Psychiatry Notes

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KMC Batch-26

*Delusional Disorder SubTypes:

*1.Erotomaniac

A person becomes falsely convinced that another person is in love with him or her.

*2.Grandiose

A person becomes falsely convinced that he or she has special abilities or is in other ways much more important than reality indicates.

*3.Jealous

A person becomes falsely convinced that his or her lover is unfaithful.

*4.Persecutory

A person becomes falsely convinced that others are out to harm him or her and that he or she is being conspired against in general.

★5.Somatic

(Nihilism)

A person becomes falsely convinced that he or she has a bodily function disorder, for example organ dysfunction, body odor, or parasite infection.



*7.Unspecified

Diagnosed when no single delusional theme predominates Diagnosed when a single delusional theme cannot be determined or when the predominant delusional theme does not match subtype criteria

*Schizophrenia > psychotic symptoms and social/ occupational dysfunction for at least 6 months

**Schizophrenic disorder > Mood disturbances with psychotic episodes and periods of psychosis without mood disturbance

Rest same as Schizophrenia

*Schizophreniform disorder >Schizophrenia that fails to last for 6 months and does not involve social withdrawl

Brief Psychotic Disorder:

- ***KEY POINTS**
- 1. Brief psychotic disorder is characterized by typical psychotic symptoms.
- 2. The condition is short-lived, lasting from 1 to 30 days.
- 3. Types:
- ✓ >With Marked Stressors
- ✓>Without marked stressors
- >Post partum (1 to 2 weeks after delivery and resolve within 2 to 3 months)
- 5. The condition is self-limited.

* * Major Deppressive disorder*

Characterized by emotional changes, primarily depressed mood and accompanied by vegetative changes like alterations in sleep, appetite and energy levels.

- **Criteria for Major Depressive Episode*
- ✓ 1.Mood:

depressed mood most of the day, nearly every day

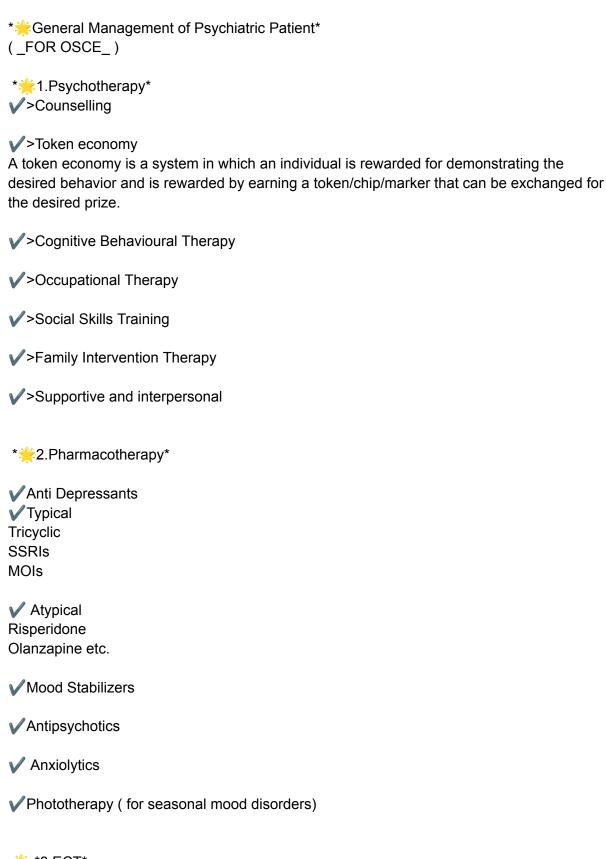
✓2.Sleep:

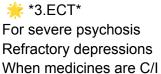
Insomnia or hypersomnia

- √3.Interest: marked decrease in interest and pleasure in most activities
- √4.Guilt: feelings of worthlessness or inappropriate guilt
- ✓ 5. Energy: fatigue or low energy nearly every day
- √ 6.Concentration: decreased concentration or increased indecisiveness
- √7. Appetite: increased or decreased appetite or weight gain or loss.
- √8.Psychomotor: psychomotor agitation or retardation.
- ✓ 9. Suicidality: recurrent thoughts of death, suicidal ideation, suicidal plan, suicide attempt

** *NOTE* :

General criteria for a major depressive episode require five or more of the above symptoms to be present for at least 2 weeks; one symptom must be depressed mood or loss of interest or pleasure.





**Dysthymic Disorder*
Mild,Chronic form of major depression

** *KEY POINTS*

√ 1. Dysthymia is a unipolar mood disorder.

✓ 2. It is chronic, lasting at least 2 years.

√3. It is often treatment refractory.

