

Structured Notes According to **PSYCHIATRY**

Revision friendly **Fully Colored Book/Structured Notes**

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(Author)

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Basics of Psychiatry

1. Approach to a Patient
2. Informant
3. History
 - 3.1 Personal History
4. Mental Status Examination (MSE)
 - 4.1 General Appearance and behaviour
 - 4.2 Speech
 - 4.3 Mood and Affect

4.4 Thought

Must Know

4.5 Perception

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Good to Know

6. Classifications in Psychiatry

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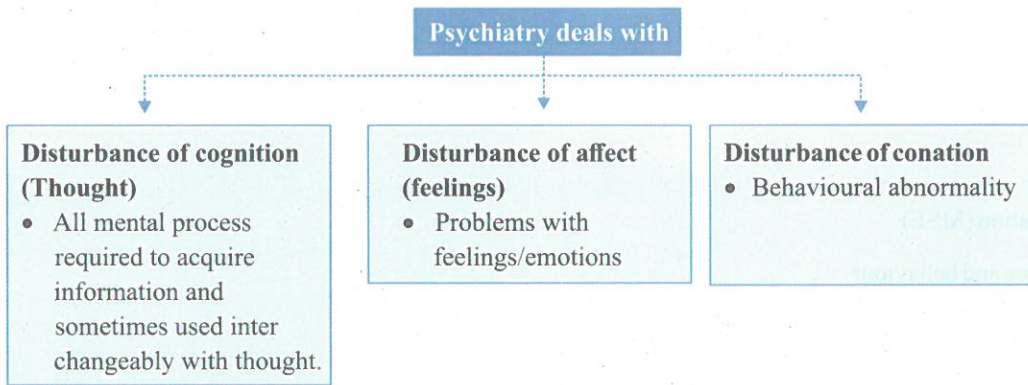
Good to Know

7. Psychiatric disorders
8. Disorder

1 BASICS OF PSYCHIATRY



- Psychiatry: Derived from two greek words, psyche meaning mind & iatry meaning healing/cure.
- Branch of medicine that deals with problems of the mind.
- Coined by German physician Johann Christian Reil.



Approach to a Patient

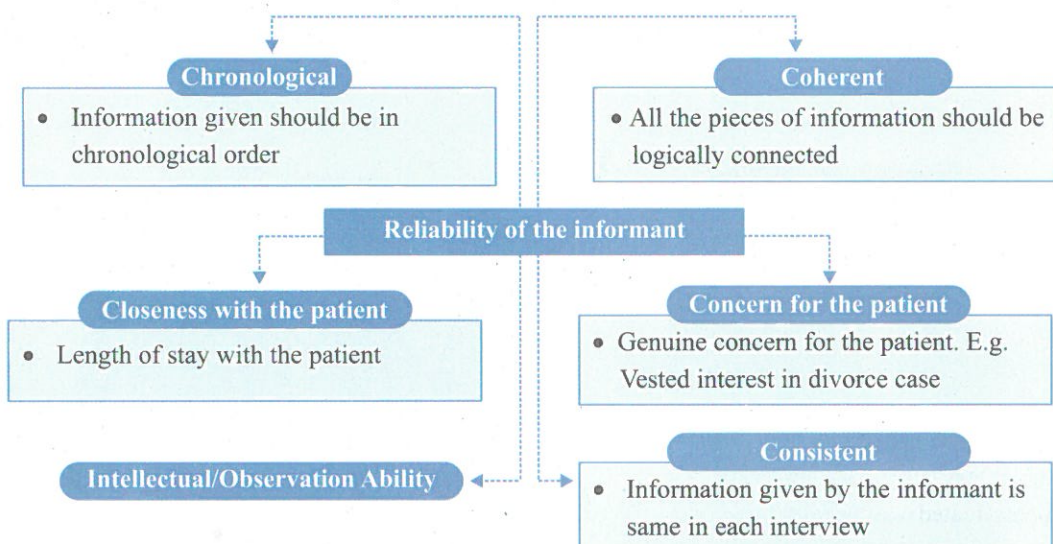
00:02:30

History	<ul style="list-style-type: none"> • Taken from patient as well as the informant. • True detailed history: Given by informant as patient can deny behavioural changes.
Examination	<ul style="list-style-type: none"> • General physical examination • Systemic examination • Mental status examination (MSE)
Investigation	<ul style="list-style-type: none"> • Very limited role • To rule out other abnormalities
Diagnosis	<ul style="list-style-type: none"> • Aim: Diagnose and treat/manage the patient

Informant

00:05:05

- History is taken directly from the informant.



