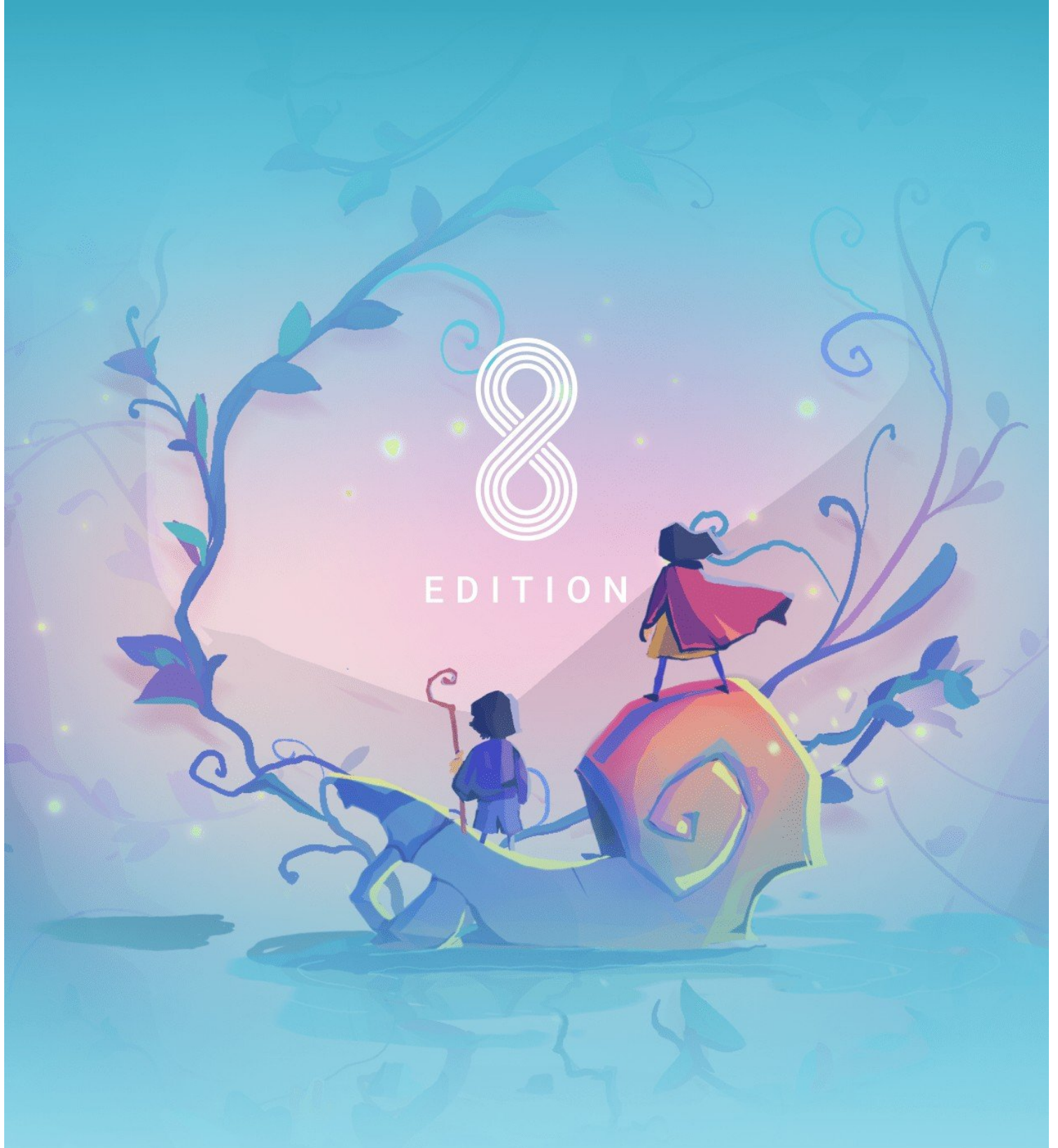




EDITION



PSYCHIATRY

ED.08

INTRODUCTION TO PSYCHIATRY

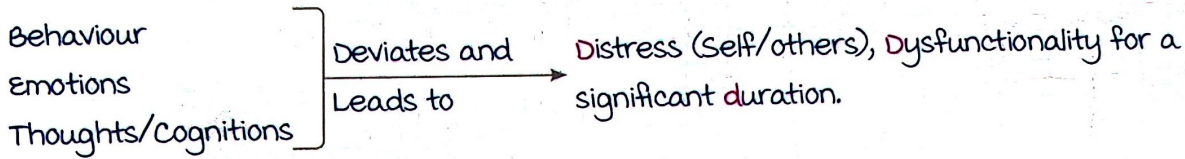
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State of mental well being :

