

of the American Correctional experience at this time is long overdue. This philosophy is grounded on the concepts of Incapacitation; Punishment and Deterrence, v the European model generally of Rehabilitation and Reintegration.

**Funding.** No funding

## Depression Screening of Patients with Neurological Disorders in an Outpatient Setting

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### Abstract

Depression is a widespread comorbidity associated with a number of neurological disorders. Untreated depression has negative impacts on patients with neurological disorders, including intensification of pain, increase in symptomatology, impaired quality of life, and nonadherence to treatment. Nonadherence can lead to disease progression, resulting in poor outcomes. Early detection of depression and prompt intervention can substantially impact the mortality, morbidity, and disease burden of this at-risk population. The American Academy of Neurology recommends screening for neurological disease-specific depression comorbidities, while the United States Preventive Services Task Force recommends routine depression screening for the general adult population. However, fewer than 5% of adults are screened in primary care, and as many as 50% of patients remain undiagnosed without a standardized program. Specialty neurology clinic visits could be a point of screening for high-risk neurology patients to positively affect outcomes. A review of the literature supports using a validated tool such as the Patient Health Questionnaire (PHQ-9) to screen for depression in outpatient settings. This quality improvement project was implemented at a private neurology practice that currently has no formalized protocol to identify depressive symptomatology. The PHQ-9 was integrated into the review of systems for patients meeting inclusion criteria with the aim of screening 90% of patients and referring 90% of those who screen positive to mental health services. Descriptive data were used to evaluate current practice status and indications for change. A total of 476 patients were seen during the time frame for this quality improvement inquiry. There were 100 patients excluded related to cognitive impairment for a sample total of  $n = 376$ . Over a period of 30 days, the goal was to screen 90% of patients. Despite challenges related to the impact of COVID-19 on the practice's delivery of care, 83.2% of patients received screening, which was 92% of our goal. Of those screened and diagnosed with depression, 100% were referred to a mental health provider, thereby exceeding the goal. An unanticipated outcome was that 46.3% of patients diagnosed with depression declined a referral to mental health.

**Funding.** No funding

**Keywords:** Adults; Depression; Screening; Neurology; Quality Improvement

## Diagnostic Dilemma in Psychiatry: Disease of the Mind or the Media?

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### Abstract

**Introduction.** Delusions, such as belief in conspiracy theories (CT), exist on a continuum representing clinical and subclinical populations. Some individuals are more susceptible to CT belief. Social media has allowed conspiracy theories to spread relatively unchecked. We report a previously healthy male hospitalized for delusions and reckless behavior. We analyze potential risk factors affecting this patient.

**Case Presentation.** A 54-year-old Caucasian male presents with worsening persecutory and grandiose delusions over the past 6 months. An active participant in conspiracy theory-related online forums, he believes he has sensitive information regarding the Federal Bureau of Investigation. He endorses delusions of surveillance and tracking by family members, citing these concerns prompted him to rely on public transportation and prepaid cell phones, and even trespassing on U.S. Navy property. On evaluation, the patient prompts the team to review his collection of classified evidence claiming government involvement in a global sex trafficking operation. When challenged, the patient becomes argumentative, citing social media sources. He shows no evidence of overt depression, mania, or post-traumatic stress. The patient's level of functioning is reduced but not markedly impaired and he maintains employment. CBC, CMP, noncontrast head CT, CXR, and EKG are unremarkable. Cannabinoids are found on UTOX. He has a Positive and Negative Syndrome Scale score of 23/49 (positive), 10/49 (negative), and 31/112 (General Psychopathology), and Brown Assessment of Beliefs Scale score of 19/24.

**Discussion.** Conspiracy theories (CT) are the result of an altered perception of reality. Belief in CT correlates with negative social, health, and civic outcomes, including increased tolerance to violent and antisocial behavior. Magical thinking, trait Machiavellianism, narcissistic traits, and primary psychopathy have been shown to be significant positive predictors of belief in CT. Individuals with maladaptive perception/attribution styles may also develop cognitive distortions. Finally, intuitive thinking, as opposed to analytical thinking, is associated with CT beliefs. Social or political crises may incite elevated emotional responses, causing increased popularity of CT during times of major social or political change. Identifying these traits may be useful for clinicians providing interventions for patients with CT ideation. This patient's presentation with delusions and nonimpaired functioning may be explained by deficits in objective reasoning as a result

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.

**Funding.** No funding

## 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.

**Funding.** No funding

## 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