History

00:07:55

1. Identification Data
2. Chief complaints
3. History of presenting illness
4. Past history
5. Family history
6. Personal History

Personal History

Birth and early development	<ul style="list-style-type: none">• Prenatal exposure to infections like influenza- Risk of developing schizophrenia in the future.• Complications during delivery- may lead to schizophrenia in the future.
Education	<ul style="list-style-type: none">• Detailed history of the education to understand any specific learning disability.
Occupational history	<ul style="list-style-type: none">• Includes when the job started, job changes, job performance.
Substance use	<ul style="list-style-type: none">• Smoking, alcohol
Marital and sexual history	<ul style="list-style-type: none">• Include when the person got married, marital and sexual relationship, menstrual history.

Q. Which of the following is not included in personal history?

- A. Early development history
- B. Sexual history
- C. Occupational history
- D. Food preferences

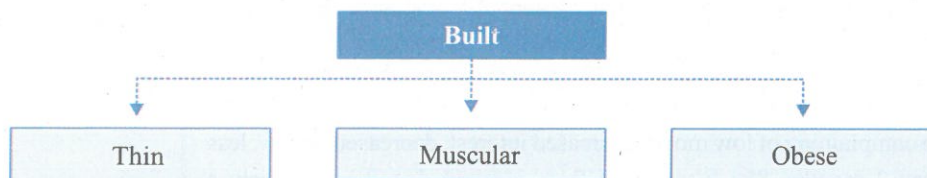
Mental Status Examination (MSE)

00:11:31

- Examination of a psychiatric patient
- Aspects of MSE

General Appearance and behaviour

- Built



- E.g.
 - A 16-year-old female appearing extremely thin- May suggest anorexia nervosa.
 - 19 yr old obese female: May suggest bulimia nervosa
 - Schizophrenic patients treated with antipsychotic drugs can suffer from weight gain.

- Dressing
 - With respect to weather conditions.
 - **E.g.** A patient presents with layers of warm clothes on a hot day, inappropriate dressing, may suggest illness such as Schizophrenia.
- Grooming
 - Self-care
 - **E.g.** A patient presenting to OPD with uncombed hair, foul-smelling, poor grooming, may suggest illness such as Schizophrenia.
- Motor activity
 - **Mania:** Increased motor activity, continuous moving.
 - **Depression:** Low energy levels, motor activities are low.
- Attitude towards the examiner
 - **Neurotic illnesses:** Patients are cooperative.
 - **Psychotic illnesses:** Patients are uncooperative.

Speech

- **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 slow.
- **Volume**
 - Mania: High volume, really loud even if somebody is standing close.
 - Depression: Low volume, whispering.
- **Coherence**
 - Whether speech is understandable.
 - Incoherent speech: Seen in illnesses such as schizophrenia.

Mood and Affect

00:22:12

- Denotes the feelings and emotions of a person.

Mood	Affect
<ul style="list-style-type: none"> • Persistent and pervasive emotional state. • Persistent: Present most of the time. • Pervasive: Present in most places. 	<ul style="list-style-type: none"> • Expression of emotion that is observed by the therapist. • Expressed on the face and through body language.
<ul style="list-style-type: none"> • Something that the patient will tell. 	<ul style="list-style-type: none"> • Something that is observed by the therapist.
<ul style="list-style-type: none"> • An internal phenomenon. 	<ul style="list-style-type: none"> • An external phenomenon.
<ul style="list-style-type: none"> • Long-term: Emotional state present for some time. 	<ul style="list-style-type: none"> • Cross-sectional: Observed at that very moment.

Case scenario

- A 35-year-old female has been complaining of low mood, decreased interest, decreased energy, less sleep, and appetite for the past 2 months. She is suffering from a mood disturbance which is depression.
 - When asked about her mood she says that her mood is sad. The affect seems to be sad or depressed.
 - 2 weeks after her treatment: when asked about her mood she replies that it is sad. The affect seems to be normal or euthymic since she is cheerful while talking.

