

Major Neurocognitive Disorder as Primary Diagnosis in Man Admitted to a Forensic Psychiatric Hospital: A Case Report

August Glass MS4

Saba University School of Medicine, The Bottom, Caribbean Netherlands

Ema Mathai MS4

Ross University School of Medicine, Miramar, Florida

Riddhi Soni MS4

Ross University School of Medicine, Miramar, Florida

Dr. Nicholas Mahan MD

Saint Elizabeths Hospital, Mumbai, Maharashtra, India

Abstract:

Background: The prevalence of older prisoners continues to rise, and with it the prevalence of Major Neurocognitive Disorder (dementia) rises^{3,4}. This population in both prisons and forensic psychiatric facilities has special needs that may not be met in the current system. This case report aims to highlight the need for proper screening and discuss better ways to care for such patients.

Case Presentation: This case follows a 67-year-old African American male who presented to Saint Elizabeths Hospital (Washington, DC) for inpatient competency evaluation. He carried misdemeanor charges of alleged shoplifting. He had no known past psychiatric history from his report, and no records to indicate contact with behavioral health services in regional health information exchange (HEI). Records from HEI did reveal an emergency room visit for possible head injury about a year prior to forensic hospitalization, with CT head revealing “Extensive supratentorial low-attenuation, likely small vessel ischemic disease.”

The patient reported that he had recently lost his job and was evicted from his home. Review of symptoms was negative for any current or prior history of mood, anxiety, or other psychiatric symptoms. Impairment of Mini-Mental State Exam (MMSE) prompted the team to administer the Montreal Cognitive Assessment (MOCA). Based on notable multi-domain cognitive deficits and patient’s decline in life functioning, he was diagnosed with Major Neurocognitive Disorder. He was recommended for neurology consult for further neurocognitive disorder work up.

Discussion: This case demonstrates the unique circumstance of an older adult with dementia psychiatrically hospitalized for forensic competency evaluation, despite no psychiatric comorbidities. This patient’s story highlights the need for diversion of resources from criminal justice system to social supports. Older adults in prison and psychiatric facilities may face social isolation and lack of targeted programming, which leads to adverse consequences¹. In addition, due to a lack of physical prowess, they may be vulnerable to their younger counterparts and be victimized². There can be great benefit to creating specific programs for older adults in prisons and psychiatric facilities, and greater steps should be taken to cater to this population.

Keywords:

Major Neurocognitive Disorder, Dementia, Forensic Psychiatry.