√4.Major Depressive Episode may co occur called as "Double Depression"

** *Bipolar Disorders*

** *Bipolar 1 Disorder*

✓ >At least 1 manic episode

✓ > Cyclic

✓>First manic episode in early 20s

✓>Transition between mania and depression without intervening period of euthymia(normal,tranquil state of mood)

✓>Manic episodes shorter than depressive episodes

Criteria for Manic Episode

Three to four of the following criteria are required during the elevated mood period:

!!Mnemonic: SSAATH

✓ Self-esteem: highly inflated, grandiosity

✓ Sleep :decreased need for sleep,rested after only a few hours

✓ Speech: pressured

✓ Thoughts: racing thoughts and flight of ideas

✓ Attention: easy distractibility

✓ Activity: increased goal-directed activity

✓ Hedonism: high excess involvement in pleasurable activities (sex, spending, travel)

NOTE: **General criteria for a manic episode require a clear period of persis-tently elevated, expansive, or irritable mood lasting 1 week or severe enough to require hospitalization.

__2 important pharmacotherapy additions_ Benzodiazepines Mood Stabilizers (Lithium)

Bipolar 2 Disorder

✓>Similar to bipolar 1

✓ >Recurrent

✓>Does not have mania but has HYPOMANIA (milder form of elevated mood than mania)

✓>Usually does not need hospitalisation as is less severe

* *Cyclothymic Disorder :*

✓ Recurrent, Chronic, milder form of Bipolar disorder

✓ Typical oscillations of mood between hypomania and dysthymia

✓ Mixed episodes

** *MOOD DISORDERS:*

SUBTYPES AND MODIFIERS

* *Melancholic*:

Melancholic depression is a severe

form of depression associated with guilt, remorse, loss of pleasure, and extreme vegetative symptoms.

Postpartum:

Postpartum depression occurs within 4 weeks of delivery.

** *Seasonal:*

Seasonal mood disorders show a consis-

tent seasonal pattern of variation. The most common pattern is a worsening of depression during the fall and winter with improvement in the spring. The reverse is sometimes true.

** *Atypical:*

Atypical depressions show a pattern of hypersomnia, increased appetite or weight gain, mood reactivity, long-standing rejection sensitivity, anergia, and leaden paralysis.

** *Rapid Cycling:*

Patients with bipolar disorder may

have frequent (rapid) cycles. To meet criteria for rapid cycling, four mood disturbances per year.

Catatonic:

The catatonic specifier is applied to

mood disorders when there are pronounced movement abnormalities, including motoric immobility or excessive purposeless motor activity, maintenance of a rigid posture, mutism, stereotyped movement,

echolalia (repetition of a word or phrase just spoken by another person), or echopraxia (repetition of movements made by another person).

***SCHIZOPHRENIA*

- >Disorder in which patients have psychotic symptoms and social/ occupational dysfunction that persists for at least 6 months.
- >Early 20s for men and late 20s for women
- _Dopamine hypothesis_ Hyperactivity in brain dopaminergic pathways
- ** *Negative Symptoms*
- *Affective Flattening*

Decreased expression of emotion, such as lack of expressive gestures

Alogia

Literally "lack of words," including poverty of speech and of speech content in response to a question

Asociality

Few friends, activities, interests; impaired intimacy, little sexual interest

- *Positive Symptoms*
- *Hallucinations*

Auditory, visual, tactile, and/or olfactory hallucinations; voices that are commenting

Delusions

Often described by content; persecutory, grandiose, paranoid, religious; ideas of reference, thought broadcasting, thought insertion, thought withdrawal

Bizarre behaviour

Aggressive/agitated, odd clothing or appearance, odd social behavior, repetitivestereotyped behavior

- ** *Subtypes of Schizophrenia*
- *Paranoid*

Paranoid delusions, frequent auditory hallucinations

Catatonic

Motoric immobility or excessive, purposeless motor activity, maintenance of a rigid echolalia

Disorganized

Disorganized speech, disorganized behavior, flat or inappropriate affect, not catatonic

Undifferentiated

Delusions, hallucinations, disorganized speech, catatonic behavior, negative symptoms

Criteria not met for paranoid, catatonic, or disorganized



Met criteria for schizophrenia, now resolved, i.e.. no hallucinations, no prominent delusions, etc., but residual negative symptoms or attenuated delusions. hallucinations, or thought disorder

** *NOTE:*

- ✓ Thought broadcasting is a type of delusional condition in which the affected person believes that others can hear their inner thoughts
- ✓ Thought insertion > someone puts thoughts in my mind
- ✓ Thought removal> someone removes thoughts from my mind

** *PANIC DISORDER AND AGORAPHOBIA*

- *KEY POINTS*
- ✓ 1. Panic disorder is characterized by recurrent unexpected panic attacks.
- ✓ 2. Panic disorder can be seen with or without agoraphobia.
- √ 3. Panic disorder is treated with antidepressants and benzodiazepines and cognitive-behavioral techniques.
- √4. Agoraphobia is fear of not being able to (or being too embarrassed to) escape a place
 or situation.
- √ 5. Agoraphobia most often occurs alone (without panic).
- √6. Agoraphobia can be a complication of panic disorder.
- 7. Agoraphobia is treated with exposure therapy.

