APPA 2014 Spring Meeting Resident Poster Presentation

Abstract 14-1-01

Title: Challenges and Lessons Learned: The Case of a Deaf Female Adolescent with Waardenburg Syndrome Presenting with Perceptual Disturbances, Limited Sign language Abilities, and Medical Neglect

Chair: Kiana Andrew MD,

Authors: Julie Bernstein, DO; Lalit K. Singh, MD; Eric Leonhardt, DO

Summary: Diagnosing, treating, and managing psychotic disorders in adolescents has its own unique challenges. When an adolescent patient presents not only with psychosis, but has a rare genetic syndrome, and is deaf, mute, the unfortunate victim of medical neglect, and has limited signing abilities, management and treatment are filled with a plethora of unique considerations and circumstances.

We present the case of a deaf and mute adolescent female with Waardenburg Syndrome presenting with auditory and visual hallucinations, disorganized behavior, and intellectual disability. Waardenburg Syndrome is a rare genetic condition characterized by congenital deafness, hypopigmentation, and developmental anomalies.[1,2] Discussed in this case presentation is the difficulty in diagnosing/ treating a deaf individual with a thought disorder in a psychiatric clinic/hospital setting, where providers and support staff often have limited signing abilities and family contact is limited. Furthermore, the patient's care was complicated by medical neglect and no knowledge of sign language by her family, resulting in noncompliance to treatment.

After several hospitalizations and trials of both atypical and typical antipsychotics, in both oral and intramuscular long acting forms, the patient's prognosis began to improve. Our patient experienced several relapses along with hyperprolactinemia (prolactin level of 98 nm). A combination of Haloperidol and Aripiprazole was successful in normalizing the patient's prolactin level and minimizing her psychotic symptoms.

References:

1) Adhikari, P & Bist, J & Kumar, A (2011) Waardenburg syndrome. Clinical and Experimental Optometry 240-242.
2) Dourmishev, A (1999). Waardenburg syndrome. International Journal of Dermatology 38, (656-663)

Abstract 14-1-02

Title: Progressive Supranuclear Palsy: The Psychiatric Presentation of a Rare Neurological Disease

Chair: Julie Bernstein, DO

Authors: Brytney Cobia, BS; Jon Buckley, BS; W. Bogan Brooks, MD

Summary: Progressive supranuclear palsy (PSP) is a relatively rare neurological condition with interesting and widely varied psychiatric manifestations that derive from the diversity of its pathogenesis in the brain, leading to unpredictable clinical presentations. Behavioral disturbances in PSP patients are common. The most frequently cited behavioral manifestations historically are apathy and disinhibition, with depression and psychosis being rare occurrences.

We describe a case of acute psychotic episodes in a 61-year-old female who was diagnosed with PSP 4 years prior to her initial psychotic event. The unusual nature of this patient's presentation is highlighted by the fact that she attempted suicide twice after her initial psychotic episode. However, at the time of her interview, the patient did not endorse any suicidal or homicidal ideations; and admitted to her actions being impulsive in retrospect. This case introduces the possibility that psychosis plays a larger role in impulsive suicide attempts by patients who suffer from PSP than has previously been documented.

Abstract 14-1-03

Title: Delusional Disorder: Origins, Treatment and DSM-5

Chair: Miles Cobia, BS

Authors: Christina Talerico, MD; Severin Grenoble, MD

Summary: Identification and proper treatment of delusional disorder continues to be a particularly difficult challenge to the psychiatric physician. Even the mere characterization of the disorder remains difficult as it is commonly confused with a number of the schizophrenic spectrum disorders. The DSM-V describes these patients as those experiencing one or more predominantly non-bizarre delusions with duration of one month or longer. In our case series, we report on two patients and discuss the course of their treatments. Our first patient was a 44 year old female who held the belief that God had been telling her she would meet a "millionaire-billionaire' to help her raise money for a children's charity. This was found to be her first delusional episode which seemed most consistent with the grandiose subtype. She was started on paliperidone palmitate once monthly injections. Our second patient was a 56 year old female who had been experiencing paranoid delusions consisting of her ex-husband poisoning her home with toxic gas which seemed clearly consistent with the persecutory subtype. This was her first known delusional episode as well and she was stated on low-dose oral risperidone. Our case report focuses on these uncommon first delusional episodes requiring hospitalization and their response to atypical antipsychotics.

