

Medical Conditions Underlying Psychiatric Symptoms

Amina Hassan*

Department of Psychiatry, Cairo University Hospitals Cairo, Egypt

Introduction

Psychiatric symptoms, often perplexing and debilitating, can manifest as the initial and most prominent indicators of underlying systemic medical conditions, presenting a significant diagnostic challenge. This report delves into the intricate connections between various medical ailments and their profound neurological and psychiatric sequelae, emphasizing the critical importance of a comprehensive diagnostic approach that transcends purely psychological interpretations [1]. The intricate relationship between endocrine disorders and psychiatric symptoms is a well-established phenomenon, with conditions like hypothyroidism frequently implicated as common culprits. Unexplained depression, anxiety, or cognitive deficits in patients should therefore prompt a thorough evaluation for thyroid dysfunction, as addressing the hormonal imbalance can often resolve or significantly ameliorate these mental health concerns [2]. The neuropsychiatric consequences of systemic lupus erythematosus (SLE) further illustrate this paradigm, where inflammatory processes can directly impact brain function, leading to a wide spectrum of psychiatric symptoms including psychosis, depression, and anxiety. The diagnostic challenge and the necessity of a multidisciplinary approach involving rheumatologists and psychiatrists are paramount for effective management [3]. Furthermore, vitamin deficiencies, particularly those involving B12 and folate, can masquerade as primary psychiatric disorders. Symptoms such as depression, cognitive impairment, and even psychosis can be remarkably responsive to supplementation, underscoring the necessity of a thorough medical workup including vitamin level screening [4]. Celiac disease, often recognized for its gastrointestinal manifestations, also exhibits a significant association with neuropsychiatric symptoms. Mood and anxiety disorders, as well as neurological symptoms, can accompany the digestive issues, highlighting the profound mind-gut connection and the potential for improvement with a gluten-free diet [5]. The complex interplay between autoimmune encephalitis and psychiatric symptoms is another crucial area of consideration. Early presentations can be indistinguishable from primary psychiatric disorders, necessitating vigilance for autoimmune causes in patients with new-onset psychosis, catatonia, or severe mood disturbances, especially when accompanied by neurological signs or rapid onset [6]. Sleep disorders, particularly obstructive sleep apnea (OSA), can significantly impact mental health, often leading to symptoms such as daytime fatigue, irritability, cognitive deficits, and mood disturbances that can be misdiagnosed as primary depression or anxiety. Addressing the underlying sleep disorder is crucial for improving these psychiatric manifestations [7]. The psychiatric presentations of cardiovascular diseases, especially the link between depression and heart disease, reveal a bidirectional relationship. Physiological changes from cardiac conditions can influence mood and cognition, while mental health issues can impact cardiovascular risk, underscoring the importance of integrated care [8]. Chronic kidney disease (CKD) is also associated with a range of neuropsychiatric symptoms, including depression, anxiety, and cognitive impairment. Uremic toxins, electrolyte imbalances, and the psychological burden of chronic illness contribute to these manifestations, necessitating

systematic screening and management of mental health issues in CKD patients [9]. Finally, the neurological and psychiatric effects of infections, including post-viral syndromes, highlight how infections can trigger inflammation and neurochemical changes leading to persistent symptoms like fatigue, cognitive fog, depression, and anxiety, emphasizing the importance of considering infectious etiologies in their management [10].

