

PSYCHAITRY

RR-8.0

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----- Active space -----

Hallucination :

- Perception without stimuli.
- Auditory hallucination : m/c in schizophrenia.
- Visual hallucination : m/c in organic mental illness/neurocognitive disorders.

Note : Illusion → misinterpretation of stimuli

Types :

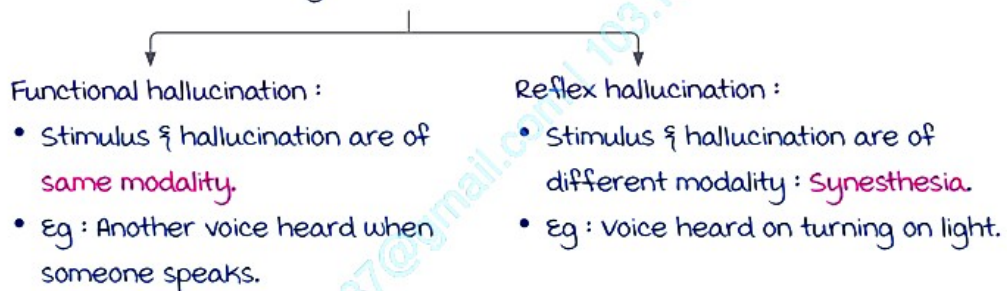
True hallucinations : Originates from outer objective space.

Pseudohallucinations : Originates from inner subjective space.

Special Hallucinations :

- Extracampine hallucination : Hallucinatory experience from beyond sensory field.

- Hallucinations that originate from a stimulus :

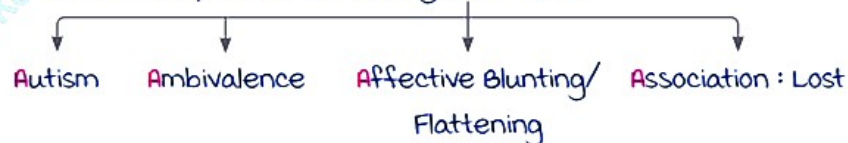
**Schizophrenia**

00:29:54

IMPORTANT CONTRIBUTIONS

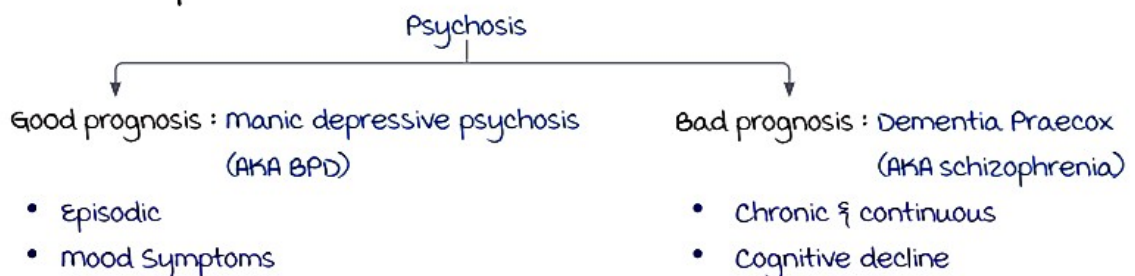
Eugene Bleuler :

Coined the term 'Schizophrenia' & the diagnostic 4 A's.



Note : Auditory hallucination is not a part of 4 A's of Bleuler.

Emil Kraepelin :



PSYCHIATRY REVISION - 1

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Psychosis

00:02:45

Neurotic vs. Psychotic Symptoms :



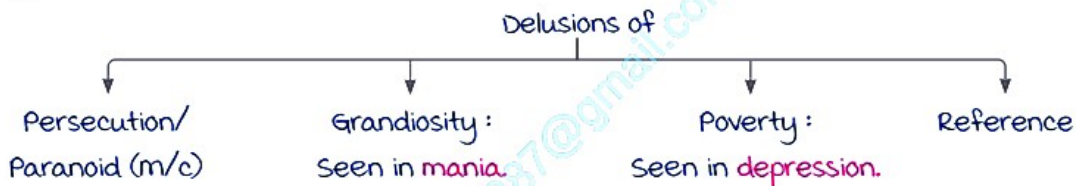
PSYCHOTIC SYMPTOMS

Delusion :

False **fixed** belief.

