

# PSYCHIATRY

# 1 BASICS OF PSYCHIATRY



- Two Greek words: "psyche" meaning mind and "iatry" meaning healing or cure.
- Branch of medicine that deals with problems of the mind and its treatment.
- Coined by German physician Johann Christian Reil.

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## Approach to a Patient

00:02:30

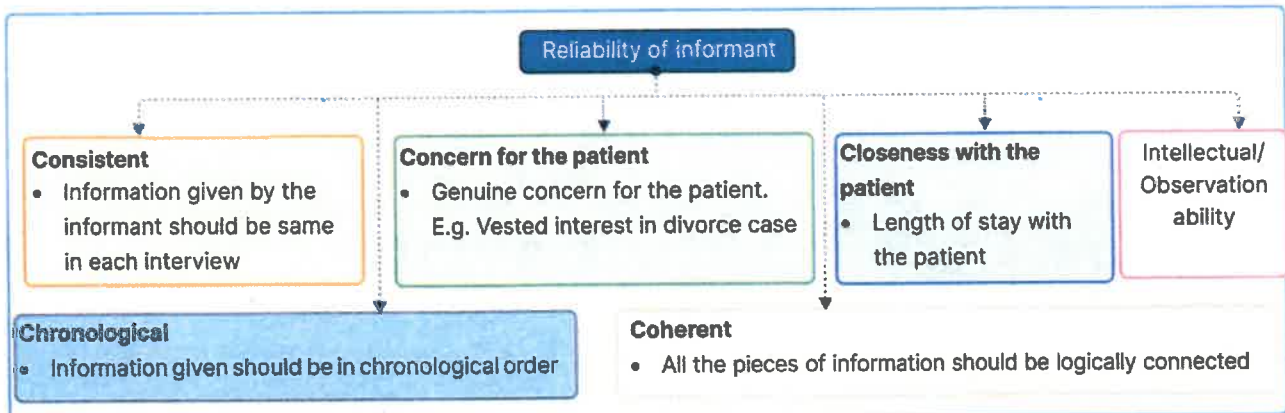
<b>History</b>	<ul style="list-style-type: none"> <li>• Taken from the patient as well as the informant.</li> </ul>
<b>Examination</b>	<ul style="list-style-type: none"> <li>• General physical examination</li> <li>• Systemic examination</li> <li>• Mental status examination (MSE).</li> </ul>
<b>Investigation</b>	<ul style="list-style-type: none"> <li>• Limited role</li> <li>• To rule out other abnormalities</li> </ul>
<b>Diagnosis</b>	<ul style="list-style-type: none"> <li>• Diagnose and treat/manage the patient</li> </ul>

## History

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### Informant

- History is taken directly from the informant.



## Mental Status Examination (MSE)

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- Examination of a psychiatric patient: Mental status examination.

### General Appearance and Behavior

- **Dressing:** With respect to weather conditions.
- **E.g.** A patient who presents with layers of warm clothes on a hot day, and inappropriate dressing, may suggest an illness such as Schizophrenia.
- **Grooming**
  - **Grooming:** Self-care
  - **E.g.** A patient presenting to OPD with uncombed hair, foul-smelling, and poor grooming, may suggest an illness such as Schizophrenia.



## Speech

00:10:32

- **Rate of speech**
  - Number of words a person speaks in a minute.
  - Mania: High rate of speech, speaks very fast.
  - Depression: Low rate of speech, speaks very slowly.
- **Coherence**
  - Whether speech is understandable.
  - Incoherent speech: Seen in illnesses such as schizophrenia.

## Mood and Affect

1 PYQ: FMGE 2019 00:12:58

- Denotes the feelings and emotions of a person.

Mood	Affect
<ul style="list-style-type: none"><li>• Persistent and pervasive emotional state.</li></ul>	<ul style="list-style-type: none"><li>• Expression of emotion that is observed by the therapist.</li><li>• Expressed on the face and through body language.</li></ul>
<ul style="list-style-type: none"><li>• The mood is something that the patient will tell.</li></ul>	<ul style="list-style-type: none"><li>• Affect is something that is observed by the therapist.</li></ul>
<ul style="list-style-type: none"><li>• An internal phenomenon.</li></ul>	<ul style="list-style-type: none"><li>• An external phenomenon.</li></ul>
<ul style="list-style-type: none"><li>• The mood is long-term: Emotional state present for some time.</li></ul>	<ul style="list-style-type: none"><li>• Affect is cross-sectional: Observed at that very moment.</li></ul>