Important aspects of mood and affect

- **Quality:** Predominant emotional state. For example; sad, cheerful, euthymic, anxious, irritable, fearful, etc.
- **Abnormality of quality**

Elevation of mood	<ul style="list-style-type: none"> • Excessive happiness, happy without any reason. • Various degrees <ul style="list-style-type: none"> ◦ Euphoria: Happy without any reason; seen in Mania ◦ Elation: Euphoria with increased psychomotor activity; seen in Mania. ◦ Exaltation: Increased happiness with increased psychomotor activity and delusion of grandiosity (making big and false claims). ◦ Ecstasy: State of bliss, Example: Person and God have become one.
Depressed mood	<ul style="list-style-type: none"> • Sad, feeling low or crying. • Seen in conditions like depression.
Dysphoric mood	<ul style="list-style-type: none"> • Irritable mood. • Sometimes seen in Mania.

◦ **Abnormalities of Affect**

Flat affect (Blunt affect)	<ul style="list-style-type: none"> • Emotion does not change even with stimuli. • Seen in conditions like schizophrenia.
Labile affect	<ul style="list-style-type: none"> • Rapid and abrupt changes in emotion without any stimuli. • Seen in mania and organic mental disorders.

• **Affect is also assessed in various other aspects**

Appropriateness of affect	<ul style="list-style-type: none"> • Measured with respect to the setting or the situation. • E.g. Laughing at a funeral is very inappropriate. • Seen in conditions like schizophrenia.
Congruency of affect	<ul style="list-style-type: none"> • Measured with respect to the thoughts or feelings. • Incongruent affect- Patient appears happy, while his thoughts or feelings are opposite. • Seen in illnesses like schizophrenia.

Important Information

Anhedonia

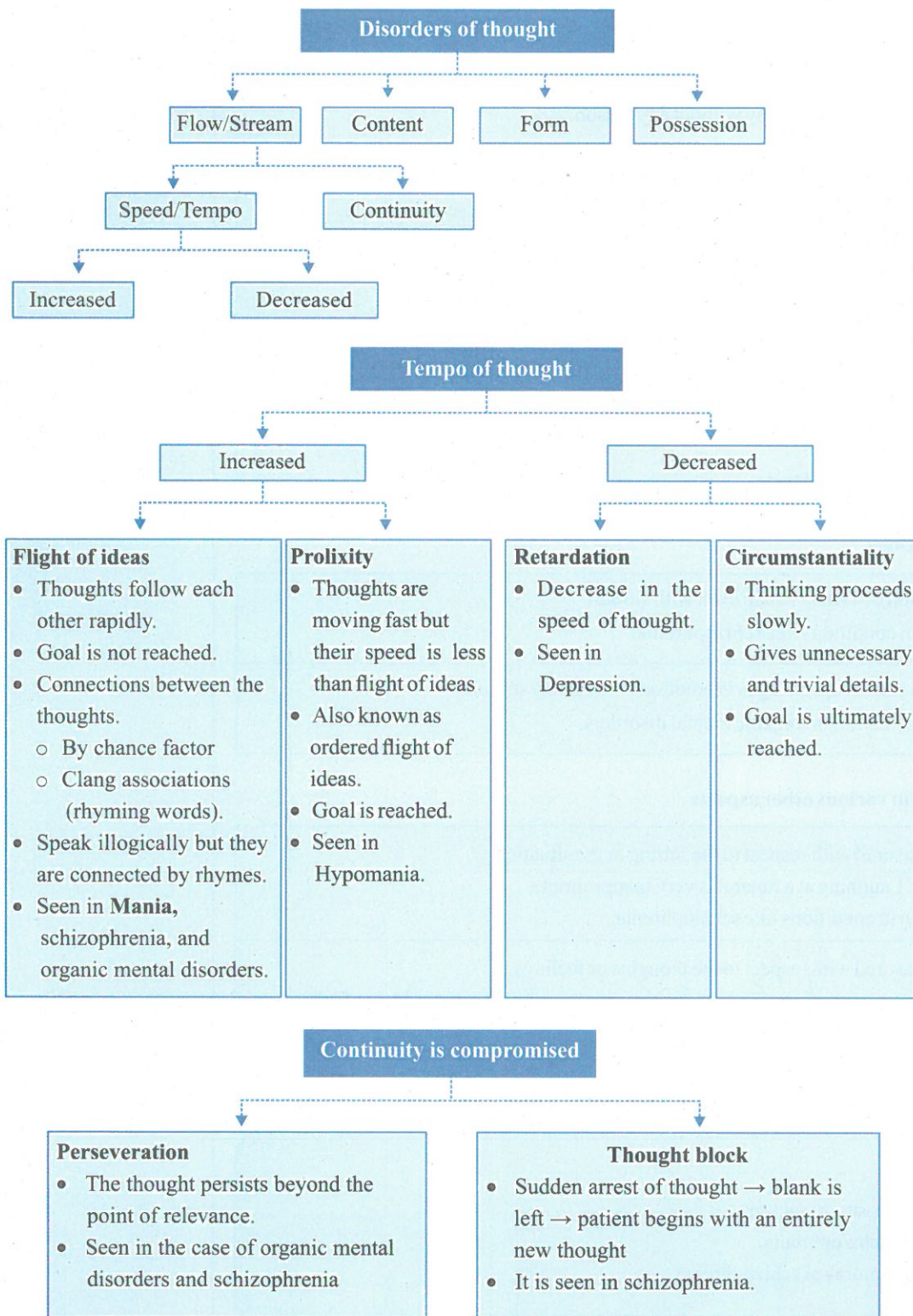
- Decreased interest in pleasurable activity.
- Seen in depression and schizophrenia.
- One of the negative symptoms of schizophrenia.

