Researchers have identified that patients with psychotic illness have a higher mortality from cancer, specifically, often due to delayed cancer diagnosis (Grassi & Riba, 2021; Peritogiannis et al., 2022). This may partially be due to misattribution of symptoms to psychiatric illness due to stigma in the medical community (Peritogiannis et al., 2022). Alternatively, it may be due to the cognitive sequalae or negative symptoms of schizophrenia preventing patients from advocating and coordinating their own medical care, when care is often fragmented (Peritogiannis et al., 2022). Lastly, positive symptoms and psychosis may interfere with patients identifying their symptoms as the result of pot

Improving Health Screening in the General Hospital: A Case Report of a Near-miss Cancer Diagnosis in a Geriatric Patient with Psychosis

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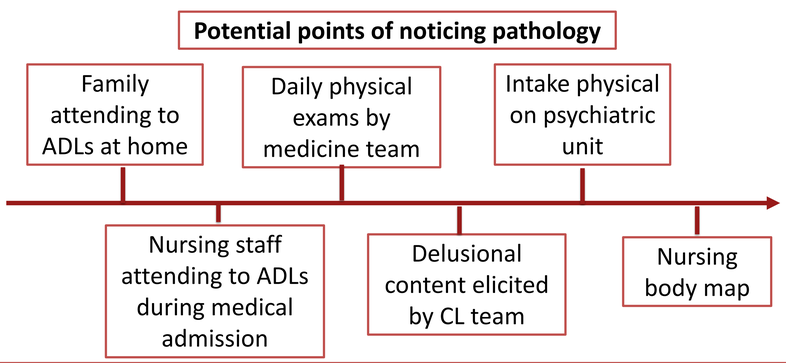
Background/Literature Review

- Patients with severe mental illness (SMI) have higher morbidity and mortality from medical illness than the general population
- Cardiovascular disease is the most common cause of mortality, but one population study showed equal mortality from cancer in patients with SMI
- Patients with SMI have a **50% higher mortality** rate from cancer than cancer-patients without SMI
- SMI is associated with lower rates of cancer screening
- Patient-level contributors to morbidity/mortality:
  - **Iatrogenic/antipsychotics**
    - U-shaped correlation with antipsychotic dose (No antipsychotic use→ highest mortality; High antipsychotic exposure → elevated mortality)
    - Moderate association of prolactin-elevating antipsychotics and breast cancer
  - **Lifestyle/comorbidities:** substance use, smoking, sedentary lifestyle, obesity
  - **Structural barriers:** poor health literacy, low socioeconomic status, non-adherence to screening and health recommendations
  - **Psychiatric symptoms**
    - Psychotic explanation of symptoms preventing help-seeking
    - Paranoia preventing help-seeking
    - Negative or depressive symptoms preventing self-advocacy or adequate coordination of care
- Provider-level contributors to morbidity
  - Stigma
  - Distraction by psychiatric symptoms
  - Misattribution of symptoms to psychiatric illness

Clinical Case

- Ms. Z is an 87-year-old woman with paranoid schizophrenia living at home with her husband and two children, with chronic delusions, no treatment in 12 years, reliant on her family for ADLs
- Admitted medically for hypertensive emergency after a severe headache
- Last saw medical or psychiatric provider 12 years prior
- Seven-day medical admission for hypertensive emergency with consult-liaison service following
- Noted to be delusional while in medical hospital and admitted to geriatric psychiatric unit
- On psych admission had a physical exam by intake team
- Had a ”body map”–external physical exam by nurses
- Next day, primary psychiatry team elicited delusional thought content, including the idea that “Verizon implanted ‘F—You’s in the form of balls in [her] breast”.
- Breast exam revealed a large, firm, hard mass on her right breast, with satellite masses and a retracted nipple consistent with advanced metastatic breast cancer
- Interdisciplinary meeting with medical team and family who served as proxies. Decision was made to pursue hospice given her persistent mistrust of the health system/medical treatment and her prognosis.
- Further history taking suggested Ms. Z’s mother died of breast cancer



Discussion

- Delayed diagnosis of medical conditions in patients with SMI involves patient and provider factors
- In Ms. Z’s case, positive symptoms with psychotic interpretation of breast mass and mistrust/previous poor experiences with medical system delayed help-seeking
- Ms. Z had extensive interactions with medical staff during hospitalizations that may be potential times to detect medical pathology

Conclusions

- In patients with SMI, consultation-liaison and general psychiatric providers should be on alert and attentive to possible medical pathology.
- Medical and psychiatric hospitalizations might be used as opportunities to ensure adequate screening for medical conditions and connect to longitudinal medical care.

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