Occam's Razor or Hickam's Dictum?

Distinguishing Between Delirium, Depression, and Demoralization in Patients with Severe Medical Illness

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Background

- Patients with advanced cancer are at elevated risk of developing delirium, depression, and demoralization[2,3].
- Distinguishing between these is often clinically challenging and prompts psychiatric consultation.
- Here, we describe the case of a man with diffuse large B-cell lymphoma (DLBCL) whose medical admission was complicated by periods of delirium, depression, and demoralization.

Case Presentation

- Mr. Y is a 75-year-old man with a history of unclear depression versus anxiety and diffuse large B-cell lymphoma (DLBCL) status post five cycles of R-CHOP and intrathecal methotrexate. He was medically admitted with generalized weakness and altered mental status (AMS).
- Psychiatry was initially consulted to assist with management of agitation and AMS.

Occam's Razor vs. Hickam's Dictum[1]

"Osler stated that we should always try to fit all of a patient's symptoms and clinical findings into one diagnosis … This helps us to make a unifying concept for a patient's various problems. On the other hand, not all findings can be neatly placed under the umbrella of a single diagnosis. This led to "Hickam's dictum," a concept elaborated by an apocryphal physician named Hickam—'A man can have as many diseases as he damn well pleases.'"

Delirium

- Secondary to another medical illness or process
- Hypoactive delirium may present with flat affect, poor engagement in care, and limited spontaneous speech
- Common features: deficits in orientation, recall, attention, and executive functioning

Demoralization

- Secondary to psychosocial stressor(s)
- Patient may present as withdrawn with decreased range of affect
- Mood may react to positive events (e.g., family visits)
- Active suicidal ideation not expected

Depression

- Primary depressive disorders may present with reduced range of affect, withdrawal from loved ones, and decreased spontaneous activity
- Anhedonia and suicidal ideation are more common

Results

Admission Day 0

- Admitted with generalized weakness and AMS
- Initial work-up: COVID-19+, community-acquired pneumonia (CAP)
- Treatment: Remdesivir, dexamethasone, empiric CAP antibiotic coverage

Day 7

- Psychiatry consult for management of agitation and ongoing AMS
- Evaluation consistent with **delirium with mixed level of activity**

Day 18

- ICU transfer for hypoxic respiratory failure
- Psychiatry re-consulted to assess capacity to change code status to Comfort Measures Only (CMO)
- Evaluation consistent with ongoing **delirium (primarily hypoactive)**
- After further discussion, patient decided not to change code status

Day 60

- Continued medical decline: persistent O2 requirement, PEs, and pneumonitis
- Psychiatry re-consulted given withdrawn affect and limited engagement in care. Evaluation consistent with **hypoactive delirium** as well as **demoralization** vs. **adjustment disorder with depressed mood**, with associated helplessness, hopelessness over his prolonged medical admission and fear he may not be able to leave the hospital

Day 75

- Ultimately, Mr. Y worsened clinically, progressing to hypercarbic respiratory failure
- With family input, he was transitioned to CMO
- He passed away in the hospital

Discussion

- Like many patients with advanced cancer, Mr. Y experienced a number medical setbacks, which increased his risk of developing not only acute delirium but also depression and demoralization.
- Serial evaluations demonstrated overlapping periods of these processes during his admission and that diagnostic disentangling is not always possible.
- Mr. Y experienced persistent delirium which evolved during his admission, with an initial mixed level of activity later becoming primarily hypoactive. His course was further complicated by a superimposed adjustment disorder with depressed mood and/or demoralized state.
- These processes all had a profound impact on his medical coping, decision-making capacity, and ultimate goals of care.

Conclusion

- Recognizing delirium, depression, and demoralization are critical skills for CL psychiatrists.
- Patients with advanced cancer are at high risk of developing acute delirium, depression, and demoralization.
- For many patients with advanced cancer, proper diagnostic evaluations must recognize the potential for these conditions to occur simultaneously and avoid rigid assessments, which impede a patient's treatment course.

References

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