Abstract 14-1-04

Title: Polypharmacy and the management of complex symptom cluster in a nonverbal 7-year-old child with Autism Spectrum Disorder

Chair: G. Michael Shehi, Jr., MD
Authors: Natalie Hallmark, BS; Miriam Sevilla Saez-Benito, MD;

Summary: Polypharmacy in treatment of target behaviors has become more commonplace in treating complex patients with severe presentations of Autism- particularly those with co-occurring disorders. Often confounding treatment in the case of a nonverbal patient is the physician's reliance on caregivers for an accurate representation of behavior and response to prescribed pharmacotherapy. As frequency of office visits is often limited due to regional shortages in access to services, this reliance on primary caregivers and collateral informants becomes ever more important in ensuring quality care. Particularly in the context of the nonverbal patient, the physician must maintain careful critique of the balance between desired drug action against the potential for adverse side effects that may go unnoticed by the untrained informant/observer. In this case report we will present the hospital course of a 7 year old Caucasian male with severe autism who presented for hospitalization with a complex cluster of target behaviors who improved incrementally in response to stepwise simplification of his outpatient medication regimen. The case illustrates the importance of a deliberate evaluation of each medication at each treatment encounter. Our hope is to use this case to demonstrate that careful attention needs to be given to the side effect profiles of these medications- particularly in the context of increased disease complexity when a more complicated medication regimen increases the likelihood of adverse effects.

Abstract 14-1-05

Title: Bad News on Arrival: When Psychosis Meets Reality

Chair: Mark A. Haygood, DO
Authors: Fanisha Porter, MD; Christiana Wilkins, BS; Christopher Hoffman, BS; Bradley J. Sadler, MD

Summary: A 51 year old white, female flight attendant with no past psychiatric history was hospitalized at Eastpointe Psychiatric Hospital for new onset mania with psychotic features. During the course of the hospitalization, the psychiatric team was confronted with disclosure of the death of the patient's fiancé. Being the patient had paranoid delusions, the healthcare team and family gathered to determine how to deliver the news of the death in an ethically sound, patient-centered fashion. Though many psychiatrists are faced with the challenge of delivering unpleasant news to their patients, the literature on methods of performing this task are conflicting and limited. However, most literature suggests that bad news be conveyed expediently using a modified S.P.I.K.E.S. technique. After careful consideration, it was ultimately decided to inform the patient of her loss while psychotic and in the hospital. The goal of this presentation is to further explore the most appropriate manner to deliver tragic news to psychotic patients.

Abstract 14-1-06

Title: Valproic Acid Induced Hyperammonemic Encephalopathy: A Case Report

Chair: J. Clint Moore, DO

Authors: J. Stephen Cheek, BS; Praveen Narahari, MD

Summary: Valproic acid (VPA) is a medication used to a treat a number of conditions. It's found prominently in psychiatric and neurological care (1). VPA is known as an anticonvulsant but is also used for the treatment of bipolar disorder and migraine headaches. It is the most commonly used seizure medication in the world (1). Other uses include treatment of neuropathic pain, anxiety disorders, and agitation (2). VPA is not without side-effects and interactions. Most notable include hepatic concerns, pancreatitis, and teratogenicity. Other known effects include thrombocytopenia and hyperammonemia (2). Hyperammonemia may occur in up to 50% (1). Proposed mechanisms leading to hyperammonemia include "increment of mitochondrial glutamine transport", inhibition of N-acetylglutamate synthesis, and decreased ammonia metabolism (3, 4). A known risk factor for developing hyperammonemia, and the most common inherited cause, is ornithine transcarbamylase deficiency. Most cases occur in those without documented enzyme disorders (3). Other risk factors include may include polypharmacy and intellectual disability (2,4). Consideration and careful monitoring should be given to those with unexplained mental retardation and treatment with other psychoactive medications when giving VPA. We describe a case of a valproic acid-induced hyperammonemic encephalopathy in a patient with normal liver function tests and a therapeutic VPA level. The patient is a 24 year old male with a history of intellectual disability and "behavioral issues" according to the family. The patient presented to the ED after changes in consciousness and cognition. These were noted to increase in severity over a few days prior to his hospitalization. On the day of his admission, he was found unresponsive in his bed. At the time of his admission the patient's labs demonstrated an elevated ammonia with liver function tests "within normal limits". The patient had valproate therapy initiated approximately one week prior to his admission. The patient's VPA level was measured at 77 which is therapeutic. After discontinuation of VPA and initiation of lactulose the patient's condition resolved and he returned to baseline functioning.

References:

1. Sunkavalli KK, Iqbal FM, Sing B, Koneru. Valproate-Induced Hyperammonemic Encephalopathy: A Case Report and Brief Review of the Literature. *Am J of Therapeutics* 2013; 20:569-571.
2. Wadzinski J, Franks R, Roane D, Bayard M. Valproate-associated Hyperammonemic Encephalopathy. *Journal of the American Board of Family Medicine* 2007; 20(5):499-502.
3. Oechsner M, Steen C, Sturenburg HJ, Kohlschutter. Hyperammonaemic Encephalopathy after initiation of Valproate Therapy in Unrecognised Ornithine Transcarbamylase Deficiency. *J Neurol Neurosurg Psychiatry* 1998; 64:680-682.
4. Cheng M, Tang X, Wen S, Yue J, Wang H. Valproate (VPA)-associated Hyperammonemic Encephalopathy Independent of Elevated Serum VPA Levels: 21 Cases in China from May 2000 to May 2012. *Comprehensive Psychiatry*; 54(5):562-567.