Alexithymia

- Inability to express or understand emotions.

Structures related to emotions

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

**Content**• **Delusion**

- A false, fixed, and unshakeable idea or belief held with extraordinary conviction.

- **E.g.:** 20-year-old male claims that his neighbours want to kill him. After a lot of effort from the family as well as the neighbours, 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:**

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Delusion of Persecution	<ul style="list-style-type: none"> • Most common delusion. • Persecution means harm, patient believes that someone is planning to harm him or kill him.
Delusion of Reference	<ul style="list-style-type: none"> • Patient believes that someone is talking about him or spying on him.
Delusion of Grandiosity	<ul style="list-style-type: none"> • Patient believes that he is God, has supernatural powers, knows famous people, has vast knowledge, or is very wealthy. • E.g. Patient claims that the Prime Minister calls him every day although they do not even know him. • Seen in disorders like schizophrenia and Mania.
Delusion of Nihilism	<ul style="list-style-type: none"> • Delusion of Negation. • Patient denies the existence of his own body, loved ones, the world, and everything. • Seen in disorders such as schizophrenia, depression. • Cotard syndrome: A patient with depression having delusion of nihilism.
Delusion of Enormity	<ul style="list-style-type: none"> • Patient believes that he can produce a catastrophe by his actions. • E.g. Patient refuses to urinate because he believes that he will flood the world
Delusion of Guilt	<ul style="list-style-type: none"> • Patient believes that he is a sinner although not having committed any sin.
Delusion of Poverty	<ul style="list-style-type: none"> • Patient is convinced that he is poor and in a state of destitution although he is not.
Delusion of ill Health/ Hypochondrial Delusion/ Somatic Delusion	<ul style="list-style-type: none"> • Delusion of Infestation/Parasitosis/Ekbom's Syndrome: Belief of insects crawling under the skin. • Delusion of Dymorphophobia: Patient believes that he has misshapeness of body parts, E.g. he thinks that his nose is large, his face is small etc. • In body dysmorphic disorder, this belief is not very strong and is more of a preoccupation that may not last long. • Delusion of foul body odour/Halitosis: Believes that body odour is bad although they are unable to smell it.
Declerambault's Syndrome/ Erotomania/ Delusion of Love	<ul style="list-style-type: none"> • Patient believes that someone (usually of a higher stature) is in love with the patient.
Othello's Syndrome/ Delusion of infidelity/ Morbid jealousy	<ul style="list-style-type: none"> • Patient believes that the partner or spouse is having an affair even though that is not true. • Prolonged alcohol use: Linked to this condition.

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Delusional Misidentification syndrome

- Problem in Identification of other persons.

Capgras Syndrome	<ul style="list-style-type: none"> • Patient believes that someone who is closely related to him has been replaced by an exact double. • Physical appearance remains the same and it is acknowledged. • Argument with the close person. • CAPGRAS: Close Person Replaced by A Stranger.
Fregoli Syndrome	<ul style="list-style-type: none"> • Patient believes that a familiar person is posing as a stranger (can take multiple appearances). • Physical appearances change and it is acknowledged. • Argument with a stranger.
Syndrome of intermetamorphosis	<ul style="list-style-type: none"> • Patient believes that others undergo changes in physical and psychological identities into entirely different people.
Syndrome of subjective doubles	<ul style="list-style-type: none"> • Delusional belief of the existence of physical duplicates of self, living in different parts of the world.

