Psychiatry

Marrow Edition 8

MARROW

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Contents

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

Behaviour
Emotions
Thoughts/Cognitions

→ Deviates and Leads to → Distress (Self/others), Dysfunctionality for a significant duration.

CLASSIFICATION

A. Based on symptoms :

	Neurotic	Psychotic
Judgement Insight Personality Reality contact	Intact	Absent/Impaired

B. Based on pathology :

Organic/Neurocognitive
Significant brain damage

Non-organic/Functional
Neurotransmitter imbalance eg.

- Schizophrenia : ↑ Dopamine, ↑ Glutamate, GABA dysfunction
- Mania : ↑ SHT, Dopamine, NE
- Depression : ↓ SHT, Dopamine, NE
- Bipolar disorder
- Anxiety

Note : Alzheimer's disease – ↓Ach in Nucleus of meynert/ Nucleus basalis.

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C. Based on epidemiology :

Common

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

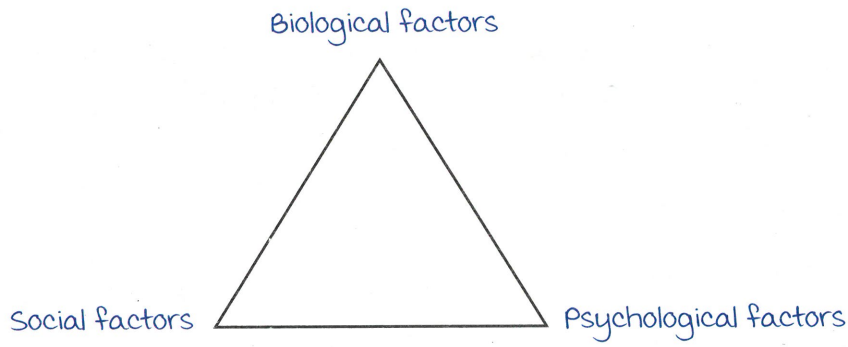
Severe

- 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

PSYCHOPATHOLOGY

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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).

PMA, Speech & Mood

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PSYCHOMOTOR ACTIVITY :

Mental & physical activities are considered.

- ↑ ed in mania, delirium, anxiety.
- ↓ ed in depression, catatonia.

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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 :

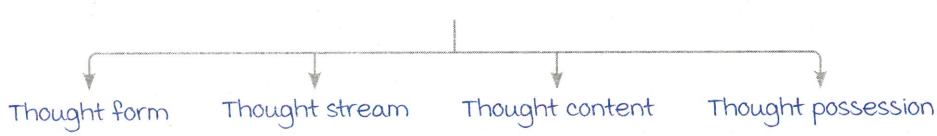
- Mood over a period of time.
- Affect : Cross-sectional.

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 :

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- 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.
  - Prolixity of speech/ordered flight of ideas : Hypomanic (Lively embellishment of speech).

} Mania

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 :

  - Negative :
    Capgras syndrome : Known person is believed to be a stranger.
  - Positive :
    Fregoli syndrome : Stranger is believed to be a persecutor.

Thought possession disorder :

Loss of ego boundary (schizophrenia).

- Thought insertion
  Belief that their thoughts are being inserted by others
- Thought withdrawal
  Belief that their thoughts are being taken away by others
- Thought broadcast
  Belief that their thoughts are being broadcasted to everyone

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

Perception

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Perceptual Disorders :
- Illusion : Normal/abnormal misinterpretation of stimuli
- Hallucination

Hallucination :

Perception without stimuli.

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

Types :

- True hallucination
  Originates from outer objective space
- Pseudohallucination
  Originates from inner subjective space

Special hallucinations :

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

  Functional hallucination :
  - Stimulus & hallucination are of same modality.
  - Eg : Another voice heard when someone speaks.

  Reflex hallucination :
  - Stimulus & hallucination are of different modality : Synesthesia.
  - Eg : Voice heard on turning on light.

Higher Mental Function

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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.

