

## APPA 2017 Fall Meeting Resident Poster Presentation

### Abstract 17-2-01

**Title:** Serotonin Syndrome: Common, but Easily Overlooked

**Authors:** Anna C. Williams, BS; Tina Jackson, MD; Mark Haygood, DO

**Summary:** Serotonin syndrome is a spectrum of autonomic dysfunction, neuromuscular excitation, and altered mental status that can result from the use of serotonin-manipulating substances. Though serotonin syndrome has most famously been associated with concomitant use of selective serotonin reuptake inhibitors (SSRIs) and monoamine oxidase inhibitors (MAOIs), it can result from the use of many different substances, including illicit drugs, over-the-counter medicines, and dietary supplements. Little is known about the actual incidence of serotonin syndrome, as it is often overlooked or diagnosed as a different medical condition. However, with the increasing popularity of serotonergic drugs across multiple medical specialties, it is important for healthcare providers to be aware of the syndrome's presentation. Our case involves a 49-year-old male patient using multiple psychiatric medications and an illicit substance. His presentation with serotonin syndrome is especially educational, as there are multiple alternative diagnoses that could have easily been made without proper medication reconciliation. The case illustrates how serotonin syndrome can present subtly in a patient incorrectly using prescription medications and illicit substances..

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## Abstract 17-2-02

**Title:** The Interplay Between Depression and Cosmetic Surgery

**Authors:** W. Caleb Wilson, BS; Jamie Nguyen, MD; W. Bogan Brooks, MD

**Summary:** The connection between mental illness and cosmetic surgery has been well established for decades. Studies show that the prevalence of Major Depressive Disorder (MDD) in those who elect to undergo cosmetic surgery is five times that of the general population. The prevalence of Body Dysmorphic Disorder (BDD) among those who undergo cosmetic surgery has been estimated to be between 7 to 15 times that of the general population, and it has also been shown that these patients are more likely to be dissatisfied with the results of their surgery. This information, along with repeated studies showing a two to three-fold increase in suicide rate among cosmetic surgery patients when compared with the general population, has led many cosmetic surgeons to regularly screen for mental illness and often refer patients for psychiatric evaluation prior to performing surgery.

We report the case of a 30-year-old female who was referred to an adult psychiatric outpatient clinic by her cosmetic surgeon for psychiatric evaluation prior to undergoing breast augmentation. The patient did not meet the criteria for BDD, but was diagnosed and treated for MDD. Our case highlights the role of depression in our patient's decision to undergo cosmetic surgery, as well as the need for mental health professionals and cosmetic surgeons to better understand how surgery can affect patient depression and vice versa. In this report, we discuss several studies that address whether pre-operative depression leads to more adverse post-operative outcomes, as well as whether cosmetic surgery more often improves or exacerbates patients' depression.

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## Abstract 17-2-03

**Title:** Intensity of somatic symptoms in pediatric patients with PNES.

**Authors:** Chowdhury, J. A.; Bolden, L.; Elliott, L. C.; Fobian, A.

**Summary:** The Children's Somatization Inventory is used to assess the intensity of 24 somatic symptoms. This inventory was used to evaluate differences in somatic intensity between children with psychogenic non-epileptic seizure (PNES), children with functional abdominal pain, and healthy controls. Overall, children with PNES endorsed the greatest intensity of somatic symptoms.

Psychogenic non-epileptic seizures (PNES) are a common form of conversion disorder that typically present as epileptic seizures, but are not caused by abnormal epileptiform discharges. Children with PNES have been found to endorse greater intensity of somatic symptoms and poorer physical health than patients with epilepsy (Salpekar et al., 2010; Al Marzooqi, et al., 2004). However, there has been little published comparing somatic complaints in patients with PNES to healthy controls or other functional disorders. The aim of this study was to compare perceived somatic intensity in pediatric patients with PNES to previously published samples of healthy controls and children with functional abdominal pain.

Our sample consisted of 9 patients with PNES (55.6% male; M age=15.78, SD=2.44; 33.3% African American, 66.7% Caucasian). We administered the Children's Somatization Inventory (CSI-24) to all patients prior to treatment in a randomized controlled trial for PNES. The CSI-24 is a self-report measure specifically developed to assess twenty-four somatic symptoms that often occur in the absence of a medically diagnosed condition. The measure asks patients to rate how "bothered" he or she has been by each somatic symptom over the past two weeks on a 5-point scale. Items on the CSI-24 were designed to follow the symptom criteria for somatization disorders provided in the DSM, third edition, revised.

The CSI-24 has been used to assess somatic intensity in various clinical populations as well as healthy controls. One study used the CSI-24 to evaluate somatic symptoms in a sample of 1545 healthy children and 180 children with functional abdominal pain, ages 13-18 (Devanarayana et al., 2014). Two one-sample t-tests were conducted to compare mean differences in the CSI-24 overall somatization score between our PNES sample and the published healthy control and functional abdominal pain samples. Overall, patients with PNES reported significantly greater intensity of somatic symptoms ( $M = 37.5$ ,  $SD = 19.6$ ) compared to means from both the healthy controls ( $M = 8.4$ ,  $SD = 8.8$ ;  $t(8) = 4.40$ ,  $p = .002$ ) and children with functional abdominal pain ( $M = 12.8$ ,  $SD = 9.8$ ;  $t(8) = 3.74$ ,  $p = .006$ ). Individual t-tests were then conducted for each item on the CSI-24 to compare mean differences in somatic intensity between our sample and the published samples. Patients with PNES reported significantly greater intensity on 17 somatic symptoms compared to healthy controls and 12 somatic symptoms compared to children with functional abdominal pain. No other significant differences were found between groups.

Pediatric patients with PNES reported greater intensity of overall somatic symptoms than both healthy controls and children with functional abdominal pain. Although our sample size of patients with PNES was relatively small, our overall mean on the CSI-24 did not significantly differ from a previously published mean taken from 50 children with PNES ( $p = .553$ ; Salpekar et al., 2010). Overall, these results suggest that treatment for patients with PNES may benefit from targeting and reducing patients'

somatic symptoms. Participant recruitment is ongoing and the sample size will be greater at the time of presentation.

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