- Delusions can be divided into Bizarre Delusions and Non-Bizarre Delusions.

01:23:50

Bizarre Delusions	Non-Bizarre Delusions
<ul style="list-style-type: none"> • Scientifically impossible, or culturally implausible. 	<ul style="list-style-type: none"> • False but actually and scientifically possible.
<ul style="list-style-type: none"> • E.g. Patient claims that aliens came and inserted a chip inside him and are now recording his movement. 	<ul style="list-style-type: none"> • E.g. Delusion of infidelity.

Form

01:27:15

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

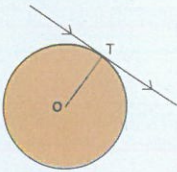
Examples of normal thought

- 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

Loosening of association	<ul style="list-style-type: none"> • Break in logical connection between the thoughts (sentences do not make sense). • E.g.: Thought trail to order a coffee would be ordering coffee, coming back home, reaching the cafe, black shirt, drink, booking a cab. • Seen in schizophrenia
Derailment/ Knight's Move Thinking	<ul style="list-style-type: none"> • Jump off the track, to move to a different topic (no logical connection) • Thought block: Shift to a new topic and problem of continuity along with a pause. • Derailment: Only shifting to a new topic, no pause.

 PYQ: NEET PG 2021

Tangentiality 	<ul style="list-style-type: none"> • A reply to a question is oblique or tangential. PYQ: FMGE 2019 • 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. • E.g.: When a patient is asked who is his favourite actress and he names his favourite actor then says that he wants to become an orthopaedic surgeon.
Neologism	<ul style="list-style-type: none"> • Completely new word or phrase is used by the patient whose derivation cannot be understood. • E.g.: Patient describes his watch as <i>pratnityat</i> (no such word in English) to a person who knows only English. It is not understood how he derived that word for the watch • Seen in disorders like schizophrenia.
Incoherence/ Word Salad	<ul style="list-style-type: none"> • Thoughts are incomprehensible and not making any sense. • E.g.: Patient says "I will go umbrella black fly water". • Seen in disorders like schizophrenia.
Talking past the point/Vorbeireden	<ul style="list-style-type: none"> • Reply of the patient shows that he understood the question (known from his answer) but is deliberately talking about the associated topic. • E.g.: Patient is asked what the color of grass is, and he replies that it is red. • Ganser Syndrome: When talking past the point was seen in prisoners. It can be seen in other populations also.
Word approximations/ Metonyms	<ul style="list-style-type: none"> • Patient uses old words in new and unconventional ways but the meaning is evident. • E.g.: Patient calls a 'watch' time vessel.

Possession

01:41:26

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

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Obsession	Thought alienation/ Passivity phenomenon
<ul style="list-style-type: none"> • R - Recurrent thoughts/Images/Impulses • O - Own thoughts • S - Senseless • I - Irresistible <ul style="list-style-type: none"> ○ 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 thought). ○ Seen in obsessive-compulsive disorders. 	<ul style="list-style-type: none"> • Patient claims that thoughts are under outside influence. • Thought Insertion: Patient feels that outside thoughts are inserted in his mind. • Thought Withdrawal: Patient feels that someone is taking away the thoughts from his mind. • Thought Broadcast: Patient feels that his thoughts are being broadcasted to everyone. • Seen in disorders like schizophrenia- First-rank symptoms for schizophrenia.

Perception

01:47:47

Abnormalities of Perception

- **Illusion**
 - False perception of a real object.
 - **E.g.,**

→A person is sleeping at night, he wakes up and shouts that he saw a snake under the bed. His family members 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 of an object which is not real- Psychotic symptom.

Characteristics of Normal Perception/Object	Characteristics of Hallucination
• Normal perspective is clear.	• Very 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 was able to see Mahatma Gandhi, as clear as a real person.

• **Pseudo-hallucination**

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- Clear and involuntary just like hallucinations.
- Occur in the inner subjective space.
- Person says that he can see a person in his mind and that is out of his control.

Types of Hallucination

01:58:02

- Based on various senses hallucination can be divided into 5 types.

