



Medical Conditions Mimicking Psychiatric Disorders



Introduction: The Importance of Differential Diagnosis

Many medical conditions can present with symptoms that closely resemble primary psychiatric disorders. Failure to recognize these medical mimics can lead to delayed diagnosis, inappropriate treatment, and poor outcomes. A thorough medical evaluation is crucial, especially in patients with new-onset psychiatric symptoms, atypical presentations, or treatment resistance.

Red Flags Suggesting a Medical Mimic

- **Atypical age of onset** (e.g., first episode of psychosis after age 40, dementia before age 60)
- **Acute or abrupt onset** of symptoms without clear psychosocial stressor
- **Presence of neurological signs or symptoms** (e.g., headache, seizures, focal deficits, gait disturbance)
- **Fluctuating course** of symptoms, especially delirium or altered consciousness
- **Visual, tactile, or olfactory hallucinations** (auditory hallucinations are more typical of primary psychosis)
- **Significant cognitive impairment** disproportionate to mood or psychotic symptoms
- **Treatment resistance** to standard psychiatric interventions
- **Presence of systemic symptoms** (e.g., fever, weight loss, rash, joint pain)
- **History of recent medical illness, surgery, or head trauma**
- **Substance use or withdrawal**

Clinical Pearl: The presence of multiple red flags significantly increases the likelihood of an underlying medical condition. Maintain a high index of suspicion, especially when the clinical picture deviates from typical psychiatric presentations.



Medical Conditions Mimicking Depression

Medical Condition	Key Features/Clues	Recommended Workup
Hypothyroidism	Fatigue, weight gain, cold intolerance, constipation, cognitive slowing	TSH, Free T4
Hyperparathyroidism	Fatigue, weakness, bone pain, kidney stones, cognitive changes, elevated calcium	Calcium, PTH levels
Vitamin Deficiencies (B12, Folate, D)	Fatigue, cognitive impairment, paresthesias (B12), risk factors (diet, age, malabsorption)	Vitamin B12, Folate, 25-OH Vitamin D levels
Anemia	Fatigue, pallor, shortness of breath, dizziness	CBC
Sleep Apnea	Excessive daytime sleepiness, snoring,	Polysomnography (sleep study)

	witnessed apneas, morning headaches	
Chronic Fatigue Syndrome	Severe fatigue >6 months, post-exertional malaise, unrefreshing sleep, cognitive difficulties	Diagnosis of exclusion; rule out other medical causes
Neurological Disorders (Parkinson's, MS, Stroke, Dementia)	Motor symptoms, focal deficits, cognitive decline, neurological signs on exam	Neurological exam, Brain imaging (MRI)
Autoimmune Disorders (SLE, RA)	Joint pain, rash, fatigue, systemic symptoms	ANA, ESR, CRP, specific autoantibodies
Infectious Diseases (HIV, Lyme, Hepatitis C)	Risk factors, systemic symptoms, specific exposure history	HIV test, Lyme serology, Hepatitis panel
Malignancy (especially pancreatic, lung)	Unexplained weight loss, anorexia, pain, specific cancer symptoms	Age-appropriate cancer screening, targeted imaging based on symptoms
Medication Side Effects	Beta-blockers, corticosteroids, interferon, some anticonvulsants, isotretinoin	Review medication list, consider temporal relationship
Substance Use/Withdrawal	Alcohol, sedatives, stimulants (withdrawal)	Urine drug screen, alcohol level, detailed substance use history

Clinical Pearl: Hypothyroidism is one of the most common medical mimics of depression. Always check TSH in patients presenting with depressive

symptoms, especially if treatment-resistant or accompanied by fatigue and cognitive slowing.



Medical Conditions Mimicking Anxiety Disorders

Medical Condition	Key Features/Clues	Recommended Workup
Hyperthyroidism	Tachycardia, palpitations, tremor, weight loss, heat intolerance, insomnia	TSH, Free T4
Cardiac Arrhythmias (SVT, Afib)	Palpitations, dizziness, shortness of breath, chest discomfort, episodic nature	ECG, Holter monitor, consider cardiology referral
Pulmonary Embolism	Acute onset shortness of breath, chest pain, tachycardia, hypoxia	D-dimer, CT angiogram
Asthma/COPD Exacerbation	Wheezing, shortness of breath, cough, history of respiratory disease	Pulmonary function tests, chest X-ray
Pheochromocytoma	Episodic hypertension, palpitations, headache, sweating (paroxysmal)	Plasma free metanephhrines or 24-hour urine catecholamines/metanephhrines
Hypoglycemia	Sweating, tremor, palpitations, confusion, associated with diabetes or fasting	Fingerstick glucose during episode, fasting glucose, HbA1c

