

Psychiatry

Edition 8.5

Marrow

MARROW

Instructions

- Notes are to be used in conjunction with Marrow videos.

Please note:

- The information in this book has been printed based on the transcript of the Marrow videos. This book has to be used in conjunction with the Marrow videos and not as a standalone material.
- The information contained in this book is for educational purposes only. The content provided is not intended to substitute for professional medical advice, diagnosis or treatment.
- This book cannot be sold separately. It has been made available to only select eligible users who have an active subscription to Marrow videos.
- The text, images, slides, and other materials used in this book have been contributed by the faculty, who are subject matter experts. We have merely reproduced them as video transcripts in this book.
- The notes have been consciously designed in a way that is concise and revisable. To ensure this, we have intentionally added only the most relevant modules and images that are needed for you.
- Reasonable care has been taken to ensure the accuracy of the information provided in this book. Neither the faculty nor Marrow takes any responsibility for any liability or damages resulting from applying the information provided in this book.

All Rights Reserved

No part of this publication shall be reproduced, copied, transmitted, adapted, modified or stored in any form or by any means, electronic, photocopying, recording or otherwise.

©Marrow

//ME901-MPTL

Contents

Psychiatry

Introduction to Psychiatry	1
Psychiatric illness	
Psychopathology	3
General appearance & behaviour • PMA, speech & mood • Thoughts • Perception • Higher mental function	
Schizophrenia and Other Psychotic Disorders	8
Core symptoms of psychosis • Schizophrenia • Delusional disorders • Schizoaffective disorder	
Depressive Disorders	15
Clinical features • Types • Etiopathogenesis & epidemiology • Treatment	
Bipolar Disorder	22
Mood disorder • Mania • Types of bipolar disorder • Management of bipolar disorder • Disruptive mood dysregulation disorder (DMDD)	
Stress, Trauma and Related Disorders	26
Stress • Grief • Acute stress	
Anxiety and Related Disorders	29
Generalized Anxiety Disorder (GAD) • Panic attacks • Phobia • Separation anxiety disorder • Selective mutism	
Obsessive Compulsive Disorder	33
Disorders related to obsessions & compulsions • PANDAS • Tic disorder	
Somatization Disorders	37
Somatic symptom disorder (DSM5)/bodily distress disorder (ICD11) • Munchausen syndrome • Dissociation & related disorders • Gain • Examinations in somatization	
Neurocognitive Disorders	41
Delirium • Minor neurocognitive disorders • Major neurocognitive disorders	
Eating Disorders	46
Introduction • Binge eating • Bulimia nervosa • Anorexia nervosa • Pica	
Sex, Gender and Related Disorders	49
Psychosexual stages of development • Gender identity • Sexual response cycle and disorders • Sexual paraphilias • Culture bound syndrome	

Sleep and Related Disorders	54
Phases of sleep • Sleep disorders	
Personality and Related Disorders	60
Introduction • Personality disorders • Assessment of personality	
Substance Use and Related Addictive Disorders	64
Terminologies in substance use • Substance use disorders • Management of addiction	
Child and Adolescent Psychiatry	70
Specific learning disorders (DSM 5) • Autistic spectrum disorder (ASD) • Intellectual developmental disorder (DSM 5) • Attention deficit hyperactive disorder (ADHD) • Oppositional defiant disorder & conduct disorder • Nocturnal enuresis/bedwetting	
Emergency Psychiatry and Somatic Treatments in Psychiatry	75
Aggression & violence • Suicidal behaviour • Catatonia • Electroconvulsive therapy (ECT) • Repetitive trans magnetic stimulation (RTMS) • Other therapies	
Psychopharmacology	81
Antipsychotics • Drug toxicity	
Psychology	86
Theories of mind • Defence mechanisms • Cognitive stages of development • Learning • Reinforcement & punishment • Parenting and attachment	
Psychological Therapies and Assessments	89
Assessments • Doctor patient relationship • Cognitive behavioural therapy (CBT) • Behavioural techniques & digital therapeutics	
Public Health, Legal Aspects and Other Related Topics	93
Mental health care act (MHCA), 2017 • Rights of person with disability (RPWD) act • Mental health gap (MHGAP) • Important dates in mental health	

INTRODUCTION TO PSYCHIATRY

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

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.

