsion.

- Working diagnosis: MDD with psychosis
- r/o Bipolar disorder with psychosis; Substance induced mood disorder; Primary psychotic disorder
- Treatment implications
 - SAFETY: Patient was involuntarily detained for danger to self.

Case 3

- 48yo Latino man is referred to the behavioral health care coordinator by his PCP as he recently lost his DL-X benefits and can no longer be seen at the community mental health agency where he received care for the last 2 years. He told the PCP that he was diagnosed at some point with “schizoaffective disorder.”
- The patient’s presenting complaints include difficulty with sleep, feeling irritable and unable to relax. He endorses having had problem with irritability and anger for several years and is not sure whether there was any specific trigger for the onset of his problems. He denies feeling depressed.
- He has difficulty falling asleep and staying sleep, and sometimes wakes up in the middle of the night in a state of panic, drenched in sweat. He denies any appetite change or weight gain/loss. He feels that his energy level is generally okay, but sometimes he feels tired from a lack of sleep.

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Case 3... Continued.

- He spends most of his days staying at home watching TV, and says he does not like going out because he “doesn’t like people.” When asked what he meant by that, he states that he doesn’t trust other people, and that he easily gets into arguments or fights when he simply tries to “protect” himself.
- He denies a history of panic attacks, but endorses having heard his deceased mother speaking to him. He says this has happened to him 3-4 times since his mother’s death 5 years ago while he was incarcerated. He endorses having seen shadows in the corners of his eyes when there was actually nothing there.
- The patient acknowledges a history of regular marijuana and cocaine use that started when he was a teenager growing up in the greater LA area. He also got involved with gang activities. The drugs and gangs activities led to him being incarcerated multiple times throughout his adult life. He most recently served a prison term of 3 years and was released 3 years ago. He maintains that he has been clean and sober since he went into prison 6 years ago. He denies a history of euphoric mood, increased goal-oriented activities or reckless behavior except for when he was on cocaine binges.

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Case 3 ... Continued.

- He is currently being treated with sertraline 75mg daily and risperidone 2mg qhs. He was started on these meds some time ago at the community mental health agency. He is not sure if the meds are helpful. He recalls having tried other medications in the past but cannot remember their names.
- He presents to the care coordinator's office in clean and casual clothing. His grooming is adequate. He appears somewhat guarded and tense for the first half of the interview, but manages to relax a little and even flash a couple of smiles toward the end. He seems to involuntarily glance out of the office window from time to time, especially when there are loud vehicles driving by. His speech is of normal rate and volume. His thought process appears to be, overall, linear and coherent.

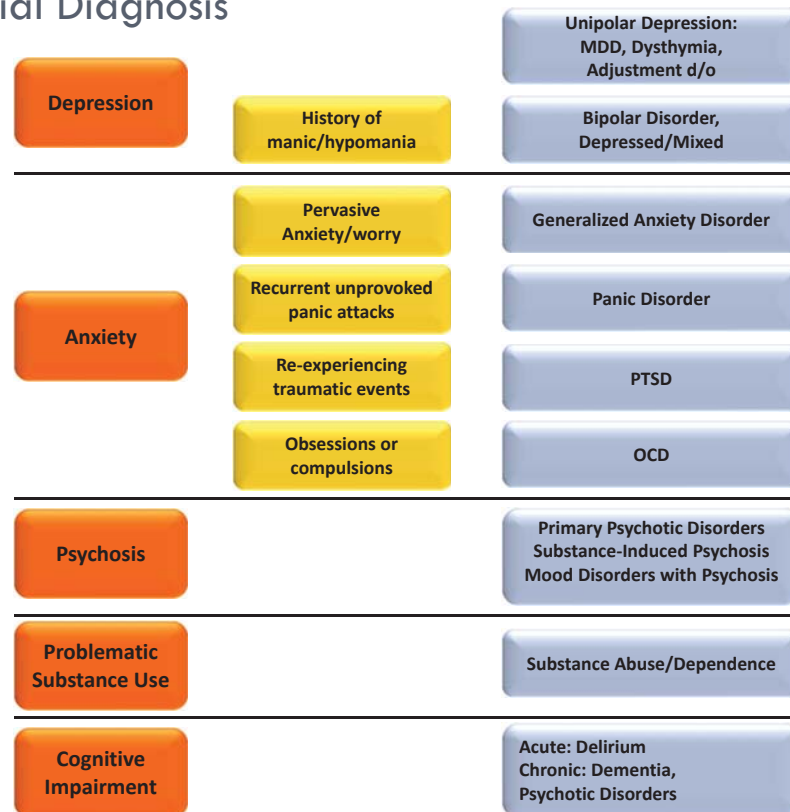
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Case 3 - Questions

- What are the main Axis I diagnoses you would consider for this patient?
- What are some additional questions you would ask to confirm or rule out the diagnoses?

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Differential Diagnosis



Case 3 ... Conclusion.

- PTSD vs psychosis
 - Hypervigilance vs paranoia
 - Re-experiencing/illusions vs hallucinations
 - Previous prescriptions of anti-psychotics does not mean a person is psychotic
- PTSD and psychosis can be co-morbid
- Treatment implications

Thank you!

- Please fill out the evaluation!
- Questions?
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