Note : Idea → False **fluctuating** belief.

Types of delusions :



Named delusions :

Othello Syndrome	Delusion of infidelity/jealousy (Commonly seen in chronic alcoholism)
Magnan Syndrome	<ul style="list-style-type: none"> • AKA Cocaine bugs/psychosis/formication. • Delusion of persecution + tactile hallucination.
Erotomania/Delusion of love/ De Clerambault syndrome	-
Cotard Syndrome	Severe depression + Nihilistic delusion (Delusion of negation)
Ekbom Syndrome	<ul style="list-style-type: none"> • AKA Delusional parasitosis. • Type of restless leg syndrome. • match box sign ⊕.
Delusion of misidentification	<ul style="list-style-type: none"> • Negative : Capgras Syndrome/Delusion of doubles - Known person is believed to be a stranger. • Positive : Fregoli Syndrome - Stranger is believed to be a persecutor.

Kurt Schneider :

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1. First rank symptoms :

3 auditory hallucinations	3 made phenomena	3 thought phenomena
<ul style="list-style-type: none"> 1st person 2nd person : Commanding & commentary 3rd person 	<ul style="list-style-type: none"> made impulse made volition made affect 	<ul style="list-style-type: none"> Thought insertion Thought broadcast Thought withdrawal

2. Somatic passivity/Delusion of control : Believes being controlled by an external agency.

3. Primary delusional experience.

DIAGNOSTIC CRITERIA

Following symptoms are seen for **>1 month (ICD)/>6 months (DSM)** :

Positive psychotic symptoms (mesolimbic pathway)	Negative psychotic symptoms (mesocortical pathway)
<ul style="list-style-type: none"> Delusions. Hallucinations. Disorganized thinking. Disorganized/Catatonic behavior. <p>1 out of 3 must be present for diagnosis.</p>	<ul style="list-style-type: none"> Apathy Avolition Attention deficit Anhedonia Alogia Affective blunting/flattening

Note : mesocortical pathway → Cognitive symptoms of psychosis.

TIMELINE FOR DIAGNOSIS

	Duration of symptoms	Disorder
ICD II	<1 month	Acute Transient Psychotic (ATP) disorder
	>1 month	Schizophrenia
DSM V	<1 month	Brief psychotic disorder
	1-6 months	Schizophreniform illness
	>6 months	Schizophrenia

D/D

Delusional Disorder :

	Delusional disorder	Schizophrenia
Symptoms	Delusions <ul style="list-style-type: none"> >1 month (DSM V) >3 months (ICD) 	Delusions + other psychopathology (FRS+)
Type of delusions	Simple	Complex/bizarre
vegetative symptoms (Sleep/Appetite) & Daily functioning	Normal	Abnormal

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PROGNOSTIC FACTORS

	Better prognosis	worse prognosis
Onset	Acute	Gradual
Age of onset	Late	Early
Presence of preceding stressor	⊕	⊖
Gender	Female	male
Symptoms	more positive symptoms	more negative symptoms
Family history	⊖	⊕
mood symptoms	⊕	⊖
Compliance to medication	Compliant	Non compliant
Family support	⊕	⊖
Substance abuse	⊖	⊕
Premorbid personality disorder	⊖	⊕
Neurodevelopmental delay		
H/o perinatal asphyxia/ obstetric complications	⊖	⊕
multiple hospital admissions	⊖	⊕

Antipsychotics

00:51:13

Duration of treatment : For 1st episode of psychosis → 1-2 years (minimum : To avoid relapse).

TYPES

	Typical antipsychotics	Atypical antipsychotics
Generation	First (Older)	Second (Newer)
Antipsychotic effect by	Blockade of all D ₂ receptors	Blockade of 80% of D ₂ receptors
Receptor interaction	⊖	Fast dissociation
Extrapyramidal side effects (EPS)	Prominent	Less prominent
Other side effects	Neurotoxicity	metabolic side effects : <ul style="list-style-type: none"> • Sedation. • Weight gain. • Dyslipidemia. • Hyperglycemia.