- Ability to cope
- Be productive
- Contribute to society

Psychiatric illness

00:03:22

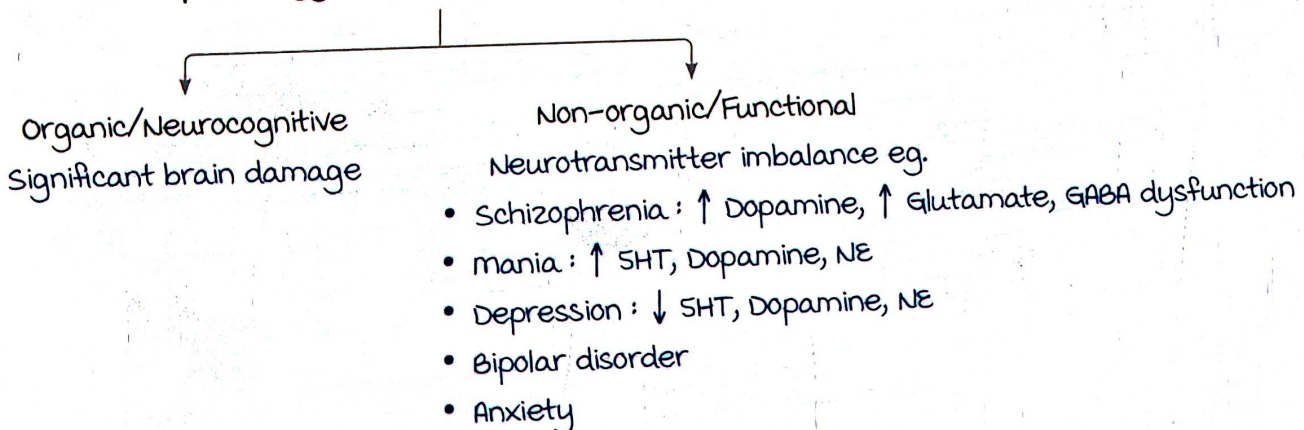


CLASSIFICATION

A. Based on symptoms :

	Neurotic	Psychotic
Judgement		
Insight		
Personality	Intact	Absent/Impaired
Reality contact		

B. Based on pathology :



Note : Alzheimer's disease - ↓ Ach in Nucleus of Meynert/ Nucleus basalis.

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2



Psychiatry

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

C. Based on epidemiology :

Common

- Substance use disorders(m/c) :
 - Nicotine (m/c)
- Anxiety & other neurosis
- Depression (most burdensome)

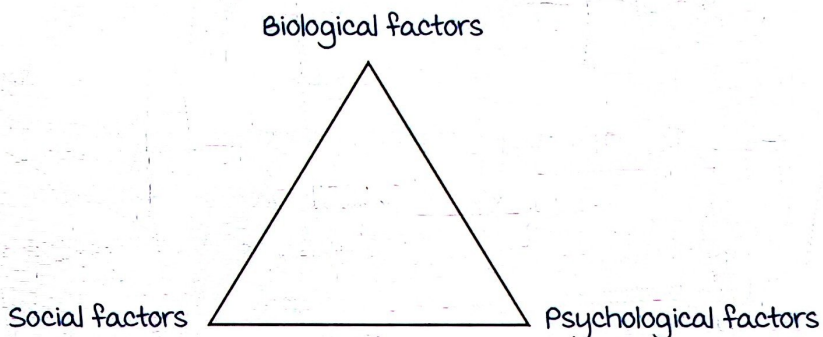
Severe

- Schizophrenia
- Psychosis
- Bipolar disorder

MODELS OF PSYCHIATRIC ILLNESS

Biopsychosocial model :

- Described by George Engel



Stress Diathesis model

Experiences + Genetic / Biological vulnerabilities

DSM 5 VS ICD 11

	Diagnostical Statistical Manual 5	International Classification of Diseases 11
Formulated by	American Psychiatric Association	WHO (World Health Organisation)
Disorders covered	Psychiatric disorders	All disorders

Feedback

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PSYCHOPATHOLOGY

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

Assessed with **mental status examination (MSE)**.

Parameters assessed :

- General appearance & behaviour.
- Psychomotor activity (PMA).
- Speech.
- mood.
- Thoughts.
- Perception.
- Cognitive functions :
 - Attention.
 - Concentration.
 - Orientation.
 - memory.
 - Abstract thinking.
- Judgement.
- Insight.

General Appearance & Behaviour

00:03:04

- Well or ill-kept.
 - Psychotic patients can be ill-kept.
- Appears paranoid/suspicious.
- Built :
 - Asthenic built (Thin, tall) : Prone to have schizophrenia.
 - Pyknic built (Obese) : Prone to have bipolar/mood disorders.
- Aggressive/violent.
- Items brought in by the patient.
- Establishment of rapport.
 - Difficult in guarded patients (Paranoia/suspicion).
- Eye-to-eye Contact (ETEC).
 - Downcast eyes : Depression.
 - Avoidance : Social anxiety.
 - Poor ETEC : Autism Spectrum Disorder (ASD).

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PMA, Speech & Mood

00:08:53

PSYCHOMOTOR ACTIVITY :

mental & physical activities are considered

↑ ed in mania, delirium, anxiety,

↓ ed in depression, catatonia.

Feedback

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

SPEECH :

- Assessment of :
 - Rate.
 - Tone.
 - Volume.
 - Relevance.
 - Amount.
 - Coherence.
- Disinhibited, fast speech : mania.
- monotonous, low volume speech : Depression.

