

Psychiatric Terms For Psychopharmacology

Drugs which are used in Psychopharmacology are:

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- Antipsychotic
- Antidepressant
- Anti Anxiety
- Antimanic &
- drugs used in obsessive compulsive neurosis.

Illusions

Miss perception

e.g stimulus is there but it is perceived wrongly



e.g as both these lines are equal



If we ask ^{from} such a patient whether central lines of both are equal? They say No, so this is illusion b/c actually central lines are equally. But we mispercept them

Hallucination

Perception without stimulus

There is no external stimulus.

e.g

One enter into dark room & think there is ghost, but when he turn on the light there is no ghost, so this is hallucination.

e.g

Someone hear sound, but there is no sound actually.

Delusion

Firm, False beliefs which are held very strongly in spite of evidence contrary, which does not related to person:

Religion



Commonly develop in patients who have psychosis.

e.g someone believe that cow is mother, but if this concept is related to its religion which does not label such person has delusion

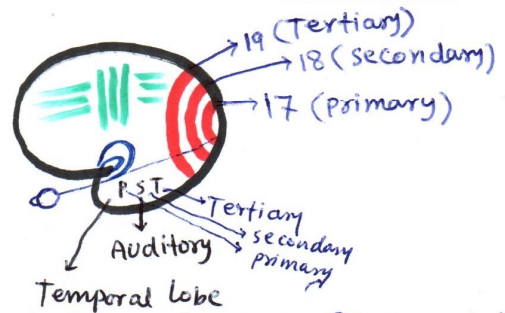
e.g if a person believe that the teacher giving

lecture is an elephant, while all other students convince that he is not elephant, so the person who believe the lecture given by elephant, such person has delusion.

From where Hallucinations are Produced?

Visual cortex has 3 parts

- * 17 → Receive visual informations
- * 18 → analyze visual informations
- * 19 → Recognize visual informations



- * If area 17 is stimulated we find there is some flashes of light.
- * If area 18 is stimulated we find this is light.
- * If area 19 is stimulated we even determine pattern of light.

ROSE IS BEAUTIFUL (this pattern pass from 17, 18, 19)

& readed.

- * If area 17 is damaged (irritated by drug... etc) there are unformed image
- * If area 18 is irritated no pattern is analyzed
- * If area 19 is irritated no well formed image.

Similarly auditory cortex also work.

Hallucinations are produced by stimulation of sensory pathway or cortex, & from this sensory pathway we find degree of hallucination.

- e.g.:
- * If primary sensory area is stimulated we feel something irritating my arm, but there will be nothing
 - * If secondary area is irritated we feel as ~~someone~~ something pressing the arm, but actually these are hallucinations.

Hallucination

- visual
- Auditory (e.g. in patient of schizophrenia)
- Tactile (Touch) mostly caused by Cocain
- olfactory
- gustatory

Temporal lobe on lateral side is concerned with auditory cortex but on medial side is concerned with olfactory cortex, emotions, differentiation of reality & imagination

If there are temporal lobe tumor or epilepsy focus in Temporal lobe they come with very unusual things they come with olfactory hallucination.

If tumor reached to lateral side they may have auditory hallucination.

DeJovu: (undue over familiarity)

e.g. if we go to totally new place for 1st time feel that we ~~are~~ came here many time previously as well this is deJovu.

or we met a fully new person & feel as we met such person previously as well.

This is also the function of temporal lobe to find which is new & which is old.

Normally person have a little DeJovu

Jamivu: (feeling of unreality in environment)

Inability to differentiate b/w real & unreal, this is also the function of Temporal lobe.

Psychosis (loss of contact with reality)

e.g. schizophrenia

Delusions

- delusion of grandiosity (e.g. Patient say im meeting with Donald Trump)
- Delusion of Paranoia
- Delusion of Poverty (e.g. A very rich man say seriously im very poor)
- Delusion of Nihilism
- Delusion of Dismorphia (e.g. a person show you his finger & say this is penis inspite of Contrary evidence)
- etc



Delusion of Paranoia Conspicuous about community.

e.g they believe that some people are chasing them, or take benefit of them or give harm to them.

Delusion of Nihilism e.g a person ask you.

You see me? Dr? Dr—yes, patient reply its not me, its my ghost moving around
or if patient ask you see my hand? Dr—yes, patient reply Dr, but I have no hand.

Confusion

Confusion means disorientation

e.g not oriented in time, place, or person

orientation

well oriented in time, place or place.

Disoriented

Not oriented in $\left\{ \begin{array}{l} \rightarrow \text{Time} \\ \rightarrow \text{place} \\ \rightarrow \text{person} \end{array} \right.$

Delirium: acute confusional state
& psychomotor hyperactivity (Hyperexcitable)

Delirium may caused by some drugs, electrolyte imbalance, Alcohol-----etc.

obsession: Recurrent thoughts, images & feeling comes to one mind, which perso think that his thoughts are wrong & inappropriate, & the person want to shake them off from mind but he can't shake off.

