

Setting 3: Inpatient Facilities

You have general admitting privileges to the hospital. You may see patients in the critical care unit, the pediatrics unit, the maternity unit, or recovery room. You may also be called to see patients in the psychiatric unit. A short-stay unit serves patients who are undergoing same-day operations or who are being held for observation. There are adjacent nursing home/extended-care facilities and a detoxification unit where you may see patients.

101. An 83-year-old female with a history of aortic valve stenosis and hypertension was admitted to the hospital 2 weeks ago for worsening dyspnea. Her outpatient medications included citalopram and alprazolam. She denied any alcohol use. She has never abused her anxiolytic medication and has been on the same dose for the past 14 years. Her alprazolam was ordered at half her usual outpatient dose on admission. For the past 10 days she has been “seeing people” around her bed at night. She is also very anxious about the aortic valve replacement scheduled later in the week. The patient has a nearly perfect score on her MMSE and has no previous diagnosis of dementia. She has not shown any confusion or any change in her sleep-wake cycle. Which of the following is most likely the source of her visual hallucinations?

- A. Dementia of the Alzheimer’s type
- B. Schizophrenia
- C. Schizoaffective disorder
- D. Delirium secondary to general medical condition
- E. Benzodiazepine withdrawal

102. A 51-year-old female with a history of coronary artery disease and previous myocardial infarction is admitted for chest pain. Her cardiologist requests that she be evaluated by the consultation service for complaints of chronic chest pain, pain in both of her lower extremities, migraine headaches, and abdominal pain. The abdominal pain is accompanied by nausea and vomiting. On admission she also expresses concern about new-onset “seizures.” Her cardiologist, who reveals that this is her tenth admission in the past year, states that an EEG was normal. During these episodes she has tremors in all four extremities, remains conscious for the duration of the episode, and does not have postictal confusion. She had a hysterectomy for “excessive bleeding” when she was 28 years old. Her cardiologist asks for advice about “setting rules” due to the fact that every week she either calls him at home complaining of “10 out of 10 chest pain” or drops by his office unexpectedly for an emergency visit. What is her most likely diagnosis?

- A. Pain disorder
- B. Undifferentiated somatoform disorder
- C. Somatization disorder
- D. Hypochondriasis
- E. Conversion disorder

103. A 19-year-old Asian honors college student is admitted to the inpatient psychiatric service. She exhibits pressured speech, admits to having racing thoughts, and appears unable to sit still. Her family relates that she has not slept for more than 2 or 3 hours each night since she came home 1 week ago for spring break. Despite being difficult to direct during interview, she is fairly compliant with staff requests but is suspicious of the other patients. When one male patient walks by, she states that she can “feel evil” emanating from him. She also believes that she has special healing powers. Her family reveals that she was started on isoniazid 2 weeks ago for having a positive skin test for tuberculosis. Her urine drug screen is negative, and the patient has no family history of bipolar disorder. What is her most likely diagnosis?

- A. Major depressive disorder
- B. Bipolar disorder, type I
- C. Substance-induced mood disorder
- D. Schizophrenia
- E. Hypomania

104. A consultation is requested for a surgery patient for a “change in mental status.” The patient is a 77-year-old female who is 2 days status post surgery for hip fracture repair. Her chart indicates no prior psychiatric history. The patient’s vital signs are as follows: temperature 101.8°F, heart rate 97, respiratory rate 26, blood pressure 156/97. Her current medications include Colace, glucophage, lisinopril, propranolol, and IV meperidine for pain. Upon examination, the patient is disoriented to location, day, date, and year. She is agitated, pulling at soft restraints and yelling, “They’re all out to get me! I can see them standing in the shadows!” What is the most likely diagnosis for this patient?

- A. Schizophrenia
- B. Delusional disorder
- C. Delirium
- D. Dementia
- E. Brief psychotic disorder

The next two questions (items 105 and 106) correspond to the following vignette.

A disheveled, middle-aged man has been admitted to the inpatient teaching service for assessment of suicidal ideation to jump in front of a bus. He has a very strong odor of alcohol and various neurological signs on physical exam, including ophthalmoplegia, weakness, confusion, and a staggering gait.