Third Generation :

MOA : 2nd generation + 5HT_{1a} partial agonist.

Drugs :

- Aripiprazole.
- Cariprazine.
- Brexpiprazole.

CLOZAPINE

- most effective antipsychotic.
- DOC : **Treatment resistant schizophrenia**
(Refractory to 2 different antipsychotics).

Side effects :

- **Agranulocytosis.**
- **myocarditis.**
- metabolic side effects (Sedation, weight gain, dyslipidemia, hyperglycemia).
- ↑ Salivation.
- ↓ Seizure threshold (Dose-dependent).

EXTRAPYRAMIDAL SIDE EFFECTS

Acute :

	Akathisia	Acute dystonia
c/f	<ul style="list-style-type: none"> • Inner restlessness → ↑ Risk of suicide • motor movements (↑ Lower limb movements) 	<ul style="list-style-type: none"> • Oculogyric crisis • Orolingual dystonia • Laryngeal dystonia • Limb dystonia
Rx	<ul style="list-style-type: none"> • β-blockers (m/c : Propranolol) • Benzodiazepines • Trihexyphenidyl 	Antihistamines/ Anticholinergics

Chronic :

- Tardive dyskinesia :
 - Rabbit syndrome (Perioral tremors).
 - Rx : VMAT 2 inhibitors (Tetrabenazine/Deutetrabenazine/**valbenazine**).
- Tardive dystonia.

Lethal :

- Laryngeal dystonia.
- Neuroleptic malignant syndrome :

c/f	Ix	TOC
<ul style="list-style-type: none"> • Fever/hyperthermia • Lead pipe rigidity • Delirium 	<ul style="list-style-type: none"> • ↑ CPK • ↑ WBC • myoglobinuria (m/c cause of death in NMS d/t renal failure) 	mnemonic : BADE <ul style="list-style-type: none"> • Bromocriptine • Amantadine • Dantrolene • ECT



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Catatonia

01:05:00

Etiology : Frontal lobe dysfunction d/t

- mood disorders.
- Schizophrenia.
- Organic mental illness.

Clinical features :

- Posturing :
 - Catalepsy.
 - Waxy flexibility.
 - Psychological pillow : Neck remains elevated even upon removal of pillow.
- Automatic obedience.
- mutism.
- withdrawn.

management :

Lorazepam trial test :

Improvement in 48-72 hours $\xrightarrow{\text{No response}}$ Electroconvulsive therapy.

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PSYCHIATRY REVISION - 2

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Assessment of mood :

mood vs. Affect :

mood	Over a period of time
Affect	<ul style="list-style-type: none"> • Current state of emotion (Cross-sectional). • Incongruent affect : Disconnect b/w thoughts & mood (seen in psychosis).

Reactivity : ↓ in schizophrenia & depression.

Range : Restricted/flattened/blunted affect seen in schizophrenia.

Depression

00:06:28

Presentation :

	Core	Others
Symptoms	mnemonic : EM <ul style="list-style-type: none"> • Energy ↓ • mood ↓ • Interest ↓/Anhedonia 	mnemonic : DIGESCAPS <ul style="list-style-type: none"> • Depressed affect • Interest ↓ • Guilty (Pathological) • Energy ↓ • Sleep problems (Terminal insomnia/early morning awakening) • Concentration issues • Appetite changes (↓weight) • Psychomotor changes • Suicidal behavior
	Severity : mild $\xrightarrow{\text{+/- Psychotic symptoms (mood congruent/secondary symptoms)}}$ moderate/severe.	
Criteria for diagnosis	2 out of 3 symptoms for ≥2 weeks	5 out of 9 symptoms for ≥2 weeks

Types :

Based on number of episodes :

- Single episode.
- Recurrent depressive disorder (ICD) : ≥2 episodes.
 - AKA major depressive disorder (DSM-5)/unipolar depression (earlier term).