## Abnormalities of Affect

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<b>Flat affect (Blunt affect)</b>	<ul style="list-style-type: none"><li>• Emotion does not change even with stimuli.</li><li>• E.g. No change in emotions seen when a patient is talking about a sad event or a good event in his life.</li><li>• Seen in conditions like schizophrenia.</li></ul>
<b>Labile affect</b>	<ul style="list-style-type: none"><li>• Rapid and abrupt changes in emotion without any stimuli.</li><li>• E.g. Patient starts laughing/crying without any reason.</li><li>• Seen in mania and organic mental disorders.</li></ul>

## Important Information

### Anhedonia

- Decreased interest in pleasurable activity.
- Seen in depression and schizophrenia.

### Alexithymia

- Inability to express or understand emotions.

## Structures related to emotions

- Generation of emotions: Limbic system
- Regulation of emotions: Frontal lobe

## 2 DISORDERS OF THOUGHT



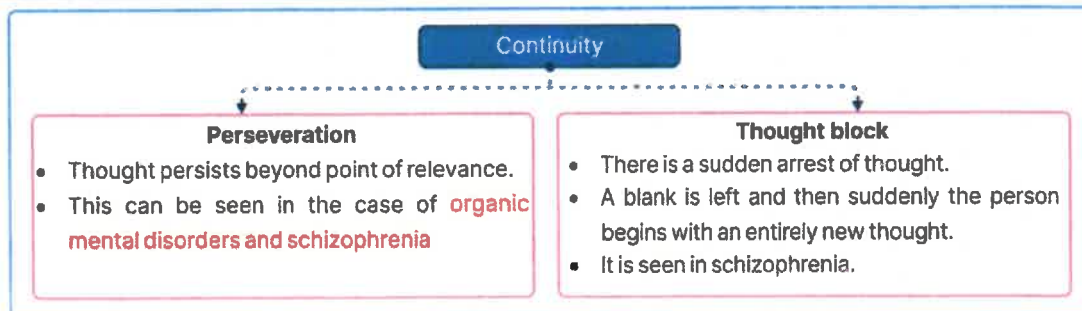
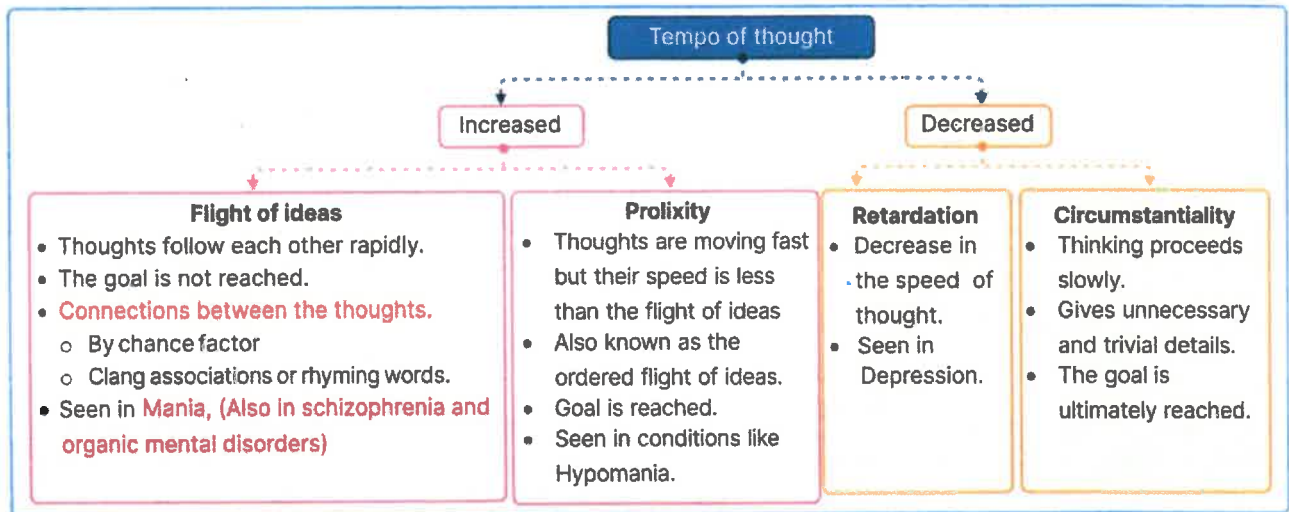
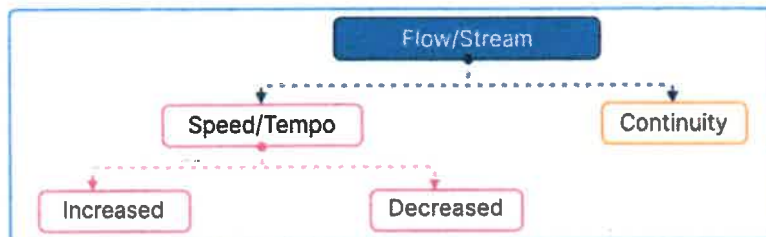
### Thought

