



# Mask of Magnesia: Iatrogenic factors modifying psychopathology

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## Introduction:

- The current classifications of DSM-V and ICD-11 fail to consider the role of iatrogenic factors in the presentation of psychopathology.
- Iatrogenic elements, especially pharmacological interventions, along with psychosocial factors, are crucial in our ever-evolving understanding of psychopathology.

## Case:

- A 32-year-old female with a history of Bipolar Disorder I

## ED

- Presented to the hospital with contractions and amniotic fluid leakage.
- She was hypertensive, with elevated liver function tests and creatinine, and USG showing a lack of fetal cardiac activity.

## Symptoms

- Psychiatry was consulted for delirium
- The patient had significant motor retardation and had cluttered speech.

## Mood Cognition

- Identified her mood as “feeling very good” despite acknowledging the fetal demise
- Described her cognition as jumping from one thought to another and had difficulty recalling recent events

## Magnesium

- Magnesium level of 9.8 (Normal range 1.6-2.6)
- As her magnesium levels normalized over the course of her hospitalization, her speech became rapid and pressured. Her mood remained elated, and her thought process was notably tangential

## Diagnosis

- She was restarted on valproate with addition of olanzapine to address acute symptoms
- The patient was eventually transferred to the inpatient psychiatric unit for management of mania

## Discussion:

- The elevated magnesium levels altered the presentation of mania, particularly masking the neuromotor symptoms, while exerting a negligible effect on the cognitive and mood symptoms.
- This case has implications for greater monitoring in populations diagnosed with mental illness and comorbid illness requiring treatment with magnesium, including eclampsia, preeclampsia, torsade de pointes, severe acute asthma and migraine.