Auditory Hallucination	<ul style="list-style-type: none"> • Most common type. • Patient is able to hear something. <p>First person auditory hallucination/Thought echo</p> <ul style="list-style-type: none"> • Patient can hear his own thoughts, and feels that his thoughts are echoing. <p>Second person auditory hallucination/command hallucination</p> <ul style="list-style-type: none"> • Patient hears voices which are talking to the patient; These voices may command him. <p>Third person auditory hallucination</p> <ul style="list-style-type: none"> • Patient is able to hear two or more voices that are talking to each other. • Two important types: <ul style="list-style-type: none"> ○ Voices discussing about the patient ○ Running commentary on his actions.
Visual hallucinations	<ul style="list-style-type: none"> • Patient is able to see things that seem real to him but not to others. • E.g., flashing of lights, an animal, a human face or an entire human. • Most common hallucinations in organic mental disorders. • Seen in Schizophrenia.
Olfactory hallucinations	<ul style="list-style-type: none"> • Patient perceives an unpleasant odor, while others do not.

Gustatory hallucinations	<ul style="list-style-type: none"> • Patients can taste something sweet, sour, or bitter. • Seen in disorders like schizophrenia. • Olfactory and gustatory hallucinations- Seen in temporal lobe disorders like temporal lobe epilepsy.
Tactile hallucinations	<ul style="list-style-type: none"> • Superficial or over the skin: Hot, cold, tingling, etc. • Kinaesthetic: Sensation inside the muscles or joints. • May some sensations inside the internal organs (visceral). • Tactile hallucinations are also known as formication. <ul style="list-style-type: none"> ○ Patients experience small insects crawling under the skin. These are also called cocaine bugs or magnum bugs. ○ Cocaine users complain of the feeling of crawling bugs under their skin. ○ Clinically a lot of scratch marks are seen in these patients.

Special Hallucinations

02:08:30

Functional hallucinations	<ul style="list-style-type: none"> • Real stimulus in one sensory modality producing hallucination in the same modality. • E.g. A patient when he hears the ringtone (auditory stimulus) of the mobile phone (real object), he hears the voice of a man from outside.
Reflex hallucinations (Morbid Synaesthesia)	<ul style="list-style-type: none"> • 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 in the room. <ul style="list-style-type: none"> ○ Real perception- auditory modality, hallucination- visual modality. • Seen in psychotic disorders and hallucinogens like LSD.
Extra campine hallucinations	<ul style="list-style-type: none"> • Hallucination which is outside the limits of the sensory field. • E.g. Patient claiming he hears voices outside the room is within the sensory limits. But if a person living in Delhi claims that he can hear the voice of his friend who lives in the USA.
Autoscopy or Phantom Mirror Image	<ul style="list-style-type: none"> • Patient experiences seeing one self outside the body and knowing it is his own self. • Negative autoscopy: Patient looks in the mirror and sees no one. • Internal autoscopy: Patient can see his own internal organs.
Hypnagogic and Hypnopompic Hallucinations	<ul style="list-style-type: none"> • Occur at a specific time. • Hypnagogic hallucination: Occurs when going to sleep. • Hypnopompic hallucinations: Occur when coming out of sleep. • One of the symptoms of Narcolepsy.

Delusion versus Hallucination

02:18:00

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

Higher Mental Functions

02:19:52

- Assessment of cognitive functions
- Orientation**
 - Awareness of self and surrounding with respect to time, place, and person.
 - Also comes back in reverse order, known as Ribot's Law.
 - Seen in cases of an organic mental disorder (delirium).
- Attention**
 - Ability to attend to a specific stimulus without getting distracted.
 - Required to access other higher functions.
 - Test to assess attention: Digit repetition/Digit span test.

Digit repetition/ Digit span test

<p>Digit forward test</p> <ul style="list-style-type: none"> Patient should repeat the digits given in a forward direction. Normal: Repeat 5-7 digits to prove intact attention. Better test among both. 	<p>Digit backward test</p> <ul style="list-style-type: none"> Patient should repeat the digits given in a backward direction. Normal: Repeat 3-5 digits to prove intact attention.
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- Concentration**
 - Sustained attention i.e. attention for a longer time.
 - Test for checking concentration: Serial 7s Subtraction Test/(100-7) test.**
 - The patient is asked to subtract 7 from 100, and to continue subtracting 7 from the answers.
 - Concentration is intact if the patient is able to do it correctly up to 5 times.
- Memory**