00:00:12



### Flow/stream

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### Content

00:11:45

#### Delusion

PYO: FMGE 2019, 2021 PYO: NEET PG 2019

- A false, fixed, and unshakeable idea or belief that is held with extraordinary conviction.
- E.g.: 20-year-old male claims that his neighbors want to kill him. After a lot of effort from the family as well as the neighbors, he cannot be convinced otherwise.
- Unexplained by the cultural, social, and educational background of the person.
- E.g.: If a certain culture refuses to cross the road after a black cat crosses, it is not a delusion because it is a shared cultural belief/superstition.

## Types of Delusion

🕒 PYQ: FMGE 2020

<b>Delusion of Persecution</b>	<ul style="list-style-type: none"> <li>• <b>Most common delusion.</b></li> <li>• The patient believes that someone is planning to harm him or kill him.</li> </ul>
<b>Delusion of Reference</b>	<ul style="list-style-type: none"> <li>• The patient believes that someone is talking about him or spying on him.</li> </ul>
<b>Delusion of Grandiosity</b>	<ul style="list-style-type: none"> <li>• The patient believes that he is God, has supernatural powers, knows famous people, has vast knowledge, or is very wealthy.</li> <li>• Seen in conditions like <b>schizophrenia and Mania.</b></li> </ul>
<b>Delusion of Nihilism</b>	<ul style="list-style-type: none"> <li>• Delusion of Negation</li> <li>• The patient denies existence of his own body, loved ones, the world, and everything.</li> <li>• Seen in disorders such as schizophrenia, and <b>depression.</b></li> <li>• <b>Cotard syndrome:</b> A patient with depression having delusion of nihilism</li> </ul> <p>🕒 PYQ: INICET 2023</p>
<b>Declerambault's Syndrome/Erotomania/ Delusion of Love</b>	<ul style="list-style-type: none"> <li>• The patient believes that someone (usually of a higher stature) is in love with the patient.</li> </ul> <p>🕒 PYQ: FMGE 2021</p>
<b>Othello's Syndrome/ Delusion of infidelity/ Morbid jealousy</b>	<ul style="list-style-type: none"> <li>• The patient believes that the partner or spouse is having an affair even though that is not true.</li> <li>• <b>Prolonged alcohol use:</b> Linked to this condition.</li> </ul>
<b>Delusional Misidentification syndrome</b>	<ul style="list-style-type: none"> <li>• Problem in the identification of other people</li> </ul>

## Delusional Misidentification Syndrome

🕒 PYQ: FMGE 2021, 2022 🕒 PYQ: NEET PG 2022, 2023 00:24:32

<b>Capgras Syndrome</b>	<ul style="list-style-type: none"> <li>• Patient believes that someone who is closely related to him has been replaced by an exact double.</li> <li>• Physical appearance remains the same and it is acknowledged.</li> <li>• Argument with the close person.</li> <li>• <b>CAPGRAS:</b> Close person replaced by a stranger.</li> </ul>
<b>Fregoli Syndrome</b>	<ul style="list-style-type: none"> <li>• Patient believes that a familiar person is posing as a stranger (can take multiple appearances).</li> <li>• Physical appearances change and it is acknowledged.</li> <li>• Argument with a stranger.</li> </ul>

## Form

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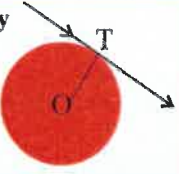
- Form means organization. Thoughts have a start, a middle part, and an end.
- Abnormality of thought is known as formal thought disorder. For example, in schizophrenia.