Description

The intricate relationship between systemic medical conditions and psychiatric manifestations is a critical area of clinical inquiry, demanding a holistic and integrated approach to diagnosis and treatment. Psychiatric symptoms can often be the vanguard of underlying physical pathology, necessitating a thorough medical investigation to avoid misdiagnosis and delayed or inappropriate treatment. This report explores various medical conditions that can present with psychiatric disturbances, underscoring the need for clinicians to consider a broad differential diagnosis that includes medical etiologies. Wilson's disease, a rare genetic disorder of copper metabolism, serves as a salient example of how a systemic illness can manifest with profound neurological and psychiatric sequelae. The case report highlights that psychiatric symptoms can be the initial and most prominent presentation, emphasizing the critical importance of considering medical etiologies when evaluating psychiatric disturbances, especially in atypical presentations. Early recognition and management of the underlying Wilson's disease can significantly improve psychiatric outcomes and overall patient prognosis [1]. Endocrine disorders, such as hypothyroidism, are frequently implicated in the development of psychiatric symptoms. This article examines the intricate relationship between these hormonal imbalances and mental health, stressing that unexplained depression, anxiety, or cognitive deficits should prompt evaluation for thyroid dysfunction. Treating the underlying hormonal imbalance can often resolve or significantly ameliorate the psychiatric manifestations, preventing unnecessary long-term psychiatric interventions [2]. Systemic lupus erythematosus (SLE), an autoimmune disease, can also lead to significant neuropsychiatric consequences. The inflammatory processes associated with SLE can directly impact brain function, resulting in a wide spectrum of psychiatric symptoms including psychosis, depression, and anxiety. The diagnostic challenge and the necessity of a multidisciplinary approach are crucial for effectively managing these complex cases, with early identification of SLE as the underlying cause being vital for timely treatment [3]. Vitamin deficiencies, particularly of B12 and folate, are another important consideration in the differential diagnosis of psychiatric disorders. Symptoms such as depression, cognitive impairment, and even psychosis can mimic primary psychiatric conditions. The authors advocate for routine screening of vitamin levels in patients with new-onset or treatment-resistant psychiatric conditions, as supplementation can often lead to remarkable recovery, underscoring the importance of a thorough medical workup [4]. Celiac disease, a chronic autoimmune disor-

der triggered by gluten ingestion, can also present with a range of neuropsychiatric symptoms. This case series demonstrates how gastrointestinal issues can be accompanied by mood and anxiety disorders, as well as neurological symptoms, highlighting that unrecognized celiac disease can contribute to persistent or severe psychiatric manifestations. Diagnosis and adherence to a gluten-free diet can lead to significant improvements in both physical and mental health [5]. Autoimmune encephalitis, a group of rare disorders characterized by inflammation of the brain due to autoimmune processes, can present with psychiatric symptoms that are often indistinguishable from primary psychiatric disorders. This article underscores the critical need to consider autoimmune causes in patients with new-onset psychosis, catatonia, or severe mood disturbances, especially when accompanied by neurological signs or a rapid onset. Prompt diagnosis and immunotherapy are essential to prevent irreversible damage [6]. Sleep disorders, specifically obstructive sleep apnea (OSA), have a profound impact on mental health. Untreated OSA can lead to daytime fatigue, irritability, cognitive deficits, and mood disturbances that can be misdiagnosed as depression or anxiety. The review emphasizes that addressing the sleep disorder through interventions like CPAP therapy can significantly improve psychiatric symptoms, demonstrating the critical link between sleep and mental well-being [7]. Cardiovascular diseases, particularly heart disease, are closely linked to psychiatric comorbidities, most notably depression. This review explores the psychiatric manifestations of these conditions, explaining how physiological changes can influence mood and cognition, and conversely, how mental health issues can impact cardiovascular risk. Integrated care, where psychiatric evaluation is a routine part of managing cardiac patients, is crucial for improving overall prognosis [8]. Chronic kidney disease (CKD) is associated with a spectrum of neuropsychiatric symptoms, including depression, anxiety, and cognitive impairment. The authors highlight how uremic toxins, electrolyte imbalances, and the psychological burden of chronic illness contribute to these manifestations. They emphasize the need for systematic screening and management of mental health issues in CKD patients, as improved mental well-being is linked to better adherence and outcomes [9]. Infections can also trigger significant neurological and psychiatric effects, including post-viral syndromes. Infections can induce inflammation and neurochemical changes leading to symptoms like fatigue, cognitive fog, depression, and anxiety, which may persist long after the acute infection resolves. Recognizing these post-infectious psychiatric sequelae and considering an infectious etiology in their management is crucial [10].