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Memory

<p>Immediate/short term/working memory</p> <ul style="list-style-type: none"> Memory of the past few seconds Test: Test for attention & concentration to check for immediate memory 	<p>Recent memory</p> <ul style="list-style-type: none"> Memory of past few mins/ hours/ days Test: 24 hour recall method. <ul style="list-style-type: none"> Patient is asked to recall certain events that happened in the past 24 hours & correlated with family members 	<p>Remote memory</p> <ul style="list-style-type: none"> Memory that goes back months/ years. Test: Ask for personal information such as name of the school, name of the past three prime ministers
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- **Intelligence**
 - General information and calculation skills fall under this.
 - Patient is asked to name 5 states of the country, 5 rivers, or the last 5 prime ministers.
 - Calculation skills can be checked by giving mathematical calculations.
- **Abstract thinking**
 - Ability to understand hidden meanings and concepts are tested under this category.
 - **Test**

Proverb testing	Similarity testing
<ul style="list-style-type: none"> • Patient is asked the meaning of an abstract sentence like “Journey of a thousand miles begins with a simple step”. • Patient unable to answer - suggestive of loss of abstract thinking - concrete thinking • Seen in disorders like schizophrenia. 	<ul style="list-style-type: none"> • Patient is asked to point out the similarity between two objects. E.g. Car and airplane. <p>General classification/Functional similarity</p> <ul style="list-style-type: none"> • A patient may say that both of these are modes of transport. <p>Specific similarity/Difference</p> <ul style="list-style-type: none"> • The Patient may say that both of these run on fuel, but could have answered one runs on land and the other in air. • Suggests loss of abstract thinking if specific answers are given

- **Judgement**
 - Making the right decision after analysing the choices.
 - **Types**

02:35:22

Test judgement	<ul style="list-style-type: none"> • A hypothetical, E.g. patient is asked What he Will do if the neighbour's house catches fire and answer by saying he will add more fuel to the fire, it means that he has impaired judgment. • Seen in disorders like schizophrenia.
Social judgment	<ul style="list-style-type: none"> • Social behaviour of the patient in daily events • Impaired social judgement: Harmful behaviour, like rash driving, fighting without a reason, or other unacceptable behaviour
Personal judgement	<ul style="list-style-type: none"> • Ability of the person to take care of self • E.g. If a patient says start working again and continue with his normal life after discharge from hospital, suggests intact personal judgement. On the contrary if he says he will buy a gun and start shooting people, indicates impaired personal judgement.

- **Insight**
 - Insight is the awareness of illness.
 - Sometimes a psychiatric patient who is ill may not be aware of their illness.
 - Grades of Insight:

02:42:05

 PYQ: AIIMS 2019

Grade 1	<ul style="list-style-type: none"> • Complete denial of illness.
Grade 2	<ul style="list-style-type: none"> • Slight awareness of being ill but denying it at the same time.
Grade 3	<ul style="list-style-type: none"> • Awareness of the illness present, but the patient attributes it to external/physical/medical/unknown factors
Grade 4	<ul style="list-style-type: none"> • Also known as intellectual insight. • Awareness of illness due to his own irrational feelings or emotions but the patient refuses to apply this knowledge to change his behaviour. • E.g. Refusing to take medication inspite of knowing that the patient is suffering from Depression.
Grade 5	<ul style="list-style-type: none"> • Called true emotional insight. • Awareness of his illness due to his own irrational feelings or emotions and agrees to apply such knowledge to change his behaviour. • E.g.: Patient takes his medicine properly, attends therapy sessions, and is taking steps to improve his life style. • Highest level of insight.

Important Information

- Psychiatric illnesses are divided into neurosis and psychosis.
- In neurosis, insight is present. In psychosis, insight is absent.