MOOD :

Euthymia : Normal mood

- Subjective mood : How the patient feels.
- Objective mood : Physician's perception of patient's feelings.
- Reactivity to environment.
- Range :
 - Flattening/blunting : Schizophrenia.
 - Restriction : Depression.
- Affect :
 - Appropriate : Thoughts & mood are congruent.
 - Inappropriate : Thoughts & mood are incongruent (Schizophrenia/psychosis).

Note :

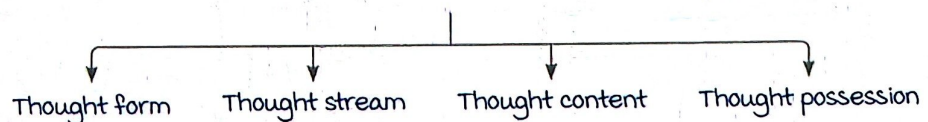
- mood over a period of time.
- Affect : Cross-sectional.

Thoughts

00:17:08

Healthy thinking :

- Given by **Schneider**.
- 3 components :
 - **Constancy** (Sticking to a particular topic).
 - **Continuity** (Ability to connect sentences & words correctly).
 - **Organization** (Organize information by priority).

THOUGHT DISORDERS :**Thought form disorder :**

AKA formal thought disorder/disorganised thinking/loss of association.



Pathology :

- **Dysynchrony** b/w prefrontal & frontal cortex.

Clinical features :

- **Word salad/verbigeration** : Extreme form.
 - **Neologism** : Coining of new words.
 - **Derailment/tangentiality** : Slow deviation from topic at hand.
 - **Circumstantiality** : Addition of unnecessary details (beat around the bush).
- } Seen in schizophrenia

Thought stream disorder :

Disorder of **flow/continuity** of thought.

Clinical features :

- Slow/retardation of stream : Depression.
 - Thought block : Schizophrenia, extreme anxiety.
 - Pressurized speech.
 - **Clang association (rhyming)**.
 - **Flight of ideas**.
- } mania
- Prolivity of speech/ordered flight of ideas : Hypomanic (Lively embellishment of speech).

Note : Circumstantiality & tangentiality may be classified under thought stream disorder.

Thought content disorder :

Delusion : False, **fixed** belief (Rx : Antipsychotics).

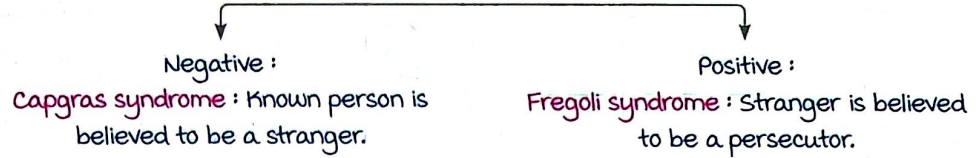
Note : Idea is a false, **fluctuating** belief.

Important delusions :

- **Othello syndrome** : Delusion of infidelity/delusional jealousy (Chronic alcoholics).
- **magnan syndrome/cocaine bugs** or psychosis /formication : Delusion of persecution + tactile hallucinations (insects crawling beneath the skin).
- Delusion of love/**erotomania/dechlerambault syndrome** : Belief that someone prominent is in love with them.
- **Cotard syndrome** : Nihilistic delusions in severe depression.
- Delusional parasitosis /**ekbom syndrome** :
 - Type of restless leg syndrome.
 - Belief that parasite is present in body → Brought by patient in a box (The box is empty) : **matchbox sign**.

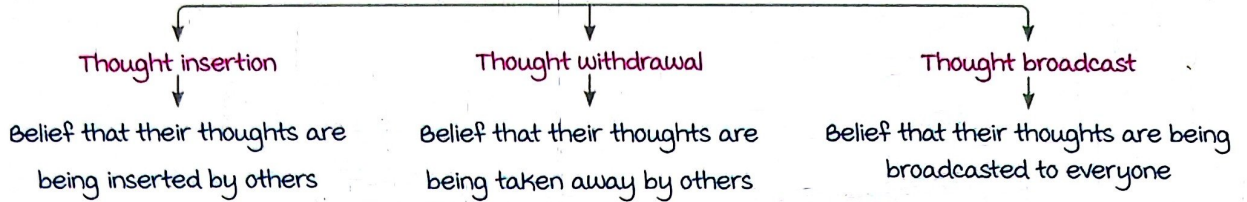
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- Delusion of misidentification :



Thought possession disorder :

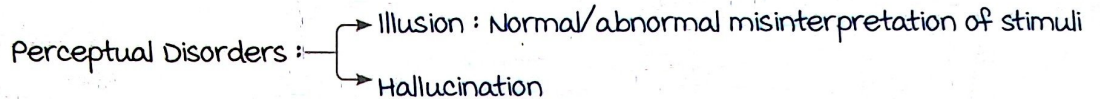
Loss of ego boundary (schizophrenia).



Note : OCD can be classified under thought possession or thought content disorder.