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

C. Based on epidemiology :

i. Common :

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

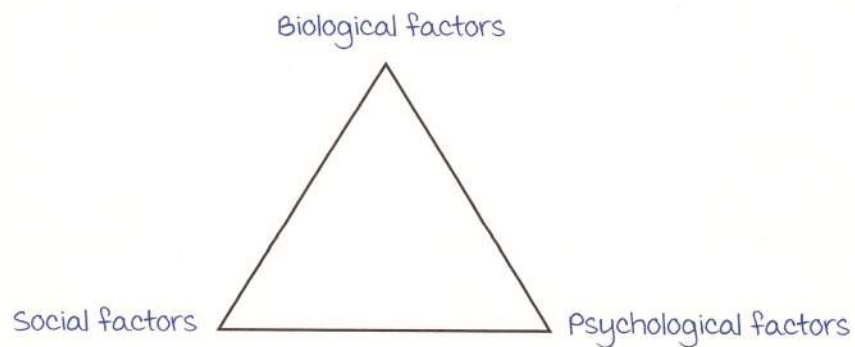
ii. Severe :

- 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

----- 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-kempt.
 - Psychotic patients can be ill-kempt.
- 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

00:08:53

Psychomotor Activity :

mental & physical activities are considered.

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

----- 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 :

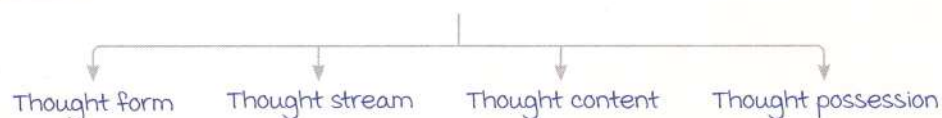
- mood over a period of time.
- Affect : Cross-sectional.

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.

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

- Pathology : **Dyssynchrony** 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 :
 - a. Slow/retardation of stream : Depression.
 - b. Thought block : Schizophrenia, extreme anxiety.
 - c. Pressurized speech.
 - d. **Clang association (rhyming)**.
 - e. **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 :
 - a. **Othello syndrome** : Delusion of infidelity/delusional jealousy (Chronic alcoholics).
 - b. **magnan syndrome/cocaine bugs** or cocaine psychosis /formication :
Delusion of persecution + tactile hallucinations (Insects crawling beneath the skin).
 - c. Delusion of love/**erotomania/De Clerambault syndrome** : Belief that someone prominent is in love with them.
 - d. **Cotard syndrome** : Nihilistic delusions in severe depression.
 - e. Delusional parasitosis /**Ekblom 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**.

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

f. 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**

00:47:20

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 : Hallucination from beyond 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 Functions

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

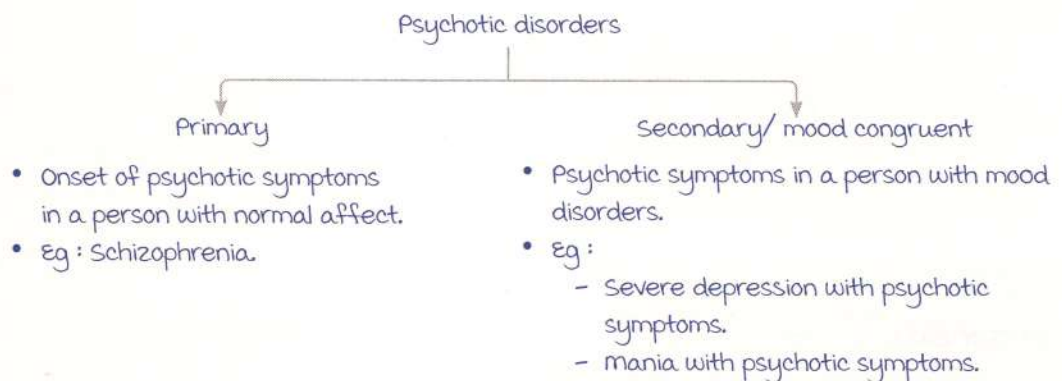
Core characteristics :

- 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

Delusional disorder :

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

Duration of symptoms {
 - DSM V : ≥ 1 month.
 - ICD II : ≥ 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 ($\downarrow$ emotions/ reactivity).
 4. Association loss/ loosening of association (Fragmented /disorganised thinking process).

Note :

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

Emile Kraepelin :

- | | |
|---|---|
| <ul style="list-style-type: none"> • Good prognosis : <ol style="list-style-type: none"> a. Episodic illness. b. mood symptoms. c. Manic Depressive Psychosis (MDP). d. Now called Bipolar disease. | <ul style="list-style-type: none"> • Bad prognosis : <ol style="list-style-type: none"> a. Dementia Praecox (Dementia symptoms at a much earlier age). b. Chronic illness. c. Cognitive decline. d. Now called schizophrenia. |
|---|---|

