Psychiatry Board Review

- A 36 yo woman presents for evaluation of insomnia and fatigue. She has lots of difficulty falling asleep because her mind won't shut off. She has persistent headaches and neck pain. She relates that the sleep problem and headaches have been ongoing for the past few years. She is worried about her parents, her children's activities and work. She calls her parents multiple times a day to check on them, and is concerned that her children are not in the right activities for the best future, even though the kids love their sports and music activities

What is the Most Likely Diagnosis?

A) Bipolar disorder
B) Generalized anxiety disorder
C) Obsessive compulsive disorder
D) ADHD
E) Depression

Generalized Anxiety Disorder

- Lifetime prevalence in US 5-11%
- Most common Anxiety disorder among the elderly
- Comorbidities are very common- social phobia in 23%, panic disorder in 24% and very high rates of depression (50%)

Best Screening Question for GAD

- Do you consider yourself a worrier?

DSM 5 Criteria for GAD

- Excessive anxiety and worry (apprehensive expectation), occurring more days than not for at least six months, about a number of events or activities (such as work or school performance).
- ● The individual finds it difficult to control the worry.

DSM 5 Criteria for GAD

- ● The anxiety and worry are associated with three (or more) of the following six symptoms (with at least some symptoms having been present for more days than not for the past six months):
- 1. Restlessness or feeling keyed up or on edge
- •2. Being easily fatigued
- •3. Difficulty concentrating or mind going blank
- •4. Irritability
- •5. Muscle tension
- •6. Sleep disturbance (difficulty falling or staying asleep, or restless, unsatisfying sleep)
- ● The anxiety, worry, or physical symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

Treatment of GAD

- 1st line therapy

SSRI (or SNRI)- NNT 5 for SSRI and/or CBT (Med stabilization should occur 1st if combining with CBT- avoid sedation)

Benzodiazepine as bridge therapy for first several weeks (use long acting benzo's)

Benzodiazepines can be used long term ,if needed if symptoms not fully treated with SSRI at full dose

2nd line/adjunctive treatment

Buspirone, mirtazipine, pregabalin,hydroxyzine

A 27 yo woman is seen in the ER with symptoms of shortness of breath, palpitations and feeling of impending doom She reports these symptoms have been present for the past 3 days. She felt that she almost passed out yesterday. She woke up in the middle of the night last night with palpitations and marked shortness of breath.
Medications: Omeprazole, OCP, $CaCO_3$, Claritin.
PE - BP 100/60 P 100 T-97.6 O_2 Sat 97%
Cardiac - NeS_1S_2 negative murmur. Chest - clear
What would you recommend?

A) CTA
B) Echocardiogram
C) CBC
D) begin SSRI for panic disorder
E) referral to psychiatrist for treatment of panic disorder

Panic Disorder Epidemiology

- Prevalence 3.8%
- Onset usually between age 20-40
- Often familial
- Cocaine use may be a precipitant
- Major depression occurs in half of the patients with panic disorder

Panic Disorder Presentation

- 75% of patients seek care for their worst attack
- 50% present for care at time of first attack
- 40% of ER patients with atypical chest pain have panic attacks
- 33% of cardiology patients with chest pain and normal coronary arteries have panic disorder
- Of newly diagnoses patients with panic disorder at a tertiary care facility 70% had seen at least 10 physicians

Panic Disorder Symptoms*

- Dyspnea
- Dizziness
- Palpitations/ tachycardia
- Trembling/shaking
- Sweating/hot flashes/chills
- Choking
- Nausea
- Depersonalization
- Parasthesias
- Chest pain
- Feeling of impending doom
- Fear of going crazy

*At least 4 present during an attack

Best Screening Question for Panic Disorder

- Do you have waves of nervousness that come out of the blue and you notice things in your body like your heart goes fast or it is hard to breathe?

Panic Disorder Treatment

- SSRI / SNRI + cognitive therapy
- Beware benzodiazepines- may worsen response to CBT

A 27 yo woman presents for evaluation. She demands thyroid medication to make her stronger as she is now “Senator for the State of California”. She reports she has been sleeping about 2-3 hours a night for the past 2 weeks and feels well. She has not been hungry. She tells you she left her last medical provider because he was reporting information to the election canvassing board that was damaging her election hopes.

What is her most likely diagnosis?

A) Bipolar disorder
B) Paranoid schizophrenia
C) Paranoid personality disorder
D) Histrionic personality disorder
E) Frontal lobe brain tumor

Bipolar Disorder
Clinical Features

- Excited, emotional lability
- Demanding, egocentric
- Elevated self-esteem
- Flight of ideas
- Poor judgement
- Paranoia
- Delusions, hallucinations
- Little need for sleep, insomnia

Bipolar Disorder 1 – Percent Time With Any Symptom

- Depression 32%
- Hypomanic/Manic 9%
- Mixed 6%

Arch Gen Psychiatry 2002; 59:530.

