COMPETENCY STANDARD 4:
Assessment of Medical Issues

OVERVIEW

The brain behavior relationships that underlie both challenging behaviors and mental disorders are intimately connected to physical health and well-being. Medical illness can have a profound effect on brain functioning. These effects include: delirium (brain failure); worsening of pre-existing mental status change; target symptoms; or psychiatric symptoms; and emergence of new patterns of behavior that mimic mental disorders. Medication side effects or iatrogenic causes can create similar problems. The differential diagnosis of these complications can require an extensive medical or neurological workup.

Being aware of these conditions can improve the quality of life for many individuals with IDD. It can also be helpful in minimizing psychiatric misdiagnosis and inappropriate pharmacotherapies.

The candidate may be the first to encounter such changes and needs to be able to recognize common medical/neurological sources of mental status change. The medical provider in concert with the treatment team can use this information to begin the clinical assessment, refer to an outside specialist or in the case of an emergency refer for acute medical care.

AREAS OF KNOWLEDGE AND SKILL

The following areas of knowledge and skill have been identified as benchmarks for satisfying Competency Standard 4: Assessment of Medical Conditions

BENCHMARK 4: Assessment of Medical Issues

The qualified clinician demonstrates knowledge about the connection between physiological or neurological disorders and behavioral problems or psychiatric symptoms.

Benchmark 4 Performance Indicators

The qualified clinician:

- Understand that medical and neurological disorder can mimic any primary mental disorder

- Demonstrate knowledge of common causes of cognitive/behavioral changes or the intensification or emergence of symptoms similar to those seen in primary mental disorders, including:
Rapid changes in level of consciousness behavior can occur in association with a seizure, stroke or brain injury. It is important to be aware of a history of past seizures, current seizure medications, and side effects of these drugs. Abrupt changes can be related to stroke or intra-cerebral bleeding. A recent head injury, past history of stroke, paralysis, difficulty understanding or speaking, disorientation, and confusion are common symptoms. Brain tumors are rare but shunt failure in someone with hydrocephalus or degenerative disorders such as Parkinson’s may present over an extended period of time.

Elevated blood sugar and diabetic ketosis, electrolyte problems, acute oxygen deprivation and liver failure are suspected when an individual has a current history of diabetes, kidney problem, liver disease, and chronic lung disease.

Older individuals with Alzheimer’s, vascular (stroke-related), and other types of dementia are at increased risk for agitation, aggression, and acute onset of psychosis. Vitamin B12 and folic acid deficiencies are associated with dementia, mood and anxiety disorders, and psychosis in some extreme cases.

Thyroid and other endocrine disorders can present with the gradual onset of mood and anxiety related symptoms. Lethargy, depressed mood, and loss of interest in activities due to hypothyroidism are common and may be exacerbated by some medications like lithium. Premenstrual changes in mood and behavior can be particularly vexing to sort out and the cyclical changes in symptoms can be mistaken for bipolar disorder or recurring depression.

Sleep apnea can contribute to chronic mood and cognitive disorders, high blood pressure, worsening diabetes, and heart disease. Obesity and anatomical changes seen in Down syndrome are risk factors. Children with enlarged adenoids and tonsils can also present with sleep apneas as well as worsening of hyperactivity, agitation, irritability, and in some situations increased self-injury and aggression.

The candidate is not expected to make diagnoses but to have an elevated index of suspicion for their presence. These observations and suspicions should be raised with the treatment team and appropriate work up put in motion. The most common medical complications are generally due to polypharmacy, medication side effects, or errors in dosing.

References