Temporal Lobe Epilepsy	Auras, automatisms, déjà vu/jamais vu, episodic fear/panic	EEG (possibly with sleep deprivation or prolonged monitoring)
Vestibular Dysfunction	Dizziness, vertigo, imbalance, nausea, associated with head movement	Neurological exam, Dix-Hallpike maneuver, consider ENT referral
Medication Side Effects/Withdrawal	Stimulants, caffeine, bronchodilators, thyroid medication; withdrawal from alcohol, benzodiazepines, SSRIs	Review medication list, substance use history
Substance Intoxication/Withdrawal	Stimulants (cocaine, amphetamines), caffeine, cannabis; withdrawal from alcohol, benzodiazepines, opioids	Urine drug screen, alcohol level, detailed substance use history

Clinical Pearl: Panic attacks can closely mimic serious medical conditions like myocardial infarction or pulmonary embolism. While primary panic disorder is common, always consider and rule out life-threatening medical causes, especially in patients with risk factors or atypical presentations.



Medical Conditions Mimicking Psychosis

Medical Condition	Key Features/Clues	Recommended Workup
Delirium	Acute onset, fluctuating course, impaired attention, disorganized	Identify underlying cause (infection, metabolic, medication, etc.); CBC,

	thinking, altered consciousness	CMP, urinalysis, consider imaging/EEG/LP
Substance-Induced Psychosis	Stimulants (cocaine, amphetamines), cannabis, hallucinogens, bath salts, synthetic cannabinoids	Urine drug screen, detailed substance use history
Medication-Induced Psychosis	Corticosteroids, dopamine agonists (Parkinson's meds), anticholinergics, interferon	Review medication list, temporal relationship
Autoimmune Encephalitis (e.g., Anti-NMDA Receptor)	Young age, rapid onset, prominent psychiatric symptoms, seizures, movement disorders, autonomic instability	MRI, EEG, LP (CSF analysis for antibodies), serum antibody panel
CNS Infections (Meningitis, Encephalitis, HIV, Syphilis)	Fever, headache, stiff neck, altered mental status, focal neurological signs	LP, brain imaging, HIV test, RPR/VDRL
Temporal Lobe Epilepsy	Interictal or postictal psychosis, complex partial seizures, olfactory/gustatory hallucinations	EEG
Endocrine Disorders (Cushing's, Addison's, Thyroid Storm)	Physical signs of endocrine disorder, electrolyte abnormalities, vital sign changes	Cortisol levels, ACTH stim test, TSH/Free T4, electrolytes
Metabolic Disorders (Uremia, Hepatic	Signs of organ failure, electrolyte disturbances,	BUN/Cr, LFTs, ammonia, porphyrin testing

Encephalopathy, Porphyria)	specific triggers (porphyria)	
Vitamin Deficiencies (B12, Thiamine)	Cognitive changes, neurological signs (ataxia, neuropathy), risk factors (alcoholism, malnutrition)	Vitamin B12, thiamine levels
Wilson's Disease	Young age, movement disorder, liver disease, Kayser-Fleischer rings	Ceruloplasmin, 24-hour urine copper, slit-lamp exam
Huntington's Disease	Family history, chorea, cognitive decline, psychiatric symptoms (depression, irritability, psychosis)	Genetic testing (CAG repeats)
Brain Tumor/Lesion	New onset psychosis >40, headache, focal neurological signs, personality change	Brain imaging (MRI preferred)

Differentiating Medical Psychosis from Primary Psychosis

- **Visual hallucinations** are more common in medical/substance-induced psychosis
- **Acute onset and fluctuating course** suggest delirium or medical cause
- **Presence of disorientation or clouded consciousness** points towards delirium
- **Abnormal vital signs or physical exam findings** suggest medical etiology
- **Later age of onset (>40)** increases suspicion for medical cause

Clinical Pearl: New-onset psychosis, especially in middle-aged or older adults, warrants a thorough medical workup including brain imaging and

laboratory tests to rule out underlying medical or neurological causes before diagnosing a primary psychotic disorder like schizophrenia.

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Medical Conditions Mimicking Cognitive Impairment/Dementia

Medical Condition	Key Features/Clues
Depression (Pseudodementia)	Prominent mood symptoms,

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