Criteria for Panic Attack

A discrete period of intense fear or discomfort, in which four (or more) of the following symptoms developed abruptly and reached a peak within 10 minutes:

- ✓ 1.Palpitations, pounding heart, or accelerated heart rate
- ✓ 2.Sweating
- √ 3. Trembling or shaking.
- √4. Sensations of shortness of breath or smothering
- √ 5. Feeling of choking
- √6.Chest pain or discomfort
- √7. Nausea or abdominal distress
- √8. Feeling dizzy, unsteady, lightheaded, or faint
- ✓ 9. Derealization (feelings of unreality) or depersonalization (being detached from oneself)
- √ 10.Fear of losing control or going crazy
- ✓ 11. Fear of dying
- ✓ 12.Paresthesias
- √ 13. Chills or hot flushes

** *SPECIFIC PHOBIA*

** *KEY POINTS*

✓ 1. Specific phobia is an intense fear of a certain object, place, activity, or situation.

✓2.Symptoms to persist for at least 6 months

√3. It is treated with *systematic desensitization* (The goal of the therapy is for the
individual to learn how to cope with and overcome their fear in each level of an exposure
hierarchy) and

flooding (behavioral therapy technique wherein the patient learns to associate feelings of relaxation with the fear-inducing stimulus.)

*****SOCIAL PHOBIA*

** *KEY POINTS*

✓ 1. Social phobia is fear of exposure to scrutiny by others in social or public situations.

✓2 It can be generalized or limited.

✓3.It is treated with MAOIs, beta-blockers, SSRIs, alprazolam, or gabapentin and with CBT.

* *Generalized anxiety Disorder*

* *KEY POINTS*

√1. GAD is intense worry over every aspect of life.

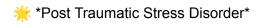
✓2. GAD is characterized by difficulty controlling the worry.

√ 3. It is associated with physical manifestations of anxiety having following symptoms:

restlessness
easily fatigued
difficulty concentrating
mind going blank
Irritability
muscle tension
sleep disturbance

√4.Symptoms to persist for 6 months.

√ 5. GAD is treated with benzodiazepine, buspirone, beta-blockers, gabapentin, and relaxation techniques.



✓ People with PTSD have endured a traumatic event (e.g., combat, physical assault, rape, explosion) in which they experienced, witnessed, or were confronted with actual or potential death, serious physical injury, or a threat to physical integrity.

Reexperience of Trauma

The traumatic event is subsequently reexperienced through repetitive intrusive images or dreams or through recurrent illusions, hallucinations, or flash-backs of the event.

Efforts to Avoid Recollections

In an adaptive attempt, these patients make efforts to avoid recollections of the event, often through psychological mechanisms (eg,dissociation, numbing) or actual avoidance of circumstances that will evoke recall.

Hyperarousal

They also experience feelings of detachment from others and exhibit evidence of autonomic hyperarousal (e.g., difficulty sleeping, exaggerated startle response).

* *Obsessive Compulsive Disorder*

Patients with OCD experience obsessions and compulsions. Obsessions are recurrent intrusive ideas,thoughts, or images that cause significant anxiety and distress; compulsions are repetitive purposeful physical or mental actions that are generally performed in response to obsessions. The compulsive "rituals" are meant to neutralize the obsessions, diminish anxiety, or somehow magically prevent a dreaded event or situation.

** *KEY POINTS*

- √1. OCD is characterized by recurrent obsessions and compulsions.
- ✓2. OCD causes distress and wastes time by compelling patients to carry out various obsessions/compulsions/rituals.
- √ 3. It is treated with clomipramine and SSRIs, and with systematic desensitization, flooding, and response prevention.



Primary Sleep Disorders
Dyssomnias
Primary insomnia
Primary hypersomnia
Narcolepsy
Breathing-related
sleep disorder
Circadian rhythm
sleep disorder

Parasomnias
Nightmare disorder
Sleep terror disorder
Sleepwalking disorder

Secondary Sleep Disorders
Sleep disorder related to
another mental disorder
Sleep disorder due to a
general medical condition
Substance-induced sleep
disorder



Dyssomnias

Primary insomnia

Difficulty falling asleep or staying asleep, or sleeping but feeling as if one has not rested during sleep.