### Normal thought examples

- In normal thoughts, everything is logically connected.
- E.g. Normal trail of thought if one is planning to go on a date would be to book a cab, reach the cafe, order coffee, drink the coffee, pay for the drink, and come back.

### Abnormal thought examples

<b>Loosening of association</b>	<ul style="list-style-type: none"> <li>• Break in logical connection between the thoughts (sentences do not make sense).</li> <li>• E.g.: Order a coffee would be ordering coffee, coming back home, reaching the cafe, black shirt, drinking, and booking a cab.</li> <li>• Seen in schizophrenia.</li> <li>• <b>Speed is normal and lack of connections is observed in this (Increased speed and presence of connections are present in flight of ideas)</b></li> </ul>
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<b>Derailment/ Knight's Move Thinking</b>	<ul style="list-style-type: none"> <li>• <b>Jump off the track, to move to a different topic (no logical connection)</b></li> <li>• Thought block: Shift to a new topic and problem of continuity along with a pause.</li> <li>• Derailment: Only shifting to a new topic, no pause.</li> </ul> <p style="text-align: right;">🕒 PYQ: NEET PG 2021</p>
<b>Tangentiality</b> 	<ul style="list-style-type: none"> <li>• A reply to a question is oblique or tangential.</li> <li>• The patient touches the topic and then moves away and does not ever return to the topic of the question or answer it. The goal is not reached</li> </ul> <p style="text-align: right;">🕒 PYQ: FMGE 2019</p>
<b>Neologism</b>	<ul style="list-style-type: none"> <li>• A completely new word or phrase is being used by the patient whose derivation cannot be understood.</li> <li>• E.g.: If one is talking to a patient who only knows the English language, and the patient says that he brought a new "pratnityat". He goes on to describe its color and design and then points to his watch and says, "This is the new "pratnityat". It is not understood by anyone how he derived that word for the watch.</li> <li>• Seen in disorders like schizophrenia.</li> </ul>
<b>Incoherence/ Word Salad</b>	<ul style="list-style-type: none"> <li>• Thoughts are incomprehensible and do not make any sense.</li> <li>• E.g.: The patient says "I will go umbrella black fly water".</li> <li>• Seen in disorders like schizophrenia.</li> </ul>
<b>Talking past the point/Vorbeireden</b>	<ul style="list-style-type: none"> <li>• The reply of the patient shows that he understood the question (known from his answer) but is deliberately talking about the associated topic.</li> <li>• E.g.: The patient is asked what the color of grass is, and he replies that it is red.</li> <li>• <b>Ganser Syndrome:</b> When talking past the point is seen in prisoners.</li> <li>• It can be seen in other populations also.</li> </ul>

### Possession

- Possession means loss of control or loss of sense of possession of thinking.
- Two important abnormalities under this are:

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🕒 PYQ: AIIMS 2020

Obsession	Thought alienation/ Passivity phenomenon
<ul style="list-style-type: none"> <li>• <b>R</b> - Recurrent thoughts/Images/Impulses</li> <li>• <b>O</b> - Own thoughts</li> <li>• <b>S</b> - Senseless</li> <li>• <b>I</b> - Irresistible <ul style="list-style-type: none"> <li>○ E.g. Patient gets recurring thoughts that his hands are dirty; he acknowledges these thoughts as his own and knows that they do not make any sense. (unable to stop these thoughts).</li> <li>○ Seen in obsessive-compulsive disorders.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• The patient claims that thoughts are under outside influence.</li> <li>• <b>Thought Insertion:</b> Patient feels that outside thoughts are inserted in his mind.</li> <li>• <b>Thought Withdrawal:</b> The patient feels that someone is taking away the thoughts from his mind.</li> <li>• <b>Thought Broadcast:</b> The patient feels that his thoughts are being broadcasted to everyone.</li> <li>• Seen in disorders like schizophrenia- First-rank symptoms for schizophrenia.</li> </ul>

# 3

# PERCEPTION



## Abnormalities of Perception

00:00:15

### Illusion

- False perception of a real object.
- Example:
  - A person is sleeping at night, he wakes up and shouts that he saw a snake under the bed. He discover it to be a rope when lights are turned on. Snake was a false perception of the real object which was the rope.