A mother unfortunately loss his son, she mis her son too much & time & off miss him, she is not able to remove him from her mind, but she can't \rightarrow this is no obsession, it is normal.

e.g if a person leave a girl, & girl give him no left, than finally person leave her but thoughts about girl still come into person mind & make him (angry/hurt) he want to shake off these thoughts but he is unable to do so \rightarrow this is obsession.

Difference B/w Delusion & obscession

In delusion person have false firm believe inspite of contrary from people (in delusion person feel that he is right

But in obscession patient have insight i.e They believe that they are wrong.

(4)

e.g a patient come to you & say I think my one eye is smaller & other is larger, & you say to him are you sure you believe?
he say No I can't believe but I think, so it is obsession.
But if he say yes I believe, than whatever evidence bring you but he believe his own, than such patient have delusion

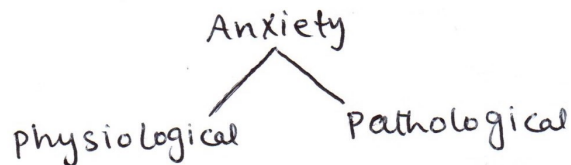
Compulsion

obsession followed by physical action.

OCD → obsessive compulsive disorder.

e.g a person wash hand & think of half an hour whether it is clean or not? so it is obsession.
But if person go & wash hand again & again this is compulsion.

Anxiety in every anxiety feeling not need to be treated.



Pathological anxiety when patient have generalized feeling of apprehension with hyperacute autonomic nervous system.

Many patient with anxiety develop:

• sweating • Tachycardia • diarrhea • urination • Tremor

The most common are Tremor, Tachycardia & sweating

In lam language Anxiety means nervousness.

Anxiety definition: anxiety is an unpleasant state of tension, apprehension or uneasiness (a fear that arise from either known or known source).

Phobia: inappropriate fear.

• Anxiety is generalized
• Phobia is specific

e.g someone does not come out of home b/c they think maybe outside is dog & dog cut him, so he has Phobia against dog, & has no fear from other animals.

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claustrophobia: someone afraid of closed spaces.
Phobia may be normal or pathological.
Pathological phobia decrease quality of life.

Social phobia: someone does not eat in general public.

Mood disorder

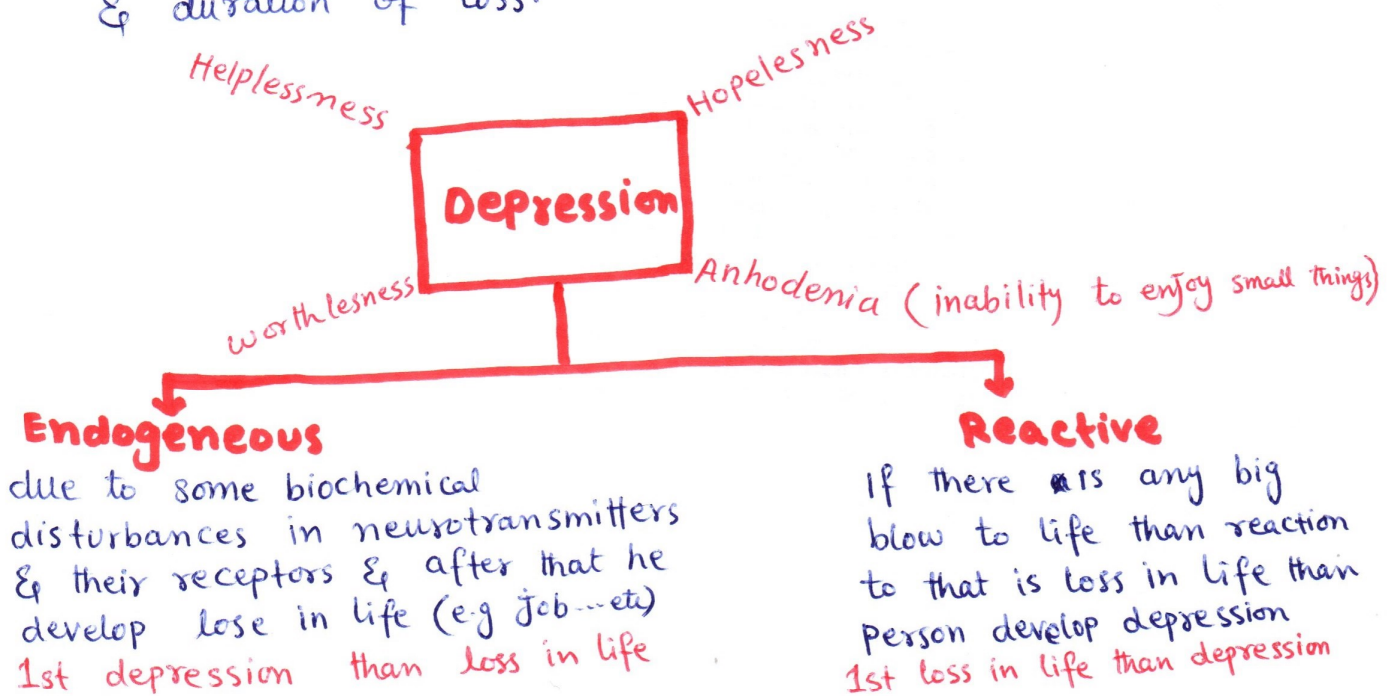
Inappropriate fluctuation in mood.

