

Medical Conditions with Neuropsychiatric Manifestations



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KEYWORDS

- Cognitive impairment • Mood disorders • Neuropsychiatric symptoms • Dementia
- Autoimmune/inflammatory disease • Central nervous system (CNS)
- Peripheral nervous system

KEY POINTS

- Many medical conditions can have neuropsychiatric manifestations and a high index of suspicion is necessary, particularly in patients with other unexplained systemic symptoms and signs.
- These neuropsychiatric symptoms are nonspecific so additional information (eg, detailed history and physical examination, laboratory and imaging studies) may be needed to determine whether medical disease is the true cause.
- The most commonly implicated pathophysiologic categories that produce neuropsychiatric symptoms and signs include infectious, autoimmune, endocrinologic, metabolic, and neoplastic diseases.
- Involvement of subspecialty colleagues can be important when these conditions are suspected.
- Treatment of these disorders usually includes symptom-directed therapies, and also therapies directed at treating the underlying systemic condition. These therapies are widely variable depending on the specific disease process.

INTRODUCTION

Many medical conditions have neurologic and psychiatric symptoms, and early identification of the underlying cause can be critical in directing further management (**Table 1**). Medical conditions known to cause neuropsychiatric symptoms can also be varied in presentation, making diagnosis challenging. The number of medical conditions that potentially cause neurologic and psychiatric symptoms is extensive. This

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Table 1	
Medical conditions with neuropsychiatric manifestations	
System	Disease
Infectious	HIV/AIDS <ul style="list-style-type: none"> • Opportunistic infections/malignancies Syphilis Lyme disease Prion disease
Rheumatologic/autoimmune	Systemic lupus erythematosus Sarcoidosis Vasculitides Multiple sclerosis
Endocrinologic	Hypothyroidism/hyperthyroidism Hypoparathyroidism/hyperparathyroidism Cushing syndrome Adrenal insufficiency
Metabolic	Vitamin deficiencies <ul style="list-style-type: none"> • Thiamine (vitamin B₁) • Vitamin B₁₂ Micronutrient abnormalities <ul style="list-style-type: none"> • Hypocalcemia/hypercalcemia Acute hepatic porphyrias Wilson disease Amyloidosis Hepatic encephalopathy Uremia
Neoplastic	Paraneoplastic syndromes CNS tumors (primary and metastatic) Carcinomatous meningitis
Hematologic	Sickle cell disease (cerebrovascular disease)
Heritable/genetic	Huntington disease Lysosomal storage diseases

Abbreviations: AIDS, acquired immunodeficiency syndrome; CNS, central nervous system; HIV, human immunodeficiency virus.

article highlights several broad categories of medical diseases (infectious, autoimmune, endocrinologic, metabolic, and neoplastic), with a focus on pragmatic considerations in evaluation, diagnosis, and management in the primary care setting. The focus of this article is on common medical conditions with neuropsychiatric manifestations, as well as specific diseases that have a characteristic neuropsychiatric presentation requiring early detection and evaluation.

INFECTIOUS

Human Immunodeficiency Virus

Human immunodeficiency virus (HIV) disease can cause neuropsychiatric manifestations as a result of primary HIV disease, opportunistic infections and malignancies, medication side effects, and the psychosocial consequences and stigma associated with HIV infection. Common neuropsychiatric disorders that are associated or comorbid with HIV disease include minor cognitive impairment and dementia¹; delirium; peripheral nervous system disorders such as polyneuropathy; and psychiatric syndromes such as bipolar affective disorder, major depression, schizophrenia, and substance abuse.² Cognitive impairment in the setting of HIV infection can be caused by

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