105. This history and findings are most likely related to which of the following vitamin deficiencies?

- A. Vitamin B₁₂
- B. Vitamin A
- C. Ascorbic acid
- D. Niacin
- E. Thiamine

106. The ophthalmoplegia associated with this patient’s Wernicke’s encephalopathy is related to which of the following?

- A. External strabismus
- B. Conjugate gaze
- C. Ptosis
- D. Sixth cranial nerve palsy
- E. Seventh cranial nerve palsy

End of set

101. E. Physical dependence may occur when benzodiazepines are taken in higher than usual dosages or for prolonged periods of time. Other manifestations of anxiolytic withdrawal include autonomic hyperactivity, tremor, insomnia, nausea, anxiety, and even seizures.
- A. Although patients with Alzheimer's dementia can experience hallucinations, this patient's presentation with a nearly perfect score on her MMSE is not indicative of dementia.
- B. New-onset schizophrenia is highly unlikely in an 83-year-old.
- C. New-onset schizoaffective disorder is unlikely at this patient's age.
- D. In a hospitalized elderly individual, delirium should always be considered as part of the differential diagnosis. However, this patient does not show other signs of delirium, such as a change in her sleep-wake cycle, a fluctuating level of consciousness, or agitated confusion.
102. C. This patient meets the criteria for a type of somatoform disorder called somatization disorder. A person must have pain in four different body sites or involving four different body functions, two gastrointestinal symptoms (other than pain), one pseudo-neurological symptom (other than pain), and one symptom related to a reproductive organ (other than pain) to be diagnosed with somatization disorder. Some of these symptoms have to be present before age 30 and have persisted for several years. As in this individual, there is often a history of medical and surgical treatments that actually lead to iatrogenic complications. Furthermore, true illness may occur concurrently with somatization disorder, making diagnosis and treatment more complicated.
- A, B, D, E. Pain disorder, hypochondriasis, and conversion disorder are types of somatoform disorders. Given the information in this case, the more specific diagnosis of somatization disorder can be made.
103. C. This patient has a substance-induced mood disorder, related to isoniazid. Other mental side effects associated with isoniazid include memory impairment and confusion.
- A. The patient is not exhibiting symptoms typical of a major depression except diminished sleep.
- B. While she meets the criteria for a manic episode with symptoms lasting at least 1 week or requiring hospitalization, the fact that this patient was recently started on isoniazid requires the consideration of a substance-induced mood disorder, as this medication can induce euphoria, agitation, grandiosity, and psychosis.
- D. In this young adult, one might consider the possibility of psychotic symptoms related to the onset of schizophrenia, but manic symptoms would generally not be present. Also, her symptoms have not been present for 6 months or longer, which would be necessary to meet the criteria for schizophrenia.
- E. The patient's symptoms are typical of mania, not hypomania, and are seemingly caused by exposure to a substance.

104. C. This is a classic example of delirium. The diagnosis of an elderly patient with no prior psychiatric history, status post a recent operation, with a sudden change in mental status usually is delirium until proven otherwise. This patient is also febrile and is on an IV narcotic, meperidine, which can cause visual hallucinations, especially in the elderly. The primary treatment of delirium is to correct the underlying organic cause.

A. This patient has no prior psychiatric history, and it is unlikely that she would develop schizophrenia at age 77. Her multiple medical issues make delirium a much more logical choice.

B. The patient is disoriented to location, day, date, and year and having visual hallucinations, none of which would likely occur in a pure delusional disorder.

D. Dementia is a slow, insidious change in cognition and mental status seen over a period of weeks, months, or years. This patient's change in mental status occurred within the last few days, status post an operation, making delirium a more accurate diagnosis.

E. The patient's symptoms are more accurately accounted for by her recent medical history and current medical condition rather than by a nonspecific diagnosis such as a brief psychotic disorder, especially given her advanced age and no prior history of psychiatric illness.

105. E. Thiamine deficiency is associated with alcoholism and causes Wernicke's encephalopathy.

A. Vitamin B₁₂ deficiency results in pernicious anemia, amblyopia, paresthesias, lower motor weakness, and memory impairment.

B. Vitamin A deficiency results in night blindness, xerophthalmia, and keratomalacia.

C. Ascorbic acid (vitamin C) deficiency results in scurvy. Symptoms of scurvy include lassitude, weakness, irritability, and vague arthralgias.

D. Niacin deficiency results in pellagra. Signs and symptoms of pellagra include glossitis, diarrhea, dermatitis, and mental status changes.

106. D. A sixth cranial nerve palsy causes the ophthalmoplegia associated with Wernicke's encephalopathy.

A. A sixth cranial nerve palsy causes internal strabismus.

B. A sixth cranial nerve palsy causes dysconjugate gaze.

C. A third cranial nerve lesion causes ptosis.

E. A seventh cranial nerve palsy causes facial muscle paralysis and loss of taste on the anterior portion of the tongue.

107. C. Atomoxetine is a clinically effective, FDA-approved nonstimulant useful in treating ADHD. It is a potent inhibitor of presynaptic norepinephrine transporters in the brain.