Perception

00:47:20

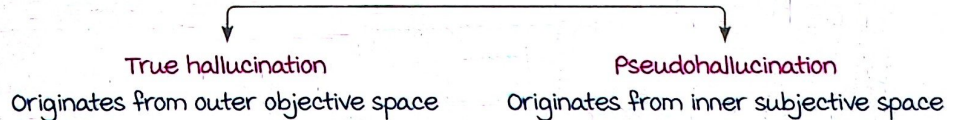


Hallucination :

Perception without stimuli.

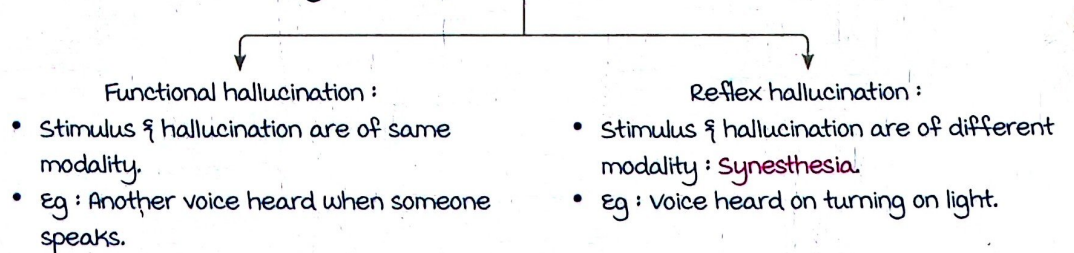
- Auditory hallucinations : Schizophrenia.
- Visual hallucinations : Lewy body dementia.
- Tactile hallucinations : Cocaine intoxication.
- Olfactory hallucinations : Temporal lobe epilepsy.

Types :



Special hallucinations :

- Extracampine hallucination : Hallucinatory experience from beyond the sensory field.
- Hallucinations that originate from a stimulus :



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Psychopathology

7

Higher Mental Function

01:00:17

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

ATTENTION/CONCENTRATION/ORIENTATION :

Concentration : Sustained attention.

- Assessment : **Serial subtraction test (100-7)**.

Orientation : To time, place & person.

- Loss of orientation occurs with **time > place > person**.

MEMORY :

Immediate memory :

- Assessed by **digit repetition**.
- Difficulty : **Backward > forward**.

Recent memory : Assessed by **24-hour recall**.

Remote memory : Assessed by **recall of past events**.

ABSTRACT THINKING :

Impairment : Concrete (Literal) thinking.

- Seen in schizophrenia.
- Assessments :
 - **Proverb test**.
 - **Similarities & dissimilarities test**.

JUDGEMENT :

Area involved : Prefrontal lobe.

Assessment :

- Ask about goals/actions/plans.
- Response to a test scenario.

Impaired in psychotic patients.

INSIGHT/EPIPHANY :

- **Preserved** : Neurotic patients.
- **Absent** : Psychotic patients.

Emotional insight : Highest level of insight.

- Patient is aware of having mental illness & its management → ↑ compliance.
- Impaired in psychotic patients.

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

SCHIZOPHRENIA AND OTHER PSYCHOTIC DISORDERS

Core symptoms of Psychosis

00:00:19

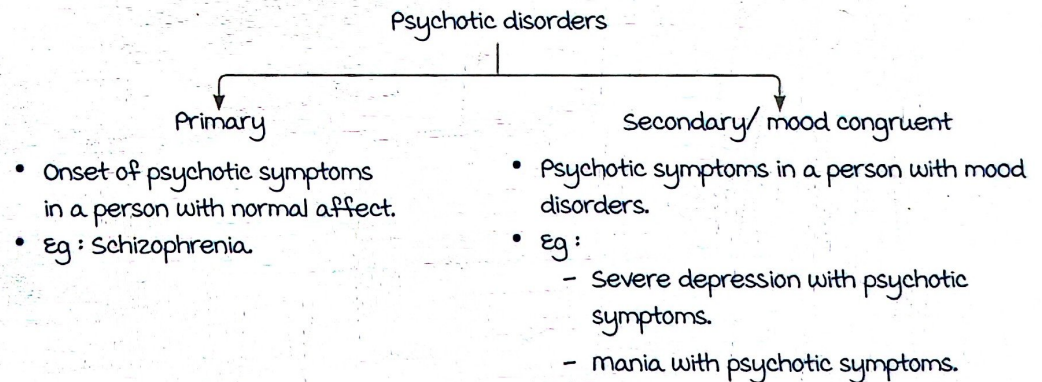
Core characteristics :

- Judgement : Impaired.
- **Insight** : Impaired/ absent → Difficulty in treatment.
- Personality : Changed/ deteriorate.
- **Contact with reality** : Reduced / absent.

Presentation :

- **Delusions.**
- **Hallucinations.**
- Interacting with themselves (Talking, smiling, muttering).
- Disorganised (eccentric, irrelevant) behaviour/ speech.
- Aimless wandering.
- Can switch b/w states of aggressiveness, withdrawal & catatonia.

Classification :



Timeline of psychotic disorders :

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

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Feedback

Delusional disorder :

Duration of symptoms — { DSM V : ≥ 1 month.
ICD II : ≥ 3 months.