Classifications in Psychiatry

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ICD - 11

- International Statistical Classification of Diseases, 11th revision by WHO.
- This is for all disorders including medicine, surgery, Dermatology, OBG et.,

DSM-5

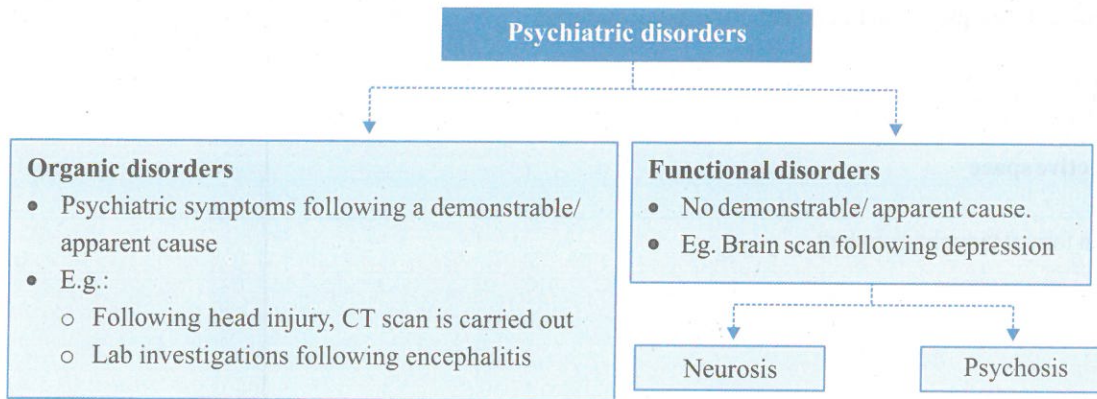
 PYQ: NEET PG 2018

- Diagnosis and Statistical Manual of Mental disorders, 5th Edition, by American Psychiatric Association.
- Exclusive for mental disorders.
- In India, both of these are followed.
- **DSMIVTR** had a multi-axial system; It described various psychotic disorders into various axes.

Axis 1	Consists of Psychiatric disorders.
Axis 2	Personality disorders and mental retardation.
Axis 3	General medical conditions.
Axis 4	Psychosocial or environmental problems.
Axis 5	<ul style="list-style-type: none"> • Global assessment of functioning of the patient. • Described from 0 to 100, where zero is the minimum functioning and 100 is the highest functioning.

- Example
 - Schizophrenia: Under Axis 1.
 - Personality disorder: Under Axis 2.
 - Diabetes mellitus: Under Axis 3.
 - Patient going through a divorce: Under psychosocial problems, that is Axis 4.
 - Functioning of the patient is around 40 which is included in Axis 5.

Previously psychiatric disorders were divided into



Difference between Neurosis and Psychosis

	Neurosis	Psychosis
Insight	• Present	• Absent
Personality	• Preserved	• Affected
Reality testing	• Present	• Absent
Judgement	• Intact	• Impaired
Delusion and Hallucination	• Absent	• Present
Examples	<ul style="list-style-type: none"> • Anxiety Disorders • OCD • Sexual disorders • Depression 	<ul style="list-style-type: none"> • Schizophrenia • Delusional disorders • Mania • Psychotic depression

Disorder

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- Below criteria should be fulfilled to call it a disorder.

Fulfilment of symptom criteria	<ul style="list-style-type: none"> • Certain number of symptoms should be fulfilled to call it a disorder.
Fulfilment of duration of criteria	<ul style="list-style-type: none"> • Example: In depression the symptom should be present for at least 2 weeks.
Impairment of functioning	<ul style="list-style-type: none"> • Patient's occupational, social, and personal activities are affected. • Severe disorders, more disrupted; Disruption may be high for certain disorders and low for others. • E.g.: Schizophrenia, shows evidence of impairment of functioning, but in delusional disorder shows very limited impairment

Clinical Questions

- Q. A patient says "home is sweet, sweet in diabetes, diabetes urine has sweet, sweet is hell" what is the symptom?
- A. Derailment
 - B. Flight of ideas**
 - C. Neologism
 - D. Loosening of association
- Q. Which of the following differentiated pseudo hallucination from hallucinations?
- A. As vivid as real
 - B. Sensory organs are not involved
 - C. Involuntary
 - D. Occurs in inner subjective space**
- Q. Which of the following is a formal thought disorder?
- A. Thought insertion
 - B. Delusion
 - C. Derailment**
 - D. Flight of ideas
- Q. A 40-year-old male patient is suspicious that people are talking about him and spying on him, despite being tried to be convinced by the family members that no such thing is happening. Which of the following statement is true?
- A. Delusion of persecution
 - B. Disorder of Thought**
 - C. Hallucination
 - D. Seen in anxiety disorder
- Q. A 20-year-old male presents with laughing one minute and crying the next without any clear stimulus. Which of the following best describes the symptom?
- A. Incongruent affect
 - B. Elation
 - C. Labile affect**
 - D. Flat affect