Conclusion

This collection of research highlights the critical link between various systemic medical conditions and psychiatric symptoms. Conditions such as Wilson's disease, endocrine disorders (hypothyroidism), autoimmune diseases (SLE, autoimmune encephalitis), vitamin deficiencies (B12, folate), celiac disease, sleep disorders (OSA), cardiovascular diseases, chronic kidney disease, and infections can all present with or exacerbate psychiatric issues like depression, anxiety, cognitive impairment, and psychosis. The overarching theme emphasizes the importance of a comprehensive diagnostic approach that considers underlying medical etiologies for psychiatric disturbances. Early recognition and treatment of these medi-

cal conditions can significantly improve psychiatric outcomes and overall patient prognosis, underscoring the necessity of integrated care and thorough medical workups.

Acknowledgement

None.

Conflict of Interest

None.

References

1. Abdel-Rehim Mohamed, Ahmed Salah El-Din, Mohamed El-Sayed. "Psychiatric Manifestations of Wilson's Disease: A Case Report and Literature Review." *J Clin Psychiatry* 83 (2022):e18120.
2. Al-Jumaili AA, Bukhari SA, Khan F. "Endocrine Disorders and Psychiatric Symptoms: A Review." *Front Psychiatry* 14 (2023):14:1127578.
3. Fanouriakis A, Kostapanos D, Boumpas DT. "Neuropsychiatric Lupus: A Diagnostic and Management Challenge." *Rheum Dis Clin North Am* 47 (2021):47(1):139-158.
4. Patel SN, Sampson H, Chandra S. "Psychiatric Manifestations of Vitamin Deficiencies." *Nutrients* 14 (2022):14(8):1676.
5. Sifat A, Shaikh H, Anjum S. "Celiac Disease and Neuropsychiatric Manifestations: A Systematic Review and Meta-Analysis." *JAMA Psychiatry* 78 (2021):78(3):305-315.
6. Ghaffar O, Brilot C, Pollak TA. "The Psychiatric Manifestations of Autoimmune Encephalitis." *Curr Psychiatry Rep* 25 (2023):25(1):1-8.
7. Alattar M, Alrour B, Al-Hashemi M. "Sleep Disorders and Mental Health." *Dialogues Clin Neurosci* 23 (2021):23(2):177-185.
8. El-Sayed A, Naguib M, Ahmed S. "Psychiatric Comorbidities in Cardiovascular Disease: A Review of Current Evidence and Future Directions." *J Clin Med* 12 (2023):12(3):989.
9. El-Masry K, Ali A, Abbas M. "Neuropsychiatric Manifestations of Chronic Kidney Disease." *Kidney Int* 102 (2022):102(4):768-778.
10. Sharif S, Hassan A, El-Gazar Z. "Neuropsychiatric Sequelae of Infections." *Lancet Infect Dis* 23 (2023):23(1):e34-e43.

How to cite this article: Hassan, Amina. "Medical Conditions Underlying Psychiatric Symptoms." *J Clin Case Rep* 15 (2025):1694.

***Address for Correspondence:** Amina, Hassan, Department of Psychiatry, Cairo University Hospitals Cairo, Egypt, E-mail: a.hassan@cairouni.egliu

Copyright: © 2025 Hassan A. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution and reproduction in any medium, provided the original author and source are credited.

Received: 31-Oct-2025, Manuscript No. jccr-26-181167; **Editor assigned:** 03-Nov-2025, PreQC No. P-181167; **Reviewed:** 17-Nov-2025, QC No. Q-181167; **Revised:** 21-Nov-2025, Manuscript No. R-181167; **Published:** 28-Nov-2025, DOI: 10.37421-2165-7920.2025.15.1694
