# "Management of a GH resident with psychiatric problems"

Friday 7th September 2007

7thEASOM Summer School

Zaragoza.

# Goals

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Discuss the assessment and management of a real (disguised case) consultation from Occupational Department regarding psychiatric evaluation of a resident working in General Hospital to rule out Schizophrenia

# Case vignette (1)

Carmen is a 28 years old  woman, trained as Family Medicine specialist, currently she is being in her 2nd year for becoming radiologist.

She is being referred for psychiatric evaluation from Occupational Medicine Department as a recent change in behaviour has been noted and because her past psychiatric and occupational problems

# Psychiatric history

-6 years ago Carmen had a psychotic episode and was treated as outpatient in a private psychiatric office. There was a relapse in the following year an Carmen was briefly admitted in a Psychiatric ward. She was followed up during two years in the same private office.

# Previous occupational problems

Carmen was able to finish medical education and she completed Family Medicine residency program. At the end of her third year she had a written report describing conflict relationship and difficulties to be motivated in her learning objectives. Carmen disagrees and claimed at the National Speciality Board but finally she decided to undertake the national boarding exam to begin a new speciality.

# Current history

- Carmen is recovering from a surgical operation: an ovarian cyst and a non-malignant mioma was been recently removed.

- She admits being tired and poorly concentrated but preferred to be working than at home.

# National Background

- 4 months ago a 2nd year resident working in GH at Madrid killed 3 persons (patients and another resident) and injured 5 more while being clearly psycotic. Public opinion expressed great concern because the case was not managed in a better way (the resident was suspended of clinical activities but she was not on leave)

# Carmen´s state of mind (I)

- Alert, good-looking, rather pale and fatigued. No loss of contact reality. No psychotic features. She feels tired and demoralized but there is not anhedonia or sense of wortheless. Carmen is cooperative but she express her disagreement with the procedure.

- She is angry because no explanation was given to her before she was suspended of clinical duties. Moreover, she is resentful because at the first week of being on leave (she complied with her service,s recommendation) she has been interweed by a medical officer who had access to her psychiatric admission record.

# Carmen´s state of mind (II)

- She feels stigmatized because the chief os her Service believes she is "mad" as the Madrid resident was. She feels threated by tis and she is concerned of beind dismissed by the residency program

- During the interview she is getting more at ease and she openly inform of previous difficulties in her life: her parent divorced when she was 8. At 11 she had an operation (ectopic thymic gland) resulting an unilateral aplastic mamary gland develpoment. Her psychotic episodes were brief and related to life events (fiancee break ups). She was able to recover to her previous level of functioning.

# Diagnostic journey

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# Management recommendations

# Acute and transient psychotic disorder ICD-10

G1. Acute onset (no more than 2 weeks) of delusions, hallucinations, incomprehensible or incoherent speech or any conditions of these.

G2. If transient states of perplexity, misidentification or impairment of attention and concentration, they not fulfil the criteria for organically caused cloudin of consciousness.

G3. The disorder does not meet criteria for manic or depressive episode or recurrent depressive isorer.

G4. Insufficient evidence of recent psychoactive substance abuse.

G5 No organic mental disorder or serious metabolic disturbance affecting CNS

# Acute polymorphic psychotic disorder without symptoms of schizoprenia

A. General criteria are met.

B. Symptoms change rapidily in both type and intensity from day to day or within the same day.

C. Symptoms form at least two categories occur at the same time:emotional turmoil, ectasy or overwhelming anxiety or marked irritability; perplexity or misidentification of people or places; increased or decrease motility, to a marked degree.

D. If any symptoms of schizophrenia are present tey are only for a minority of the time.

E. Total duration does not exceed 3 months.

# Schizophrenic symptoms (ICD 10)

A. Thought echo, insertion , withdrawal or broadcasting.

B. Delusions of control, influence or passivity, clearly referred to body or limb movements or specific thoughts, actions or sensations, delusional perceptions.

C. Hallucinatory voices giving a runing commentary on the patient behaviour or discussing the patients among themselves or other type of voices coming from some part of the body.

D. Persistent delusions of other kinds that are culturally inappropiate and comletely impossible.

E. Persistent hallucinations in any modality, when ocurring every ay for at least 1 month. When accompanied by delusions without lear affective content or when accompanied by persistent overvalued ideas.

F. Neologisms, breaks, or interpolations in the train of thoughts, resulting in incohorence or irrelevant speech.

G. Catatonic behaviour, such as excitement, posturing or waxy flexibility, negativism, mutism and stupor.