

Synopsis of Neurology, Psychiatry, and Related Systemic Disorders

Cambridge University Press

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Edited by Alan B. Ettinger , Deborah M. Weisbrot , Casey E. Gallimore

Frontmatter

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To Dave Jones,

A truly wise and loving man. We have been so blessed to have had him in our lives and will be grateful to him forever.

Deborah and Alan

To Cynthia,

Who stood by my side and helped me fight for what was right.

Deborah

To Mom, Dad, and Terry,

Thank you for all the inspiration, laughter, and support. I love you always.

Casey

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Preface

Neurologic Differential Diagnosis: A Case-Based Approach (A. B. Ettinger and D. Weisbrot, eds., Cambridge University Press), published in 2014, emphasizes a pragmatic and quick-reference approach to achieving a comprehensive differential diagnosis. Using this text, the clinician can efficiently look up specific symptoms and signs such as “dizziness,” “mental status change,” “diplopia,” “foot drop,” or “psychosis” to immediately generate diagnostic possibilities. Each chapter outlines key features of clinical presentations and quickly reminds the clinician what diagnoses to consider.

While our prior textbook helps the clinician to rapidly generate a differential diagnosis, an additional approach would also be invaluable. Symptoms and signs in neurology and psychiatry do not typically occur in isolation; rather, they present in the clinical context of other underlying conditions. For example, a physician evaluating a 40-year-old male with change in mental status could utilize *Neurologic Differential Diagnosis: A Case-Based Approach* to review a diverse list of potential underlying diagnoses. However, if it is known, for example, that this patient carries a diagnosis of HIV, the clinician would also consider what complications of HIV are associated with mental status changes. These include AIDS dementia complex, central nervous system (CNS) lymphomas, cryptococcal meningitis, CMV superinfections, neurosyphilis, toxoplasmosis, and other conditions that occur in immunocompromised states. Having a checklist of these conditions enables the clinician to quickly access information on the neurologic and psychiatric complications of co-existing conditions such as HIV, and this further enhances the busy clinician’s attempt to provide a comprehensive evaluation.

What about a 30-year-old woman with epilepsy who now complains of headaches? While the broad differential diagnosis as described in our earlier textbook includes seizures and postictal states or nonepileptic conditions such as migraine or subarachnoid hemorrhage, this patient happens to have been recently started on lamotrigine to treat seizures. Could lamotrigine be

responsible for the headaches? A review of a succinct summary of lamotrigine’s neurologic or psychiatric adverse effects would describe headaches, including uncommonly encountered aseptic meningitis. This in turn would lead the clinician to perform additional investigations.

Consider a 39-year-old male with Down syndrome who presents with gait instability. Examination reveals diffuse hyperreflexia and our prior text has chapters on gait alteration and on myelopathy that inform differential diagnosis. However, if the clinician wonders whether there may be a relationship between Down syndrome and gait disturbances, wouldn’t it be helpful if the clinician had an additional reference to quickly review the neurologic and psychiatric complications of Down syndrome? Such a reference would cite the predisposition of patients with Down syndrome to experience atlanto-axial instability and knowing this could lead to ordering emergent neuroimaging.

How about the case of a 40-year-old man referred to rule out seizures because of episodic feelings of derealization? Seizures are listed in our earlier textbook but other entities, including panic attacks, are also cited with a brief description. Seeking a more detailed description of the characteristics of panic attacks, the clinician would then have an easily accessible succinct summary of panic attack features. This in turn would lead the clinician to inquire about symptoms such as palpitations, diaphoresis, sensations of smothering or choking, shortness of breath, and fear of dying. Positive endorsements of many of these symptoms could lead to additional testing and referral to a psychiatrist.

Yet another example concerns a 50-year-old male with carpal tunnel syndrome and Addison’s disease. While the neurologist has a vague recollection of the latter diagnosis, she can benefit from the availability of a summary of the neurologic and psychiatric complications of Addison’s disease. This helps ensure that its features do not have any relationship to the patient’s current neurologic complaints.

Preface

In this spirit, *Synopsis of Neurology, Psychiatry, and Related Systemic Disorders* was designed to provide concise summaries of neurologic, psychiatric, and medical diagnoses with a focus on neurologic and psychiatric implications. A separate pharmacology section provides a consolidated review of potential neurologic and psychiatric adverse effects of medications. All entries are listed alphabetically for quick access, and diagnostic conditions follow a stereotyped order of presentation including epidemiology and demographics, highlights of each disorder, neurologic and psychiatric symptoms and signs, secondary complications, and potential neurologic or psychiatric complications of treatments.

We hope that *Synopsis of Neurology, Psychiatry, and Related Systemic Disorders*, like its predecessor, *Neurologic Differential Diagnosis: A Case-Based Approach*, will be an invaluable resource for a broad medical audience. For the experienced neurologist or psychiatrist, the book can provide quick reminders of the main highlights of underlying neurologic and psychiatric conditions as well as medical conditions that may be associated with neurologic or psychiatric complications. For other healthcare providers, *Synopsis of Neurology, Psychiatry, and Related Systemic Disorders* may introduce the clinician to the interface between neurology and psychiatry with co-existing medical conditions. For the medical student, resident, junior neurologist, or psychiatrist preparing

for board examinations, this text can be a very useful guide to approaching the neurologic and psychiatric aspects of medical disorders and medication therapies. Pharmacists may also find great value in the succinct summaries in the medication section of the text.

The process of developing this book required many hours of hard work on the part of the editors and by the many authors who labored to complete their submissions on top of undoubtedly very busy clinical obligations. While we strove to be as comprehensive as possible in the selection of conditions to include in this book, many disorders, especially in the realm of pediatrics or rare genetic syndromes, could not unfortunately be included and would be best left for references that specialize in these specific topics.

Finally, we would like to express our appreciation to the staff of Cambridge University Press (including Mr. Nicholas Dunton, Ms. Anna Whiting, and Mr. Nigel Graves) for their kind and vigorous support and patience throughout the book development process. We would also like to thank Ms. Penny Lyons for her careful attention to detail during her painstaking copy-editing work.

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