

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.

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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.

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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