### Hallucination

- False perception without real object
- Psychotic symptom

Characteristics of Normal Perception/Object	Characteristics of Hallucination
• Clear	• Clear (as vivid as real)
• Normal perception of the real object occurs in outer objective space.	• Occurs in the Outer Objective Space
• Normal perception of a real object is independent of one's will.	• Independent of the Person's Will

- Characteristics of Hallucination are similar to that of real objects.
- E.g. In a movie, it was seen that a person can see Mahatma Gandhi, as clearly as a real person.
- **Pseudo-hallucination**
  - Like hallucinations clear and involuntary just like hallucinations.
  - Pseudo-hallucinations occur in **the inner subjective space**.

PYQ: FMGE 2023

### Types of Hallucination

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- 5 types

<b>Auditory Hallucination</b>	<ul style="list-style-type: none"> <li>• The most common type.</li> <li>• The patient is able to hear something.</li> </ul>
<b>Visual hallucinations</b>	<ul style="list-style-type: none"> <li>• E.g., the flashing of lights, an animal, a human face, or an entire human.</li> <li>• <b>The most common hallucinations in organic mental disorders are visual hallucinations.</b></li> <li>• <b>Seen in Schizophrenia.</b></li> </ul>
<b>Olfactory hallucinations</b>	<ul style="list-style-type: none"> <li>• The patient perceives an unpleasant odor, while others do not</li> </ul>
<b>Gustatory hallucinations</b>	<ul style="list-style-type: none"> <li>• Patients can taste something sweet, sour, or bitter.</li> <li>• Seen in disorders like schizophrenia.</li> <li>• Olfactory and gustatory hallucinations are seen <b>in temporal lobe disorders like temporal lobe epilepsy.</b></li> </ul>
<b>Tactile hallucinations</b>	<ul style="list-style-type: none"> <li>• Superficial or over the skin: Hot, cold, tingling, etc.</li> <li>• <b>Tactile hallucinations are also known as formication.</b> Patients experience small insects crawling under the skin. These are also called <b>cocaine bugs or magnum bugs.</b> <ul style="list-style-type: none"> <li>○ Cocaine users complain of the feeling of crawling bugs under their skin.</li> <li>○ Clinically a lot of scratch marks are seen in these patients.</li> </ul> </li> </ul>

PYQ: FMGE 2021

### Special Hallucinations

00:10:52

#### Reflex hallucinations (Morbid Synaesthesia)

- Real stimulus is given in one sensory modality and hallucination is produced in a different modality.
- E.g. Patient says that when he hears the ringtone (real perception), he sees a man walking into the room.
  - Real perception- auditory modality, hallucination- visual modality.
- It is seen in psychotic disorders and hallucinogens like LSD.

### Delusion vs Hallucination

00:13:01

Delusion	Hallucination
<ul style="list-style-type: none"><li>• False belief(I know)</li></ul>	<ul style="list-style-type: none"><li>• False perception (I see, hear, taste, etc.)</li></ul>
<ul style="list-style-type: none"><li>• Delusion of infestation: The patient says that he knows there are insects under her skin. It is a belief, not experiencing it</li></ul>	<ul style="list-style-type: none"><li>• However, in tactile hallucinations, patients experience it.</li></ul>



# 4

# SCHIZOPHRENIA AND OTHER PSYCHOTIC DISORDERS



## Schizophrenia

00:00:08

- It's the prototypical psychotic disorder

## History

00:00:16

- **Emil Kraepelin:** Coined the **Dementia Praecox**
  - **Eugene Bleuler:** Coined the term Schizophrenia
  - Schizo → Split; Phrenia → Mind
  - **Symptoms: Bleuler's 'Four A's'**
    - Association Disturbances- such as Loosening of Association
    - Affective Flattening
    - Autism: Fantasy Thinking (patient is engrossed in their own world)
    - Ambivalence: Inability to take decisions
  - **Kurt Schneider: Schneider's First Rank Symptoms (SFRS)**
    - Audible Thoughts / Thought Echo (First person auditory hallucination)
    - Voices discussing about the patient (Third person auditory hallucination)
    - Voices commenting on one's action/ Running commentary
    - Thought Insertion
    - Thought Withdrawal
    - Thought Broadcast
    - Made Impulses
    - Made Feelings
    - Made Acts
    - Somatic Passivity: Bodily sensation imposed by external agency → E.g.: Patient is claiming Pain in abdomen caused by radio waves sent by aliens
    - Delusional Perception: Delusional meaning given to normal perception → E.g.: Patient saw his wife in red saree and claims she wants to kill him (Red - Danger)
- Auditory Hallucination** (bracketed next to Audible Thoughts, Voices discussing, and Voices commenting)
- Thought Alienation** (bracketed next to Thought Insertion, Thought Withdrawal, and Thought Broadcast)
- Made Phenomenon** (bracketed next to Made Impulses, Made Feelings, and Made Acts)

