MEDICAL NEGLECT IN THE PSYCHIATRIC POPULATION

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INTRODUCTION

- Diagnostic overshadowing occurs when physical symptoms are misattributed to mental illness. People suffering from mental illness are more likely to die prematurely and have higher medical comorbidities compared to the general population.⁴ This is due to lack of a sufficient medical work-up, misdiagnosis, and erroneous attribution of medical symptoms to psychiatric illness.
- Here, we report a case where ischemic stroke symptoms were misattributed to a primary delusional disorder.

CASE

- A 65-year-old female with a past psychiatric history of delusional parasitosis, and a past medical history of hypertension, hyperlipidemia, COPD, and breast cancer presented to an emergency department with complaint of right-sided weakness.
- Patient was transferred from an outside hospital specifically for a stroke work up.
- The patient reported right arm and right leg numbness and weakness that began that morning. She also stated she was infected by amoebas three years prior in Florida waters.
- She was noted to be a poor historian regarding her presenting complaint due to perseveration on amoebic infection and how her symptoms were due to parasites.
- Physical exam revealed diminished sensation to light touch and no voluntary movement in her right upper and lower extremities. She received a National Institute of Health Stroke Scale (NIHSS) score of nine, which is moderate severity. There were no abnormalities on CT brain without contrast.
- Per H&P: *“Diagnosis right sided weakness/numbness. Pt self-reported amoebic meningoencephalitis. Suspect this represents a delusional disorder. Consult neurology and psychiatry. This is NOT a stroke in my opinion so we did not complete the rest of her stroke work up.”*
- On day 2 of hospitalization, she was seen by neurology. MRI without contrast revealed acute non-hemorrhagic infarct in the posterior limb of the left internal capsule and component of left thalamus. tPA could not be given because discovery was outside the therapeutic window.

1a. Level of Consciousness (alert, drowsy, etc.)	1. Alert	1. Alert
2b. LOC Questions (person, place, time, date)	2. Person	2. Person
3b. LOC Comments (disorientation, memory, etc.)	3. Person	3. Person
4. Motor Arm - Left (patient moves arm)	4. Person	4. Person
5. Motor Arm - Right (patient moves arm)	5. Person	5. Person
6. Motor Leg - Left (patient moves leg)	6. Person	6. Person
7. Motor Leg - Right (patient moves leg)	7. Person	7. Person
8. Best Response (verbal, non-verbal)	8. Person	8. Person
9. Best Language (verbal, non-verbal)	9. Person	9. Person
10. Best Attention (verbal, non-verbal)	10. Person	10. Person
11. Best Memory (verbal, non-verbal)	11. Person	11. Person
12. Best Orientation (verbal, non-verbal)	12. Person	12. Person
13. Best Comprehension (verbal, non-verbal)	13. Person	13. Person
14. Best Calculation (verbal, non-verbal)	14. Person	14. Person
15. Best Drawing (verbal, non-verbal)	15. Person	15. Person
16. Best Copying (verbal, non-verbal)	16. Person	16. Person
17. Best Writing (verbal, non-verbal)	17. Person	17. Person
18. Best Reading (verbal, non-verbal)	18. Person	18. Person
19. Best Understanding (verbal, non-verbal)	19. Person	19. Person
20. Best Judgment (verbal, non-verbal)	20. Person	20. Person

DISCUSSION

- This case demonstrates a patient with focal neurologic symptoms who received an NIHSS score of nine. National recommendations for a suspected stroke include consulting neurology immediately, evaluating candidacy for tPA and, considering further imaging.⁵ However, due to diagnostic overshadowing she did not receive proper medical workup.
- A 2008 study, reviewed diagnostic overshadowing in four emergency departments in the United Kingdom. Eighteen emergency physicians and 21 nurses were interviewed. Seventy-seven percent of those interviewed reported 1 or more incidences where psychiatric illness led to misdiagnosis or delayed treatment. Diagnostic overshadowing was attributed to 4 deaths and 5 cases that resulted in long-term damage. They also found 11 near misses, where patients were medically cleared and transferred to the psychiatric unit and later discovered to have an organic illness.²
- A later study in 2017 reviewed quantitative data from questionnaires and qualitative data from interviews with consult liaison psychiatrists. Diagnostic overshadowing was the most commonly reported problem. Other concerns included poor communication, lack of respect for patient dignity, and delay in investigation of treatment.⁴
- A 2015 meta-analysis looked at mortality among individuals with mental disorder.⁷ Mortality was significantly higher in people with mental disorders versus comparison population. Causes of mortality were multifactorial, including behavioral and lifestyle factors, access to and quality of health care, and social determinants of health, such as poverty and social connectedness.

CONCLUSION

- Death in individuals with mental illness is most often caused by chronic health conditions, which are sometimes overlooked.³ Several case reports, including our own, illustrate diagnostic overshadowing of acute medical concerns, which can lead to poor outcomes. We conclude there may be a relationship between the decreased life expectancy in psychiatric patients and the reduced quality of preventive care, screening services, and medical work-ups they receive.

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