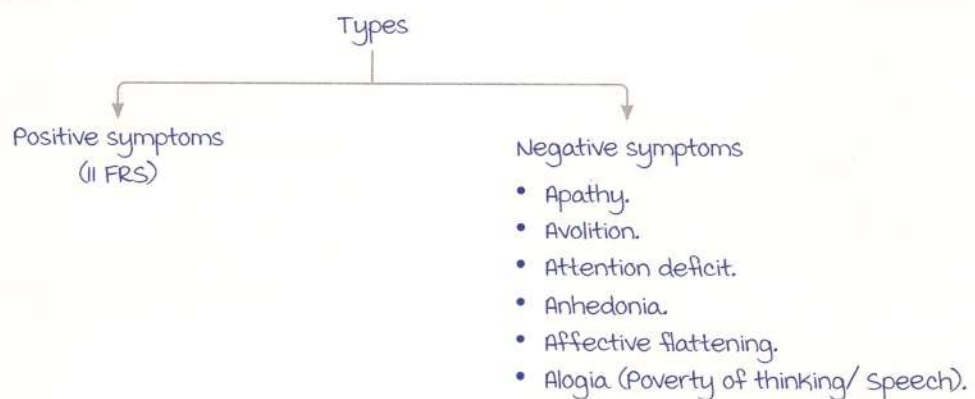
Kurt Schneider :

- Described 11 First Rank Symptoms (FRS) of schizophrenia :
- 3 auditory hallucinations :
 1. First person (Thought echo/Sonorization) : Patient hears their own thoughts being voiced to them.
 2. Second person (Commanding/commentary type) : voices talking directly to the patient & commanding them.
 3. Third person : Hears multiple different voices talking/ arguing among themselves.

----- 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 / Autochthonous 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.

Symptoms :



Diagnosis :

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

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

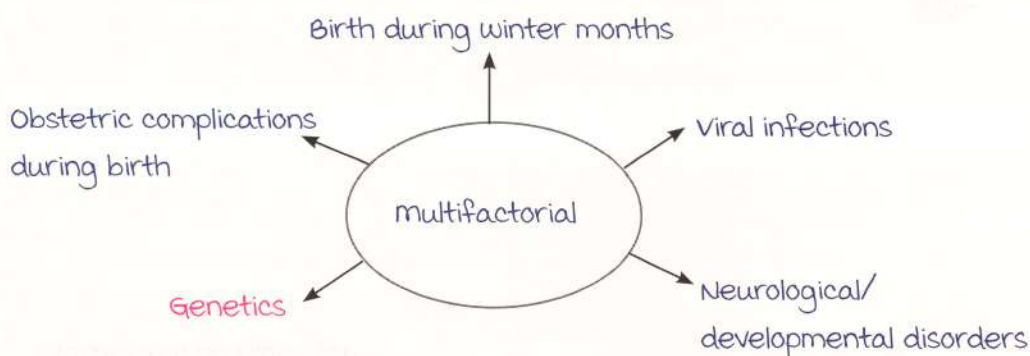
Prognostic Factors :

----- 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. Fluphenazine. Zuclopentixol. Flupentixol.	Risperidone. Paliperidone (Once every 3-6 months). Olanzapine. 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).

Drug Combinations	MOA & features
Olanzapine + Samidorphan	Antipsychotic + Opioid antagonist (↓ weight gain)
Xanomeline + Trospium	Antipsychotic that acts only on muscarinic system

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

- 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

01:01:35

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

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

Schizoaffective Disorder

01:05:55

- Schizophrenia + symptoms of mood disorders.
- On and off episodes of :
 - 1 month of psychotic symptoms (with 2 weeks of purely psychotic symptoms).
 - +
 - At least 2 weeks of depression (MDD).
 - or
 - 1 week of mania (Bipolar disorder).
- Treatment :
 - Antipsychotics
 - +
 - mood stabilizers
 - (To prevent further episodes).

Note :

mood stabilizers are not required in schizophrenia.

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.

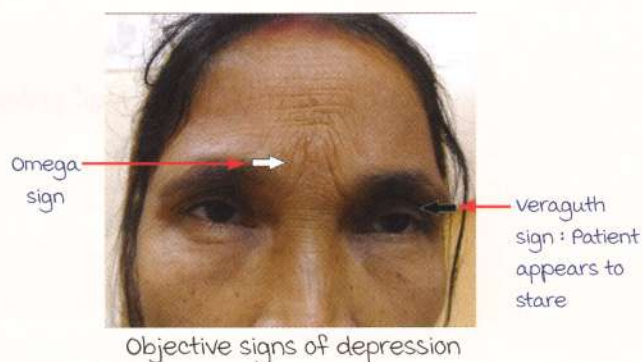
Note :

- 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	Varaguth 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	Present
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 :Dysthymia :

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