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

Schizophrenia

00:13:55

IMPORTANT CONTRIBUTIONS :

Eugene Bleuler :

- Coined the term 'schizophrenia'.
- Described the **4A's** required to diagnose schizophrenia :
 1. **Autism** (Social withdrawal, aloof).
 2. **Ambivalence** (Indecisiveness).
 3. **Affective flattening/blunting** (↓ emotions/ reactivity).
 4. **Association loss/ loosening of association** (Fragmented /disorganised thinking process).

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Note :

Auditory hallucinations : **Not** a part of 4A's of Bleuler.

Emile Kraepelin :

Good prognosis :

- Episodic illness.
- mood symptoms.
- manic Depressive Psychosis (MDP).
- Now called Bipolar disease.

Bad prognosis :

- Dementia Praecox (Dementia symptoms at a much earlier age).
- Chronic illness.
- Cognitive decline.
- Now called schizophrenia.

Kurt Schneider :

Described **11 First Rank Symptoms (FRS)** of schizophrenia :

3 auditory hallucinations :

- **First person (Thought echo/ Sonarization)** : Patient hears their own thoughts being voiced to them.
- **Second person (Commanding/ commentary type)** : voices talking directly to the patient & commanding them.
- **Third person** : Hears multiple different voices talking/ arguing among themselves.

10

Psychiatry

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

3 made phenomena :

Patient believes they were made to :

- Commit an impulsive act : made impulse.
- Commit a planned/ complex act : made volition.
- Feel a certain way : made affect.

3 thought phenomena :

- Thought insertion.
- Thought broadcast.
- Thought withdrawal.

Somatic passivity/ Delusion of control :

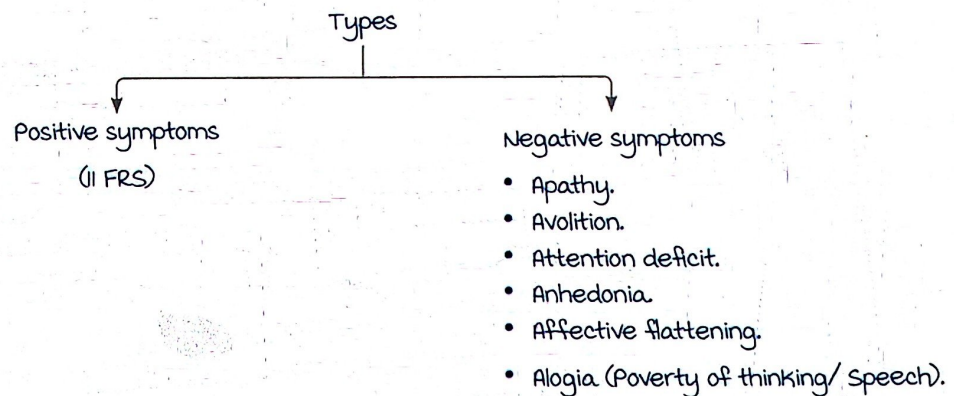
Believes an **external agency** is able to cause body movements/ sensations.

Primary delusional experience / Antichthonous delusions :

Primary delusions of :

- Idea (False fixed belief that an idea is true).
- memory (False fixed belief that an event has occurred).
- mood.
- Perception of stimulus.

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SYMPTOMS :**DIAGNOSIS :**

Following 5 findings are seen for > 1 month (ICD II)/ > 6 months (DSM V).

- Delusions.
- Hallucinations.
- Disorganised speech.
- Disorganised behaviour.
- Negative symptoms.

PROGNOSTIC FACTORS :

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

	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	-	+
Affective symptoms	+	-
Compliance to medication	Compliant	Non compliant
H/o Schizophrenia	-	+
Substance abuse	-	+
Premorbid personality disorder	-	+
Developmental disorder	-	+

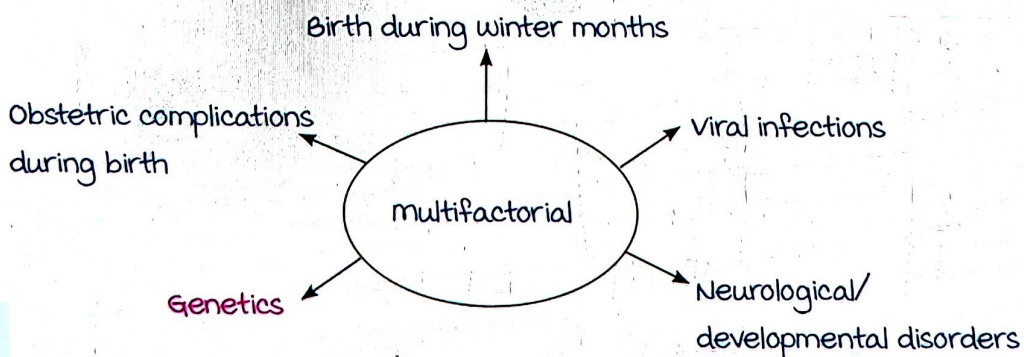
Note :

Paraphrenia :

- Late onset (age > 40) schizophrenia / psychosis.
- Female > male.
- Auditory hallucinations prominent.
- Better prognosis.
- Responsive to treatment.