Abstract 14-1-07

Title: Self-Immolation: A Comparison and Contrast of Two Cases

Chair: Candes Dotson, DO

Authors: Mark A. Haygood, DO, MS; Bradley Sadler, MD; Heather Griffin, BS; James Hart, DO

Self-immolation is a deliberate and willing sacrifice of oneself often by fire.1Looking at all circumstances surrounding suicide, it is estimated that less than 1% occur by self-immolation.2 Due to the limited number of cases, there is minimal data available regarding performing this act in the United States. Although rare, we compare and contrast two cases of self-immolation involving depression that occurred within the past year in the Mobile, Alabama area. Based on a small study published in 1975 by Andreasen and Noyes, depression was responsible for 14.3% of the cases reviewed, which further rarefies our case presentation.

References:

1. "self-immolation." Merriam-Webster.com. Merriam-Webster, 2014. Web. 27 February 2014.
2. Ahmad, A. (2007). Suicide by self-immolation: Comprehensive overview, experiences and suggestions. Journal of Burn Care & Research, 28(1), 30-41. Retrieved from http://http://www.ncbi.nlm.nih.gov/pubmed/17211198

Abstract 14-1-08

Title: Resistant Catatonia: A Case Report Exploring New Alternative Treatments through the NMDA Receptor

Chair: Sean Sinclair, MD

Authors: Omar Mazher, BS; Mary Cohen-Colson, MD

Summary: Catatonia, as described by the DSM V, is defined by the presence of decreased motor activity, decreased engagement during interview or physical examination, or excessive and peculiar motor activity. It frequently presents with imminent danger to the patient who is unable to care for him or herself. Although the disorder was first described in 1874, very few treatment alternatives have been explored for catatonia resistant to first line therapies including scheduled benzodiazepines and ECT. Recently, developing evidence suggest that studies of the NMDA receptor could possibly provide new avenues for treatment. In this case presentation, Ms. G, a patient admitted with catatonic symptoms including stupor, waxy flexibility, mutism, and posturing, did not appear to have any symptom resolution after scheduled benzodiazepine therapy for over a week. With ECT not an available option, alternative treatments were needed. In this case report, catatonia and alternative treatment options will be discussed with an in depth look at the NMDA receptor. In addition, the described case report will highlight the use of topiramate and its effectiveness to diminish Ms. G's symptoms.

Abstract 14-1-09

Title: Sertraline Induced Severe Hyponatremia: a Case Report .

Chair: J. Stephen Cheek, BS

Authors: Clint Moore , DO; Praveen Narahari , MD

Summary: With an estimated lifetime prevalence of 16.6% in the United States, major depressive disorder is among the most common mental disorders physicians are faced with treating.1 Selective serotonin reuptake inhibitors (SSRIs) are the most prescribed class of medications for the treatment of major depressive disorder2. Due to the ubiquitous nature of the primary indication for SSRI use, as well as their use in the treatment of other psychiatric conditions, including generalized anxiety disorder, post-traumatic stress disorder, and obsessive compulsive disorder, SSRIs are some of the most commonly prescribed medications2. While SSRIs are broadly considered relatively safe medications, the drugs in this class can produce several side effects. While the more common side effects of SSRIs, such as sexual dysfunction, sleep disturbance, and weight gain can be discomforting to the patient, they pose little if any serious danger to the patient's life and long-term health3. However, one uncommon side effect of SSRIs, hyponatremia, can endanger patients' lives if not identified4. Given the widespread prescription of these drugs by psychiatrists and primary care physicians alike, it is worthwhile for all physicians to be able to identify the signs and symptoms of SSRI induced hyponatremia. To this end, we present a case of SSRI-induced hyponatremia. The subject of this case is a 58 year old woman initially presenting to the emergency department with complaints of generalized pain, nausea, vomiting, and diarrhea and treated by primary team effectively. The patient was started on sertraline to help with her depressive symptoms follow a psychiatric consult and subsequently developed progressively worsening hyponatremia.

References:

1. Kessler RC, Chiu WT, Demler O, Merikangas KR, Walters EE. Prevalence, severity, and comorbidity of 12-month DSM-IV disorders in the National Comorbidity Survey Replication. Arch Gen Psychiatry. 2005;62(6):617-27.
2. National Center for Health Statistics. Health, United States, 2010: With special feature on death and dying. Table 95. Hyattsville, MD. 2011.
3. Bonnet M, Berthezenne F, Ploton A. [Edematous exophthalmus and hypothyroidism due to Hashimoto's thyroiditis]. Bull Soc Ophtalmol Fr. 1975;75(11):1021-4.
4. Jacob S, Spinler SA. Hyponatremia associated with selective serotonin-reuptake inhibitors in older adults. Ann Pharmacother. 2006;40(9):1618-22.