## Epidemiology

00:07:03

- Gender: Prevalence of schizophrenia in males and females are nearly equal

Gender	Male	Female
Peak age of onset	10 - 25 yrs	25 - 35 yrs >40 yrs
Prognosis	Bad	Good

- **Late onset** schizophrenia: After 45 years of age → **Good prognosis**

## Etiology

00:09:00

### 1. Genetic Factors

00:09:14

- Concordance rate is higher in monozygotic twins (Monozygotic twins > Dizygotic twins)
- Higher risk of schizophrenia in family members of patients with schizophrenia, bipolar disorder
- **Chromosome 22q11.2 Deletion syndrome/ Di-George Syndrome/ Velocardiofacial syndrome (VCFS)** → 30% of these cases may develop schizophrenia

### 2. Neurotransmitters

00:10:22

- Dopamine hypothesis → Increased levels of dopamine in patients of schizophrenia
- Serotonin (5HT) → **Increased** levels in brain of patients with schizophrenia
- GABA, Glutamate, Norepinephrine, Acetylcholine → **Decreased** in schizophrenia

### 3. Risk factors

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- Cannabis use: People who use cannabis in adolescent period may develop schizophrenia → increase risk of schizophrenia

### Symptoms

00:11:50

#### 1. Positive symptoms/ Psychotic symptoms

00:11:55

- Caused by **increased levels** of Dopamine (DA) in **Mesolimbic pathway**
- Delusions: M/C is Delusion of Persecution
- Hallucinations: M/C is Auditory Hallucination

PYQ: FMGE 2018, 2019, 2023

#### 2. Negative symptoms

00:12:57

- Caused by **decreased levels** of Dopamine (DA) in **Mesocortical pathway**
- Anhedonia - decrease in interest (activities the patient earlier enjoyed)
  - M/C negative symptom
- Avolition - decrease in will/drive
- Affective blunting - decrease in the expression of emotion
- Asociality - decrease in socialization
- Alogia - decrease in the verbal output
- Patients with positive symptoms respond well to antipsychotics, whereas patients with negative symptoms respond less well.

#### 3. Disorganized symptoms

00:15:15

- Disorganized speech/thought → Formal thought disorder
- Disorganized behavior → Bizarre behavior
- Disorganized affect – E.g.: In a funeral the patient sees the dead body and starts laughing

#### 4. Catatonic symptoms / Motor Symptoms

00:16:05

- Stupor: Extreme Hypoactivity / Immobility
- Excitement: Extreme hyperactivity; Non goal directed
- Mutism: No/Little verbal response
- Catalepsy: Odd posture for a long time; Passive phenomenon
- Posturing: Odd posture for a long time; Active phenomenon
- Waxy Flexibility: Person can be molded like a wax candle
- Negativism: Oppose/No response to instructions
- Automatic Obedience: Excessive cooperation / obedience
- Mannerism: Repetitive odd movements; Purposeful movements
- Stereotypy: Repetitive odd movements; Non purposeful movements
- Echolalia: Repeating words (of examiner)
- Echopraxia: Repeating actions (of examiner)
- Grimacing: Maintenance of odd facial expressions
- Ambitendency: Inability to decide the motor movement
- When the patient has 3 or more of these symptoms, it is said that the patient has Catatonic symptoms (Catatonia)

### Diagnosis

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- According to DSM-5, there are 5 symptoms of schizophrenia:
  1. Delusions
  2. Hallucinations
  3. Disorganized speech
  4. Catatonic or Grossly disorganized behavior
  5. Negative symptoms
- DSM-5: **2 or more symptoms (At Least 1 symptom should be present from the first 3 symptoms** Delusions, Hallucinations, Disorganized speech) for **atleast 1 month duration**.
- Total duration of disturbance: **6 months**
- ICD-11 states that the duration of schizophrenia should be 1 month