If onset is after age 60 → Very late onset schizophrenia.

RISK FACTORS :



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

Genetic risk :

Category	Risk of schizophrenia
General population	1 %
3° relative	2 %
2° relative	3 %
1° relative	10 %
Dizygotic twin	10-12 %
Both parents +	40 %
monozygotic twin	47-48 %

PATHOPHYSIOLOGY :

- ↑ Dopamine.
- ↑ Glutamate (Causes excitotoxicity).
- GABA dysfunction.

MANAGEMENT :**Antipsychotics :**

- Available as long acting depot preparations (Once every 15 days to 1 month) : To reduce non compliance.

Typical Antipsychotics	Atypical Antipsychotics (Preferred)
Haloperidol.	Risperidone.
Fluphenazine.	Paliperidone (Once every 3-6 months).
Zuclopentixol.	Olanzapine.
Flupentixol.	Aripiprazole.

Clozapine :

- Atypical antipsychotic.
- most effective, but not the first line in schizophrenia (d/t side effects).
- DOC in treatment resistant schizophrenia (Schizophrenia not responding to atleast 2 antipsychotics).

Duration of treatment :

- 1-2 years (minimum 6 months d/t non compliance).
- If > 3 episodes : Lifelong treatment.

Note :

S/E of Olanzapine : Post injection confusion/syndrome (monitor 30-90 mins post injection).



Psychological Intervention :

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

Patient oriented :

- Insight facilitation therapy.
- Cognitive rehabilitation.

Caregiver oriented :

- To ↓ negative expressed emotions such as criticality, hostility, overinvolvement.
 - If high , there is ↑ risk of relapse.
- To ↑ positive expressed emotions such as warmth by educating the caregiver.
 - ↓ chance of relapse.

Delusional Disorders

00:59:08

Delusion :

- False fixed belief.
- m/c type : **Paranoid**.

Diagnostic criteria :

- DSM V : 1 month of symptoms.
- ICD II : 3 months of symptoms.

Difference b/w delusional disorder & schizophrenia :

	Delusional disorder	Schizophrenia
Symptoms	Delusions	Delusions + other psychopathology (FRS +)
Type of delusions	Simple	Complex/bizarre
Vegetative symptoms (sleep/appetite)	Normal	Abnormal
Daily functioning	Normal	Abnormal

Schizoaffective Disorder

01:03:27

- Schizophrenia + symptoms of mood disorders.
- **On and off episodes of : 1 month** of psychotic symptoms (with 2 weeks of purely psychotic symptoms).
 - +
 - Atleast **2 weeks** of depression (MDD).
 - or
 - 1 week** of mania (Bipolar disorder).

Feedback



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14



Psychiatry

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

- Treatment :

Antipsychotics

+

mood stabilizers

(To prevent further episodes).

Note : mood stabilizers **are not** required in schizophrenia.

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DEPRESSIVE DISORDERS

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

Clinical Features

00:00:22

CORE FEATURES :

Mnemonic : EMI.

1. ↓ Energy.
2. ↓ mood.
3. ↓ Interest (Anhedonia : Loss of pleasure from previously pleasurable activities).

Other important features :

1. Pathological guilt (Excessive guilt).
2. Sleep problems (Early morning awakening/ terminal insomnia).
3. Concentration ↓.
4. Appetite changes (Loss of taste, ↓ food intake, significant weight loss).
5. Psychomotor changes (Retardation or agitation).
6. Suicidal behaviour.

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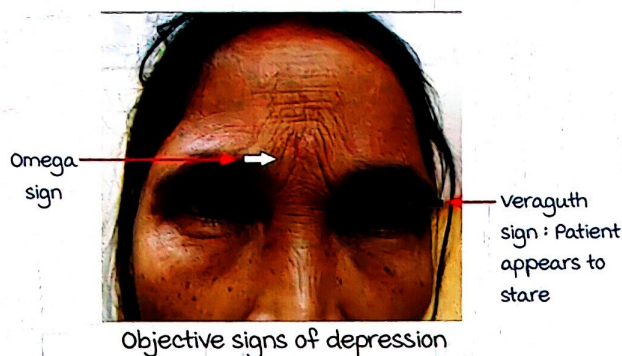
Note :

- Anxiety : Initial insomnia.
- Significant weight loss : $\geq 5\%$ of body weight.

Diagnosis : 5 out of 9 symptoms (At least 2 core symptoms) are persistent & pervasive for ≥ 2 weeks.

OBJECTIVE SIGNS :

	Omega sign	Veraguth sign
Described by	Charles Darwin	Otto Veraguth
Appearance	Ω shaped folds at the root of nose	Triangular/ diagonal folds in the upper eyelid
D/t contraction of	Corrugator & procerus muscles	Palpebral muscle



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

SEVERITY OF DEPRESSION :

	mild	moderate	Severe
Symptoms of depression	Less prominent	Prominent	Very prominent
Vegetative symptoms (Affects sleep & appetite)	Absent	Present	Absent
mood congruent psychotic symptoms	Absent	Can be present	Can be present
Functionality	Normal	Normal	Affected

Cotard syndrome : **Nihilistic delusions** (Delusion of negation; eg : Person believes a body part is absent) + **severe depression**.