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SCHIZOPHRENIA AND OTHER PSYCHOTIC DISORDERS

Core symptoms of Psychosis

00:00:19

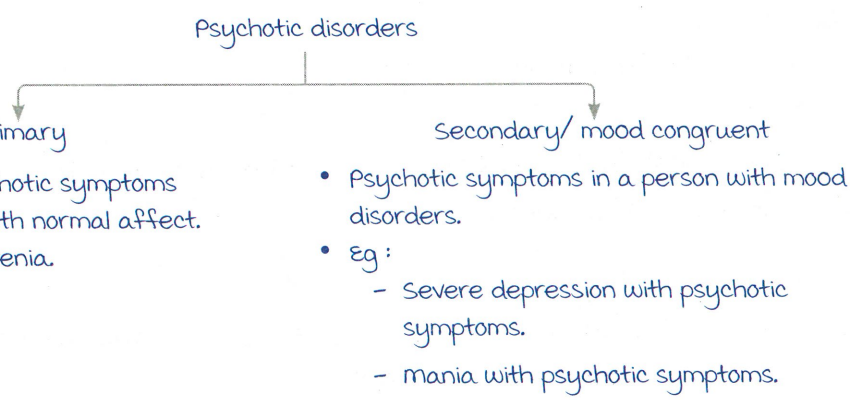
Core characteristics :

- 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 11	< 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

Delusional disorder :

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Duration of symptoms
- DSM V : ≥ 1 month.
- ICD 11 : ≥ 3 months.

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).

Note :

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

Emile Kraeplin :

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.

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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 :

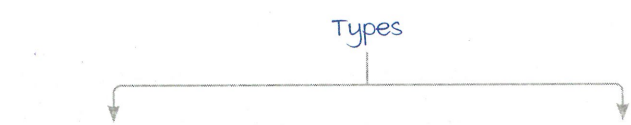
Believes an external agency is able to cause body movements/ sensations.

Primary delusional experience / Antochthonous delusions :

Primary delusions of :

- Idea (False fixed belief that an idea is true).
- Memory (False fixed belief that an event has occured).
- Mood.
- Perception of stimulus.

SYMPTOMS :



- Apathy.
- Avolition.
- Attention deficit.
- Anhedonia.
- Affective flattening.
- Alogia (Poverty of thinking/ Speech).

DIAGNOSIS :

Following 5 findings are seen for > 1 month (ICD 11)/ > 6 months (DSM V).

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

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

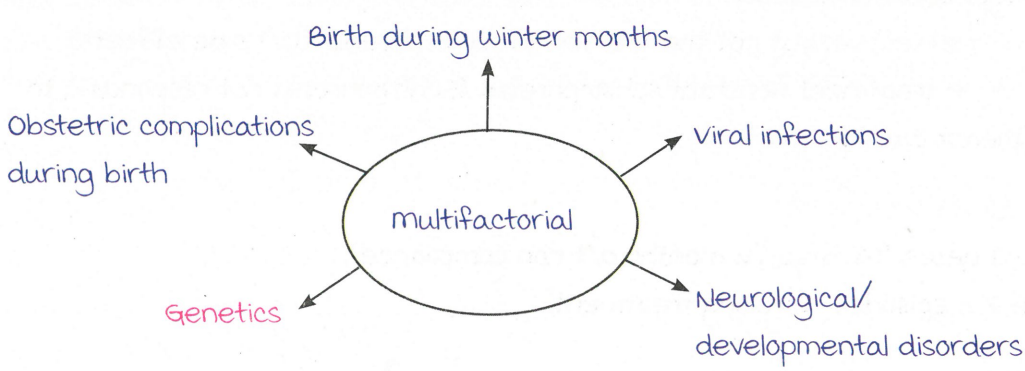
Note :

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 :



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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.	Aripripazole.

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 :

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 11 : 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).

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- Treatment :

Antipsychotics
+
mood stabilizers
(To prevent further episodes).

Note : mood stabilizers are not required in schizophrenia.

DEPRESSIVE DISORDERS

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Clinical Features

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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.

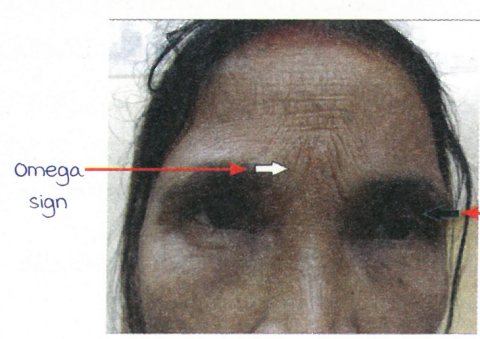
Note :

- Anxiety : Initial insomnia.
- Significant weight loss : ≥ 5 % of body weight.

Diagnosis : 5 out of 9 symptoms (Atleast 2 core symptoms) are persistant & 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



Objective signs of depression

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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 :

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