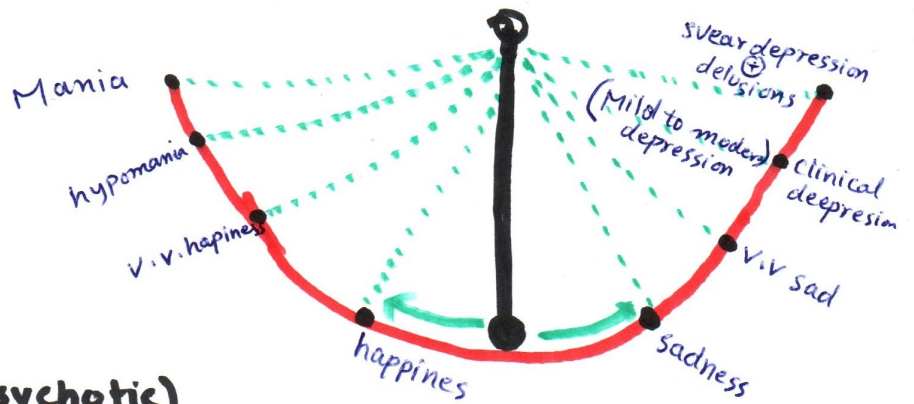
A little fluctuation in mood is normal.

In beginning of deep depression 1st patient is unable to enjoy small things in life.

If daily mood fluctuate b/w happiness & sadness it is normal.

* Very very sad may also be normal b/c e.g. There is great loss & if sadness is appropriate to degree of loss & duration of loss.





Severe depression (psychotic):

Some people become so depressed that they develop delusion e.g. delusion of poverty, delusion of nihilism....

v.v. happy: It is also normal i.e. ecstasy, if it is appropriate to happiness in life

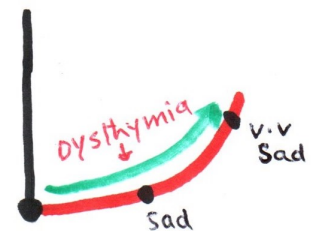
Hypomania: is pathological situation

e.g. he talks very fast, he runs very fast, restlessness, pathological high confidence, they develop too much sexual interest b/c they are confident in life.

MANIA: talk too much, & talk is inappropriate to reality, delusion of grandiosity, pathological look with confidence, pathological very high energy, even give his property to others. They develop too much sexual interest. These are may be due to change in their mood controlling center in hypothalamus.

Dysthymia

Such people are all the time unhappy. even things which give happiness to normal person may not give them happiness so they everytime remain sad either more or less



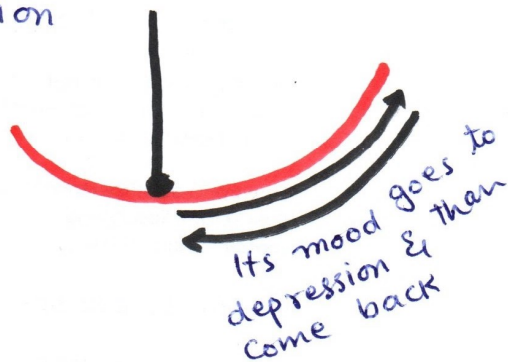
cyclothymia:

These are people who have disturbance of mood center they become too happy with little happiness, & they become too sad with very little stimulation. their mood fluctuate very rapidly.



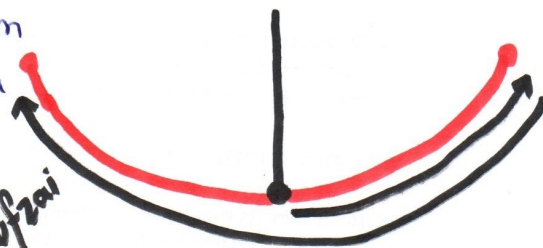
unipolar disorder:

Mood goes to depression & then come back



Bipolar disorder:

Mood goes from normal to depression & from depression to Mania



End of psychiatric terms
for psychopharmacology

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