

of maladaptive cognitive and affective response mechanisms, rather than psychotic illness.

Conclusion. Conspiracy theories are generated as a consequence of social and political discontent and can result in a clinically significant impact on mental health and well-being. Patients with narcissistic traits and primary psychopathy are more likely to demonstrate impaired judgment related to CT.

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Psychosis Associated with Chronic Subdural Hematoma

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Abstract

Introduction. Subdural hematoma (SDH) is a diagnosis characterized by a wide array of symptoms. In the absence of apparent neurological deficits, behavioral abnormalities alone make SDH a difficult diagnosis. Chronic subdural hematoma presents with alteration in sensorium, raised intracranial pressure, and motor weakness. Depending on the degree of cerebral compression and location, convulsions or personality changes can also be seen. Common psychiatric manifestation with CSDH is a cognitive impairment which may mimic delirium or dementia. We report a case of an elderly male with no prior psychiatric history who developed insidious psychotic symptoms.

Case Presentation. Patient is an 83-year-old male with no prior psychiatric history brought in by police for making suicidal and homicidal threats to family members with increasingly aggressive behavior. He later endorsed a 3-week history of depression symptomatology related to a recent motor vehicle accident. Prior history of chronic myeloid leukemia, hypertension, and hypercholesterolemia with an unremarkable family and social history. On evaluation, the patient was uncooperative, irritable, and verbally aggressive. Laboratory testing, EKG, and MMSE were performed and grossly normal. Noncontrast head CT demonstrated bilateral chronic subdural hematomas. The patient refused neurology consult and proposed interventions but was compliant with risperidone 0.5 mg twice daily. His delusions and aggressive behavior improved drastically and was discharged.

Discussion. Chronic Subdural Hematoma (CSDH) is amongst the most common neurosurgical conditions in the United States with an incidence of 10 per 100,000 annually. Risk factors for CSDH include age, male gender, trauma, coagulopathy, chronic alcoholism, vascular malformations, and metastatic tumors. Non-contrast head CT is diagnostic for CSDH, but MRI should be considered in acute ischemia, infection, or dural-based neoplasms. The DSM-5 criteria for Psychotic Disorder Due to Another Medical Condition include prominent delusions that are the direct pathophysiological consequence of another medical condition and cause clinically significant distress or impairment in social, occupational, or other important areas of functioning. The diversity in symptoms is correlated with increased ICP caused primarily by the ruptured bridging veins. Traditional management of CSDH has been trephination, however, nonsurgical options are available including high-dose corticosteroids to

inhibit the formation of new blood vessels thereby reducing mortality. Recurrence is possible and may constitute surgical obliteration of the subdural space.

Conclusion. Chronic subdural hematoma should be considered in the differential diagnosis of new-onset psychosis, particularly in patients with other risk factors. A thorough history and physical are vital to ascertain this diagnosis and noncontrast head imaging is confirmatory. Management varies based on the etiology of the CSDH.

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Telepsychiatry and In-Person Care for Pediatric Patients During COVID-19: Patients Perspectives

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Abstract

Background. The COVID-19 pandemic has greatly affected how physicians, including child and adolescent psychiatrists, practice. A major shift came in the form of telehealth, in which patients attend clinic appointments online.

Objectives. The objective of this study was to identify the advantages and disadvantages of the telepsychiatry care delivery system and to devise future strategies to resolve drawbacks to improve patient and caregiver satisfaction.

Methods. A proposal was approved by the University of Missouri-Columbia Internal Review Board to conduct this study. One hundred patients were randomly selected for the study questionnaires. To understand patient satisfaction with telehealth and work toward improvements, this study conducted comparative survey research with 50 patients seen virtually and 50 patients seen in-person. Identical survey questions were filled out by patients and their respective guardians. The survey's first question asked which setting was preferred during the COVID-19 crisis and was followed by free-response questions prompting responses about what they liked and disliked about telehealth and in-person visits.

Results. Of the 50 patients seen virtually, 72% indicated a preference for telehealth, 14% preferred in-person, and 14% had no preference. These patients stated they preferred telehealth because it was convenient, required no travel and required fewer absences from school or work. A total of 28% of patients listed safety from exposure to COVID-19 as a reason they liked telehealth. Over half of these patients reported no complaints with telehealth, the most common issue according to patients seen virtually was internet connectivity and technology problems. A total of 64% of in-person patients reported a preference for in-person visits during the COVID-19 crisis. Similar to virtual patients, convenience was the most popular advantage of telehealth and personal connection was the most common disadvantage. The second most common complaint regarding telehealth and the highest reported advantage of in-person visits is the element of personal connection. A total of 16% of patients seen virtually and 24% of patients seen in-person reported more