NEUROPSYCHIATRIC DIAGNOSIS ON A SHORT-TERM TREATMENT SERVICE

L. Mark Russakoff, M.D.
John M. Oldham, M.D.

The evaluation of suspected neuropsychiatric disorder in a series of 17 patients is described. The heuristic value of DSM-III's multiaxial approach is noted. The use of routine and neuropsychological tests, EEGs, CAT scans, T-3 and T-4 tests, and lumbar puncture, in conjunction with prolonged behavioral observation in a stable, therapeutic milieu, provided the means for clarification of neuropsychiatric illness in this series of complex cases. The value of CAT scans, neuropsychological tests and of prolonged behavioral observation in selected cases is discussed.

Diagnosis in psychiatry has frequently been attacked from within and without the profession. Kendell has argued persuasively for the respectability and need for diagnosis in psychiatry. Drawing upon the British work, that of the St. Louis group, as well as his own, Spitzer and colleagues developed the Research Diagnostic Criteria. These approaches have emphasized careful definitions with explicit, operational criteria, which, although referred to by some as the "Chinese menu" approach to diagnosis, has great scientific and heuristic value. The APA Task Force on Nomenclature and Statistics broadened the basis of the Research Diagnostic Criteria and added multiple axes, leading to the more comprehensive DSM-III.

As directors of a 25-bed short-term diagnostic and treatment inpatient unit, we have welcomed this attention to diagnosis, particularly along multiple axes. Although multiaxial diagnosis is not without limitations, we have found DSM-III's approach a valuable guide to treatment and a central focus for teaching and training. It forces the clinician to ask himself, each time he makes a diagnosis, if other conditions contribute to the clinical picture. In our experience, this approach has helped to maintain a high index of suspicion for contributing neuropsychological, medical, and neurological conditions in our patients. Even the finding of a series of normal test results, i.e., the nonconfirmation of suspected neuropsychiatric or medical illness, can be helpful in establishing a diagnosis and thus planning treatment.

We wish to describe a series of 17 patients admitted to our unit over the past two years which exemplifies the importance of careful, multiaxial diagnosis.

Drs. Russakoff and Oldham are Assistant Professors of Psychiatry at the Cornell Medical Center. Dr. Russakoff is the Assistant Unit Chief, and Dr. Oldham is the Unit Chief of the Short-term Diagnostic and Treatment Unit. Reprint requests should be addressed to Dr. Russakoff at the New York Hospital-Cornell Medical Center, 21 Bloomingdale Road, White Plains, New York, 10605.
especially the contribution or evaluation of neuropsychiatric pathology. In particular, we feel that these cases, all referred to us with the belief that the patients' complaints and symptoms necessitating hospitalization were purely "functional," highlight the utility of a series of tests in the diagnostic process. Although illustrating the usefulness of these tests, we wish to emphasize two special aspects of the evaluation process: the use of neuropsychological tests, and the use of prolonged behavioral observation in a stable, therapeutic environment.

CASES

In the first three cases (see Table 1) dementiforming illnesses were found. Cases 1 and 3 had been "cleared" by the neurological consultant. Subtle aberrancies in the mental status examination, a history suggestive of an organic process, and abnormal psychological test performance were the respective reasons for the pursuit of CAT scans in Cases 1 to 3. In all cases, substantial loss of cerebral tissue was demonstrated.

Specific learning disabilities* were documented in Cases 4, 5, and 6. In Case 4, the diagnosis of cerebral palsy was finally established; in the past the patient had been treated as retarded. Psychological testing revealed normal intelligence but a specific learning disability. Previously thought to be simply "slow," Case 5 was found to have serious difficulties with auditory processing. Clinically this was seen in the patient's agitation during large family therapy sessions where many family members would speak rapidly and from all directions. Similarly, as the time of discharge approached, the patient's confusion surrounding her disposition was found to be related to her lack of comprehension of the multiple options, all labelled with unfamiliar words (see below under Discussion). In Case 6, the neuropsychological test battery documented her specific difficulty with arithmetic, as well as the adaptive aspects of her hysterical character traits. The source of her anxiety—her chief complaint—became comprehensible when it was learned that she was to begin work as a bookkeeper!

Substantially low IQs were found in Cases 7, 8, and 9. Case 7 was complicated by a severe antisocial history as well as a history of psychosis. The patient's CAT scan revealed a totally unsuspected porencephalic cyst. Case 8 had been treated for a seizure disorder, but prolonged observation—including several "seizures"—indicated that the correct diagnoses were mental retardation and a severe character disorder. Case 9 was found to have grand mal epilepsy plus "hysterical" seizures. The patient had learned that having seizures was an effective means of manipulating important persons in her environment, but in the process her neurologist had continually raised her anticonvulsants to the point of toxicity. Over the course of her hospitalization the boundaries of her two problems—neurologic and psychiatric—were better defined.

Extensive medical testing revealed no evidence of neuropsychiatric dysfunction in Cases 10, 11, and 12. All three had severe antisocial features. There was a history of specific learning disability in mathematics in Case 10, but detailed testing did not confirm this; the patient's problems were best understood

*Although specific learning disabilities are coded on Axis II of DSM-III, and specific medical and neurological conditions are coded on Axis III, we have subsumed both under our discussion of "neuropsychiatric" diagnosis. We evaluate learning disabilities by means of neuropsychological tests, and, we view them as limiting constraints in a person's personality functioning.