



The Patient with Multiple Unexplained Somatic Symptoms

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Learning objectives

- To learn relevant components of psychiatric and neurologic examinations to guide clinical evaluation and management of patients with medically unexplained physical symptoms.

Outline

- Case description
- Guide – psychiatric exam (MSE), neurologic exam
- Differential diagnoses
- Clinical outcome
- Summary

Case

- 51 year old female
- Multiple physical symptoms
x 2 years
 - Inability to swallow
 - Inability to talk
 - Tremors
- Meds: herbal medicines
- Allergies: NKA
- PMH: Unremarkable

Examination

- Vitals: BP 100/70, temp 37.1, weight 34 kg
- Physical exam
- Psychiatric exam (mental status examination)
- Neurologic exam

MENTAL STATUS EXAMINATION

Appearance (observed)

Behavior (observed)

Attitude (observed)

Level of Consciousness
(observed)

Orientation (inquired)

Speech and Language
(observed)

Mood (inquired)

Affect (observed)

Thought Process/Form
(observed/inquired)

Thought Content
(observed/inquired)

Attention Span
(observed/inquired)

Memory (observed/inquired)

Intellectual Functioning
(observed/inquired)

Insight and Judgment
(observed/inquired)

Suicidality and Homicidality
(inquired)

NEURO EXAM

- General Appearance - posture, motor activity, vital signs, meningeal signs
- Mini Mental Status Exam – cognitive, speech
- Cranial Nerves - I through XII.
- Motor System - muscle atrophy, tone and power.
- Sensory System - vibration, position, pin prick, temperature, light touch and higher sensory functions.
- Reflexes - deep tendon reflexes, clonus, Hoffman's response and plantar reflex.
- Coordination, gait and Romberg's Test

Differential diagnoses

- Psychiatric
- Neurologic
- Medical
- Others?

Medically Unexplained Symptoms (MUS)

- physical symptoms which cannot be explained by disease specific, observable biomedical pathology
- long-lasting, distressing, impair functioning
- common, up to 52% of primary care consults
- cause direct excess treatment costs per patient
- models propose ?somatized depression

Somatic symptom disorder (SSD)

- somatic symptoms that are
 - very distressing
 - result in significant disruption of functioning
 - excessive and disproportionate thoughts feelings and behaviors regarding those symptoms
- persistently symptomatic (at least 6 months)
- medically unexplained symptoms not required (may or may not be associated with another medical condition)

Evaluation

- History and physical examination
- Observation
- Evaluations to exclude organic causes

Test Results

- Normal CBC, FBS, lipid profile, renal function, uric acid, liver function, T3, T4, TSH
- Brain MRI - cerebral and cerebellar atrophy
- Head CT - mild cerebral volume loss
- Contrast swallow study – negative
- Flexible laryngoscopy/endoscopic evaluation of swallowing and sensory testing - normal
- Thyroid ultrasound - normal
- EKG - normal
- 2-D echocardiogram - normal

Work up

- 7 ENT
- 7 Neuro
- 7 Internal Medicine
- 2 GI
- Spent PHP 250,000, sold land

- Finally >>> PMMA medical mission >>> Internal Medicine >>> Psychiatry

Further review of tests

- Contrast swallow study - reticular densities in the right lung apex, irregular apicopleural thickening bilaterally, hazy densities left lower hemithorax - "findings suggestive of pulmonary tuberculosis, please correlate with clinical and laboratory parameters"

Further review of tests

- EMG NCV - symmetric motor axonopathy involving the upper extremities; criteria for ALS are not fulfilled due to absence of paraspinal and lower cranial nerve involvement as well as absence of motor unit remodeling on needle EMG. Although early-stage of motor neuron disease and various a spinal muscular atrophy, motor neuronopathies associated with malignancy or immune mediated multifocal motor neuronopathy should be ruled out. Repeat EMG is recommended.

Outcome

- Mayo Clinic consult
- Likely diagnosis: ALS

Course of ALS

Most common cause of death - respiratory failure

- Respiratory muscle weakness develops insidiously - allows time for discussions
 - health care agent
 - ventilatory support options

Summary

- Careful history taking
- Thorough physical examination
- Comprehensive assessment
- Clinical judgment
- Diagnosis of exclusion



Thank you!

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