✓ *Primary Hypersomnia*

Excess sleepiness, either sleeping too long at one setting or persistent daytime sleepiness not relieved by napping.

√ *Narcolepsy*

Sleep attacks during the daytime coupled with REM sleep intrusions or cataplexy (sudden, reversible bilateral loss of skeletal muscle tone). Daytime naps relieve sleepiness.

✓ *Breathing related sleep disorder*

Abnormal breathing during sleep leads to sleep disruption and daytime sleepiness.

√ *Circadian rhythm sleep disorder*

Sleep disturbance due to a mismatch between a person's intrinsic circadian rhythm and external sleep-wake demands.

Parasomnias

Nightmare disorder

Repeated episodes of scary dreams that wake a person from sleep, usually occur during REM sleep.

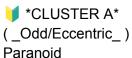
✓ *Sleep terror disorder*

Repeated episodes of apparent terror during sleep; individuals may sit up,scream, or cry out and appear extremely frightened. They do not usually awaken during the attack. Occurs during delta sleep.



Recurrent sleepwalking, often coupled with other complex motor activity.





Schizoid Schizotypal

CLUSTER B

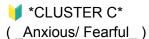
(_Dramatic and Emotional_)

Antisocial

Borderline

Histrionic

Narcissistic



Avoidant

Dependent

Obsessive-Compulsive



Paranoid Personality disorder

- 1. They are distrustful and suspicious
- 2. Anticipate harm and betrayal
- 3. Require emotional distance
- *Schizoid Personality Disorder*
- 1. Emotionally detached
- 2. Loners but may maintain an important bond with a family member
- 3. Difficulty in experiencing or expressing emotion
- ** *Schizotypal Personality Disorder*
- 1. Have few relationships
- 2. Demonstrate Oddities of thought, affect, perception and belief
- 3. Very constricted social world

* *CLUSTER B*

- *Antisocial Personality Disorder*
- 1. Display either a flagrant or well-concealed disregard for the rules and laws of society.
- 2. Exploitative, lie frequently, endanger others.
- 3. Impulsive and aggressive.
- 4. Rarely experience remorse for the harm they cause.
- 5. Alcoholism is frequently associated .
- *Borderline Personality Disorder*
- 1. Relationships infused with anger, fear of abandonment, shifting idealisation and devaluation.
- 2. Self image is fragmented and unstable.
- 3. Anger, depression, panic are prominent.
- 4. Impulsiveness leads to unsafe behaviours.
- 5. Self destructive urges and suicidal idealations
- 6. Principal defenses they use are gross denial, distortion (beleiving something as true which is not true), projection (taking your own negative traits and ascribing them to others) and splitting (seeing one person as all good at one time and devaluing them totally at other time).
- 7. Dialectical behavior therapy is beneficial.
- *Histrionic Personality disorder*
- 1. Individuals with are characterized by their excessive and superficial emotionality and their profound need to be the center of attention at all times
- 2. Theatrical behavior dominates with lively and dramatic clothing, exaggerated emotional responses to seemingly insignificant events, and inappropriate flirtatious and seductive behavior across a wide variety of circumstances.
- Despite their apparent plethora of emotion, these individuals often have difficulty with intimacy, frequently believing their relationships are more intimate than they actually are.
- *Narcissistic Personality Disorder*
- 1. Demonstrate paradoxical combination of self centerdness and worthlessnesses.
- 2. Demand attention and admiration
- 3. Concern or empathy for others is absent
- 4. Below their inflated sense of self lies low self esteem



- *Avoidant Personality Disorder*
- 1. Experience intense feelings of inadequacy
- 2. Painfully sensitive to criticism
- 3. Consequent social inhibition
- 4. Avoid relationships due to fear of rejection and humiliation
- *Dependant Personality Disorder*
- 1. Submissive and Clinging behaviours
- 2. Extreme dependence on others for emotional support and decision making
- *Obsessive Compulsive Personality Disorder*
- 1. Perfectionists
- 2. Require order and control
- 3. Cold in relations
- 4. Serious and plodding
- 5. Devotion to work replaces intimacy



CLUSTER A

(_Odd/Eccentric_)

Paranoid

Schizoid

Schizotypal

CLUSTER B

(_Dramatic and Emotional_)

Antisocial

Borderline

Histrionic

Narcissistic



(_Anxious/ Fearful_)

Avoidant

Dependent

Obsessive-Compulsive



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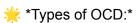
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✓ Contamination Obsessions With Washing/Cleaning Compulsion

✓ Harm Obsessions With Checking Compulsions
Obsessions Without Visible Compulsions (sexual, religious or aggressive themes)

- ✓ Symmetry Obsessions With Ordering, Arranging, and Counting Compulsions
- ✓ Hoarding

The End