Bipolar Disorder Therapy

- Acute mania

  Mood stabilizers – Lithium, Valproate, Carbamezipine

  Antipsychotics – Olanzepine, resperidone, haloperidol,aripiprazole,quetiapine

For acute mania use lithium or anticonvulsant + and antipsychotic (response rate about 20% higher with combination therapy)

NNT 6.6 for aripiprazole with NNH of 7 (akathesia) (1)

Also- recent FDA warning about gambling/impulse control problems with aripiprazole

1) Am J Psychiatry 2008; 165:1316.

Bipolar Disorder Therapy

- Depression
  - Lithium + antidepressant (SSRI preferred)
  - avoid TCA's
  - Monotherapy with an antidepressant is discouraged

Metabolic Complications of Antipsychotics

- Weight gain
- Increased insulin insensitivity
- Hyperglycemia

- Clozapine (Clozaril) and Olanzapine (Zyprexa) are worst in regard to weight gain and metabolic syndrome. Ziprasidone (Geodon) and lurasidone were least likely to cause metabolic abnormalities (Latuda)

- Lancet Psychiatry 2020;7(January): 64-77.

- A 30 yo woman with a history of severe depression comes to the clinic with her family because of concerns about recent frequent gambling. The patient also mentions that she has severe credit card debt because of recent frequent online and outlet mall shopping sprees. Before this year had not previously gambled. She has had 2 hospitalizations for depression in the past 3 years. Current mediciations: Fluoxetine, bupropion,aripiprazole, zolpidem, and levonorgestrel IUD

What is the most concerning cause for her gambling/spending?

A) Fluoxetine
B) Aripiprazole
C) Bupropion
D) Zolpidem
E) levonorgestrel IUD

Aripiprazole FDA Warning 5/3/2016

- FDA is warning that compulsive or uncontrollable urges to gamble, binge eat, shop, and have sex have been reported with the use of the antipsychotic drug aripiprazole (Abilify)
- Health care professionals should make patients and caregivers aware of the risk of these uncontrollable urges when prescribing aripiprazole, and specifically ask patients about any new or increasing urges while they are being treated with aripiprazole.

A 33 yo man presents requesting an HIV test. He has been seen 4 times in the last 12 months for HIV testing (all previous tests negative). He reports one sexual encounter in the past 18 months (with a woman). He thinks his condom may have broken. On physical exam he has erythema of the penis.

What is the most likely diagnosis in this patient?

A) obsessive-compulsive disorder
B) somatization disorder
C) schizophrenia
D) major depression
E) HSV 2 infection

Obsessive-Compulsive Disorder

Epidemiology

- Prevalence ~2%
- Median age of onset 23
- Median time from symptom onset to diagnosis 23 yrs

Obsessive-Compulsive Disorder
Common Obsessions

- Fear of contamination
- Fear of harming others
- Distressing sexual or religious ideas
- Desire to hoard/ exactness/ symmetry

Obsessive-Compulsive disorder
Common Rituals

- Repetitive cleaning (hand washing)
- Repetitive checking
- Repetitive counting
- Hoarding

Obsessive compulsive disorder useful questions

- Are there certain thoughts that go through your mind over and over that you can’t get rid of?
- Are there behaviors or habits you feel compelled to repeat?

Obsessive Compulsive Disorder Treatment

- High dose of SSRI's

  Fluoxetine 40-60 mg

  Sertraline 100-150 mg

  Celexa 40 mg (Think celexa should be avoided as least safe SSRI to push dose)

I A 33 year old woman presents to establish primary care. She has had 3 primary care physicians over the past year. She reports each of them were not good listeners, but it is obvious that you are a superb listener an are an outstanding doctor. She discusses how her best friend was unreliable and she can't be trusted. What is the most likely diagnosis?

A) Paranoid personality disorder
B) Narcissistic personality disorder
C) Antisocial personality disorder
D) Borderline personality disorder
E) Schizophrenia

Borderline Personality Disorder

- Impaired relatedness – unstable relationships with others, chronic emptiness
- Affective dysregulation – affective lability, excessive anger, and efforts to avoid abandonment. Idealization
- Behavior dysregulation – impulsivity, suicidality, and self-injurious behavior

Depression Epidemiology

Lifetime prevalence US – 17%, 3% persistent

12 month prevalence 6%, with 2% persistent

Depression
Associated Conditions

- Panic disorder
- Stroke
- Hypothyroidism/Vitamin B12 def/Vitamin D def
- Fibromyalgia/CFS
- Corticosteroid use
- CAD

Major Depression

At least five of:

- Depressed mood, especially AM
- Anhedonia
- Weight change
- Sleep change
- Fatigue
- Feelings of worthlessness/guilt
- Decreased concentration
- Thoughts of death/suicide

I What is the most likely sexual side effect in a 38 year old man on sertraline?

A) Decreased libido

B) Delayed ejaculation

C) Erectile dysfunction

D) Decreased sensation

E) Hyper sexuality

A 38 yo man with a diagnosis of depression presents for follow-up. He has had a good response to treatment with sertraline (Zoloft) but would like to stop treatment because of sexual side effects (delayed ejaculation). He has been on antidepressant therapy for 6 weeks.

What would you recommend?