Types

00:14:21

Based on the number of episodes :

- **Single episode depression**.
- **Recurrent depressive disorder (ICD)/ major depressive disorder (DSM)/ unipolar depression : ≥ 2 episodes of depression.**

Premenstrual Dysphoric Disorder (PMDD) :

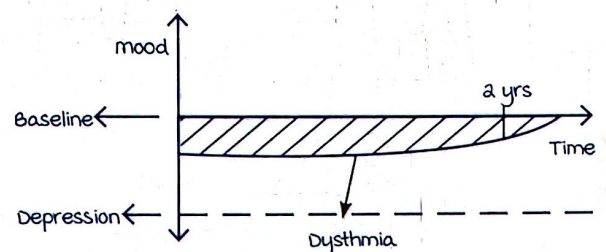
- Earlier : **Premenstrual syndrome/symptoms (PMS)**.
- Depressive symptoms **before onset of menstrual cycle and resolves after onset of menstrual cycle**.
- **Risk factor for depression if recurrent.**
- Treatment if necessary : **SSRIs**.

Seasonal Affective Disorder (SAD) :

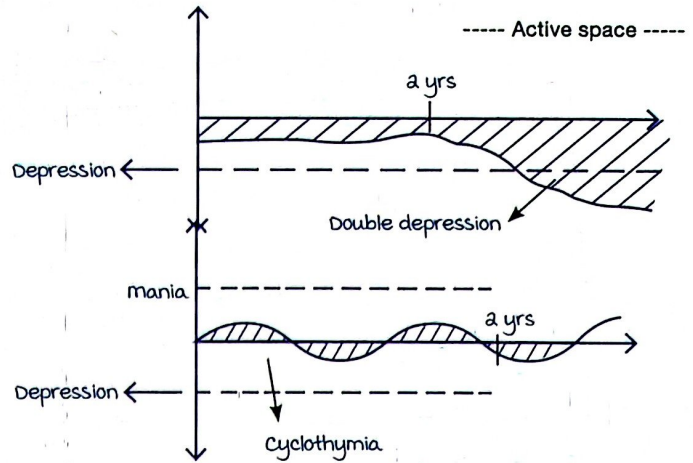
- Depressive episodes during winters with no other triggers.
- Treatment :
 - **Light therapy/ phototherapy** (Specific treatment of choice).
 - Antidepressants.

Persistent mood disorder :**I. Dysthymia :**

- **Chronic low mood persisting for ≥ 2 years.**
- Eg : In patients cancer with long term medical comorbidities.



- Double depression :
 - Depression developing in a patient with dysthymia.
 - Bad prognosis d/t ↑ resistance to treatment.

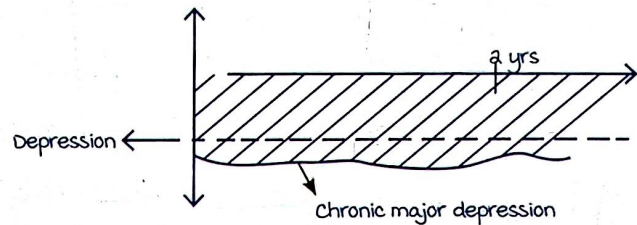


2. Cyclothymia :

- Cyclical low and high moods for ≥ 2 years.

3. Chronic major Depression (CMD) :

- major depressive disorder for > 2 years.



Atypical depression :

Features :

- Hypersomnia.
- Hyperphagia (↑ carbohydrate craving) → weight gain/ obesity.
- Preserved reactivity (Eg : Depressed, but laugh at jokes).
- **Lead**en paralysis (Feeling of heaviness/ paralysis of body parts).
- ↑ interpersonal sensitivity.

Treatment :

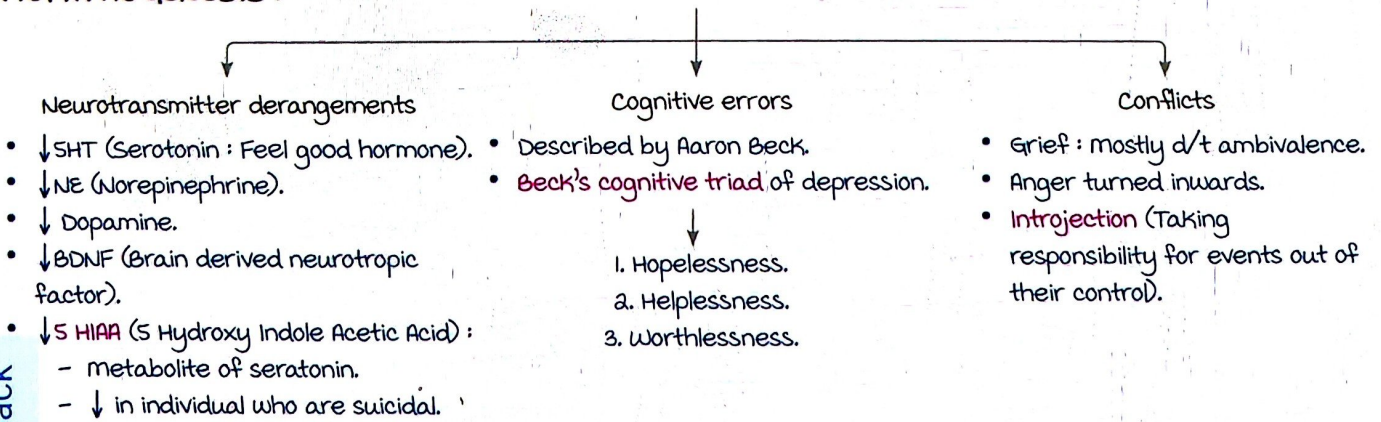
- SSRIs : Preferred.

