

MEDICATION SIDE-EFFECT CONCERNS INTERPRETED AS PARANOID DELUSIONS IN A BILINGUAL PATIENT FROM MALI: CASE STUDY

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Background: The DSM-V and ICD differentiate “culturally sanctioned” or normative beliefs/behaviors from delusions and other symptoms of psychosis. Only the latter are considered criteria for psychiatric diagnoses.

Issues of Focus: While clinicians may often make intuitive judgments about cultural beliefs, we propose that evaluations in a patient’s second language can significantly cloud such judgments.

Methods: The Consultation-Liaison Psychiatry service was asked to evaluate a 47-year-old Malian woman for “paranoid delusions with poor insight.”

Results / Case Presentation: The patient was admitted to the medicine service for lower extremity edema and acute kidney injury. She had no known psychiatric history. She was originally from Mali, and was bilingual in French and English. During her admission, providers documented the patient thought she was being “poisoned.” On initial psychiatric assessment, the patient was noted to speak in fluent accented English. She reported frustration that certain medications caused headaches. She did not show signs of psychosis, nor a depressive or manic affect. She denied beliefs that the medications were “poison.” On SAHL-E health literacy test in English, the patient scored 7/18. On subsequent interview in French, patient brightened and reported relief to speak her first language. On French-translated SAHL-E, score improved to 14/18.

Recommendations to the primary team included the use of a French interpreter, providing medical education, and pursuing alternate blood pressure medications.

Implications: Here, the use of diagnostic terminology (“paranoid delusions”), allowed for the invalidation of the patient’s concerns via medical jargon. This likely occurred due to implicit cultural bias and/or partial language barrier. Following our consultation evaluation in French, the medical team began conducting subsequent interviews with the aid of French interpreter. The resulting effect was a positive medication adherence and overall clinical improvement.

Learning Objectives

At the conclusion of this presentation, participants will be able to:

1. Recognize patient factors that increase the risk that clinicians misidentify symptoms as psychiatric.
2. Apply, in their own practice, the recommendation made in this case study that increased patient medication adherence.