A) Stop Sertraline

B) Stop Sertraline, begin Paroxetine (Paxil)

C) Stop Sertraline, begin Fluoxetine (Prozac)

D) Stop Sertraline, begin Bupropion (Wellbutrin)

E) Stop Sertraline, begin Amitriptyline (Elavil)

Antidepressants Sexual Side Effects

- LEAST
- Bupropion
- Mirtazapine

- MOST
- SSRI's
- SNRI's

Depression
SSRI's

- Less drowsiness as a class
- No orthostatic hypotension/minimal anticholinergic symptoms
- Sexual side effects in 30-50%
- Hyponatremia- especially in the elderly
- Increased GI bleed risk?
- Osteoporosis?

I A 45 yo woman is seen for treatment of depression. You suggest an SSRI, but she is reluctant to take this because she says that the last time she was treated with an SSRI, she got really sick when she stopped it. With this history which SSRI would you avoid, and which would be preferred?

A) Avoid citalopram/prefer sertraline

B) Avoid paroxetine/prefer fluoxetine

C) Avoid sertraline/ prefer paroxetine

D) Avoid fluoxetine/ prefer citalopram

E) Avoid any SSRI

Serotonin Discontinuation Syndrome

- Symptoms of dizziness, headaches, chills, insomnia, fatigue, anxiety,”brain zaps”
- Paroxetine is by far the most likely to cause this, due to very short half life
- Fluoxetine least likely due to long half life
- Tapering of SSRI decreases this
- If problems tapering, can switch patient to fluoxetine (10-20 mg a day), and taper

- A 30 yo woman presents with symptoms of depression. She has successfully been treated for depression in the past , but gained 20# on therapy and is reluctant to take medications because of fear of weight gain. What antidepressant would be the best option for her in regards to weight gain?

  A) Tranylcypromamine (MAOI)

  B) Paroxetine

  C) Mirtazapine

  D) Venlafaxine

Weight Gain With Antidepressants

- MAOI (very likely)
- Paroxetine (more likely than other SSRI's)
- Mirtazapine (likely)

Antidepressants That Don't Cause Weight Gain

- Bupropion
- Venlafaxine
- SSRI's (other than Paroxetine)??????

A 67 yo man three months following myocardial infarction, reports problems with severe insomnia. He cannot fall asleep easily and wakes up at about 430 AM each morning. He has had increased fatigue since his MI and is more forgetful with increased problems concentrating. Other medical problems include:

GERD, BPH, HX of stroke with related seizure disorder

What would you recommend?

A) Zolpidem (Ambien)
B) Amitriptyline (Elavil)
C) Nortryptiline (Pamelor)
D) Paroxetine (Paxil)
E) Bupropion (Wellbutrin)

- A 38 yo woman returns for follow-up. She has had major depression for the past 4 months. She was started on Sertraline 50 mg a day. After 6 weeks her symptoms were only minimally better. Her dose was increased to 100 mg a day with a slight improvement. After an additional 6 weeks her dose was increased to 150 mg a day. Now she returns without any additional improvement. What would you recommend?
- A) Switch to Paroxetine
- B) Add Nortriptyline
- C) Switch to Citalopram
- D) Add bupropion (Wellbutrin)
- E) Switch to Amitriptyline

I After an additional 8 weeks, the patient in the previous question returns. She is only marginally better. She is on Sertraline and Bupropion. What would you recommend?

A) Stop both meds and start Paroxetine

B) Stop both meds and start Nortriptyline

C) Add T3

D) Add Mirtazipine

E) Add Valproate

Augmentation Options for Refractory Depression

- Can add bupropion or buspirone (about 30% response)
- Can further augment with T3 (thyroid hormone) or lithium- Thyroid is better tolerated

Contraindications for Antidepressants

- Tricyclic Antidepressants - Arrhythmias, Hx MI, BPH
- Bupropion - Seizure disorder, eating disorders, alcoholism

How Long Should Depression Be Treated?

- Initial depression- treat 6-9 months
- Relapse after taken off medications, treat 2-3 years
- Reasons to continue on long term antidepressant treatment:

Two or more previous episodes

Age >50 or < 20

Previous suicide attempt

A 45 yo woman comes to her clinic appointment with increasing symptoms of confusion over the past day, sweating and increasing anxiety. She fell roller skating yesterday and severely injured her shoulder (her R arm is in a sling). She has a history of depression,GERD, hypertension and headaches. Meds: Omeprazole, Lisinopril, metoprolol, Citalopram,tramadol and sumitriptan prn.

PE:BP 160/100 P 100

tremor present, muscle rigidity. What is the most appropriate treatment?

A) Dantrolene
B) IVF
C) Mannitol
D) Discontinue Metoprolol
E) Discontinue Citalopram and Tramadol

Serotonergic Syndrome

- Symptoms: Confusion,sweating,agitation,anxiety,vomiting, diarrhea
- Signs: Tachycardia,hypertension,fever,muscle rigidity,hyperreflexia, tremor
- Usually caused by several serotonergic drugs combined: SSRI's, tramadol, linezolid,meperidine, dextromethorphan, TCA, MAOI, buspirone, trazodone