

Advancing Health and Wellness in Community Program Settings: The Significance of Accurately Distinguishing Physical From Mental Health Symptoms

Donna Riemer, PMH-RN
Nurse Consultant
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WISCONSIN DEPARTMENT
of HEALTH SERVICES

Objectives

In order to promote whole health and wellness and to better serve and advocate for clients, attendees will increase awareness of:

- Common medical health symptoms that can be confused with mental health symptoms.
- Basic interventions for common medical health symptoms and stress activating events that can be confused with mental health symptoms.
- Effective advocacy skills.

Scenario One

- Presentation
 - 68-year-old female
 - Calm, pleasant, social
 - Personality change same time each day
 - Increased irritability and agitation
 - Clammy skin around 5:00 p.m.
- Intervention: Ativan daily at 5:00 p.m. for sundowning, agitation, and early dementia

Scenario One

- Considerations to rule out first
 - Hypoglycemia versus sundowning
 - The need for an anti-anxiety medication before meal
 - Clammy skin
 - Behaviors at the same time each day
 - Patterns of behaviors
- Actual diagnosis: Provide more protein in the afternoon for hypoglycemia

Hypoglycemia

- Excessive sweating
- Tiredness, lightheadedness, dizzy, weak
- Pale
- Sudden feeling of excess hunger
- Increased heart rate
- Blurred vision
- Confusion
- Irritable or nervous

Hypoglycemia

- Symptoms during sleep
 - Nightmares, crying in sleep
 - Excessive sweating that dampens clothes
 - Feeling tired, irritated, or confused after awake
- Severe cases can lead to:
 - Convulsions/seizures.
 - Delirium.
 - Fainting, loss of consciousness.

Hyperglycemia

- Increased thirst, dry mouth
- Frequency
- Fatigue
- Blurred vision
- Weight loss
- Recurrent infections

Scenario Two

- Presentation
 - 75-year-old male
 - Slight confusion, pleasant, easily redirected
 - Normally good appetite, needs prompts to drink
 - Sudden agitation with physical aggression
- Intervention
 - Discharged to mental health unit
 - Antipsychotic ordered for late-stage dementia

Scenario Two

Considerations to rule out first

- Moving through stages of dementia is slower
- Decreased fluid intake not uncommon in older adults
- Urinary tract infection not uncommon in older adults

Actual diagnosis: Increased fluids and antibiotic ordered for urinary tract infection

Urinary Tract Infection

- Frequency
- Urgency
- Painful urination
- Fever
- Chills
- Can present as psychotic symptoms
 - Confusion
 - Agitation
 - Aggression

Scenario Three

- Presentation
 - Alert and oriented 60-year-old male
 - Living at home with family
 - Admitted to hospital for knee replacement
 - Diagnosed with diabetes while in hospital
 - Admitted for temporary stay at rehabilitation center
 - Still confused and pale several days after surgery
- Interventions: Antipsychotic for early dementia

Scenario Three

- Considerations to rule out first
 - Three relocations in less than two weeks
 - New diagnosis
 - At risk for delirium
 - Post surgical patient at risk for pneumonia
- Actual diagnosis: Delirium and pneumonia

Delirium

- Can last a couple weeks
- Acute confusion
- Often confused with dementia or depression
- May be related to medication, infection, urinary tract infection, post surgical

Scenario Four

- Presentation
 - 50-year-old female
 - History of depression, anxiety, asthma, breast cancer
 - Complains of “heart flutters”
 - Short of breath
 - Lightheaded
- Intervention
 - Antianxiety dose increased
 - Inhaler frequency increased

Scenario Four

- Considerations to rule out first: Referral to cardiology
- Actual diagnosis: Atrial fibrillation

Atrial Fibrillation

- Heart palpitations: feeling of the heart racing or beating irregularly
- Shortness of breath
- Weakness
- Tiredness
- Reduced ability to be physically active
- Lightheadedness and dizziness
- Confusion
- Chest pain

Scenario Five

- Presentation
 - 45-year-old female
 - Alert and oriented, easily redirected
 - Living with schizoaffective, anxiety disorders
 - Complains of hallucinations daily
- Intervention: Anti-anxiety medication given every day at 2:00 p.m. for crying, anxiety, and “I am hallucinating”

Scenario Five

- Considerations to identify activating event and rule out the need for medication:
 - Find out the “why” of symptoms
 - Ask about the voices and what they are saying
 - Assess routine (where and what doing)
 - Open questions, affirmations, reflections
 - Listen, hear
- Actual diagnosis: No hallucinations and no medications needed

Scenario Six

- Presentation
 - 50-year-old divorced female
 - History of hypothyroidism, anemia
 - Complains of lethargy and joint pain
- Intervention
 - Education on symptoms of depression provided
 - Antidepressant ordered
 - Referral to psychiatry provided

Scenario Six

- Considerations to rule out first
 - Possible anemia, hypothyroidism
 - Possible lyme disease
- Actual diagnosis: Emergency antibiotic IV therapy for advanced lyme disease

Hypothyroidism

- Tiredness
- Being sensitive to cold
- Weight gain
- Constipation
- Depression
- Slow movements and thoughts
- Muscle aches, weakness, and/or cramps

Lyme Disease

- Fever
- Chills
- Headache
- Fatigue
- Muscle and joint aches
- Bullseye rash/swollen lymph nodes

Advocacy Tips

- Know that all behaviors are meaningful.
- Seek to identify the “why.”
- Rule out medical first.
- Adopt belief that each person knows their body best.

Advocacy Tips

- Listen, hear, seek to understand
- Open questions, affirmations, reflections
- Continue to try and identify activating event
- Identify patterns to the symptom or behavior

Advocacy Tips

- If you do not know what the activating event is, this does not mean there is none. Keep looking.
- Be familiar with basic physical health symptoms that could be confused with mental health symptoms.
- Build relationships.
- Be persistent and consistent.
- Don't give up!