Note : **Avoid tricyclic antidepressants.**

Etiopathogenesis & Epidemiology

00:26:05

ETIOPATHOGENESIS :



Feedback



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

Biopsychosocial model :

Depression is multifactorial — {
1. Biological vulnerabilities.
2. Psychological.
3. Social.

EPIDEMIOLOGY :

mental illnesses : 2nd highest disease burden (15 %).

Depression : m/c mental illness.

- 5-15 % population : Atleast once in a lifetime.
- Risk of recurrence in depression :
 - After 1 episode → 50 %
 - After 2 episodes → 70 %
 - After ≥ 3 episodes → 90 %
- Chronic condition (An episode can last between 6 months to 1.5 years).
- Resistant depression : 10-20 % patients.

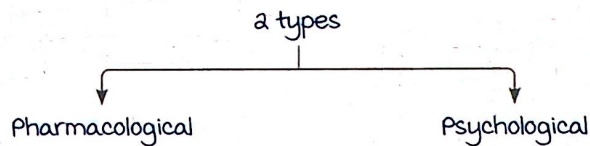
Note :

- most burdensome illness : Cardiovascular disease.
- 15 % cases with mood disorders succumb to suicide.

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Treatment

00:37:00



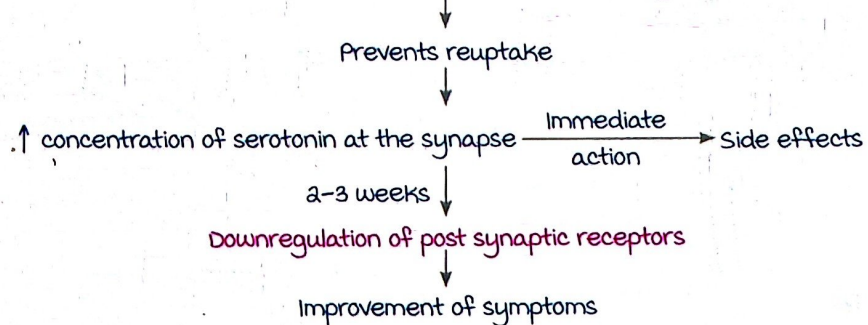
PHARMACOLOGICAL INTERVENTIONS (ANTIDEPRESSANTS) :

Choice of drug depends upon :

- Required therapeutic effects.
- Tolerable side effects.
- Drugs that have worked in the past for a patient.

SSRIs (Selective Serotonin Reuptake Inhibitor) :

MOA : Inhibits SHT transporter (SHTT) / SERT on the presynaptic membrane



Side effects : Avoided by gradually increasing the dose.

- GI disturbances (m/c) : Nausea/ vomiting/ GI distress.
- Sleep disturbances : Insomnia/sedation/ vivid dreams & nightmares.
- Sexual dysfunction (\downarrow SHT) : Anorgasmia/ \downarrow libido/ erectile dysfunction/ delayed ejaculation.
- \uparrow sweating.
- Weight gain.
- Hence antidepressant doses are gradually increased overtime to avoid side effects.

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

SNRI (Selective Norepinephrine Reuptake Inhibitors) :

MOA : Dual-acting antidepressants $\left\{ \begin{array}{l} \uparrow \text{ SHT} \\ \uparrow \text{ NE} \end{array} \right.$

Efficacy : Similar to SSRI.

Drugs :

- Duloxetine.
- Venlafaxine.
- Milnacipran.

Antidepressant with decreased sexual side effects :

Least sexual side effect : Bupropion.

MOA : \uparrow dopamine, \uparrow norepinephrine (No \uparrow in SHT levels).

Other uses : Nicotine anticraving agent.

Other advantages : Least weight gain.

Side effects :

- \uparrow anxiety.
- Dreams.
- Insomnia.
- \downarrow seizure threshold (R/o h/o seizures).

Other drugs :

- mirtazapine (S/e : Sedation, weight gain, agranulocytosis).
- Trazadone (S/e : Priapism).
- Agomelatine (Acts on m/m_a receptors + serotonin receptor).
- Vilazodone (SHT_{1A} partial agonist).
- Vortioxetine : New multimodal serotonergic agent.
 - SHT transporter blocker.
 - SHT_{1A} agonist.
 - SHT_{1B} partial agonist.
 - SHT_{1D} antagonist.
 - SHT₇ antagonist (procognitive effect : \uparrow working memory, attention, focus).