PSYCHIATRY
Handwritten Note

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Name: ____________________________________________

Subject: Psychiatry
Psychiatry - Termed by Johann Riehl

[ Treating the soul ]

Modern Psychiatry - Father is Philippe Pinel

History → Diagnosis → [criteria] → Investigations

[Most important] Course of disease

Prognosis

Treatment plan

Symptom + Duration

Dysfunction

Anhedonia → Loss of interest in previously enjoyable activities / life.

(Sadness)

Most commonest criteria of Schizophrenia - Psychomotor Retardation

Dysthymia ≥ 2 years
Dysfunction → impaired or abnormal functioning

Conflict alone or Social deviance is not a diagnosis of a mental disorder.

H/o marriage → Good Prognosis

Mental Status Examination

- Appearance behaviour
- Motor Activity
- Speech
- Mood/Attention
- Thought
- Perception - Cognition (Thinking process

Not exclusive.
2 or more elements may coexist together

↓ Abstract reasoning
Judgment
Insight

Insight ⇒ awareness of illness

4 levels:
Level I - Patient doesn't agree about illness
Level II - (+/-)
Level III - Medical illness (agree)
Level IV - Intellectual insight
Level V - Emotional insight → fully agrees & executes treatment
Thought - an idea or opinion produced by thinking, or occurring suddenly, in mind [concentration, attention, care or regard]

Perception => becoming aware of the environment by the sensation coming from sensory organs.

Thought - Normal thinking [By Kurt Schneider]

Include Clarity
    
    Constancy
    
    Continuity
    
    Organisation

Thought is divided into:

1. Form A \rightarrow \text{direction} \rightarrow B (goal)

2. Content

3. Possession, own possession/control

4. Stream \quad \text{Tempo} \rightarrow \text{Flow}
   \quad \text{Continuity} \rightarrow \text{Direction}

Form (association, direction = Thus logical sequence)

\rightarrow \text{Formal Thought Disorder (FTD) (In schizophrenia)}

\downarrow

Individual process are not connected by meaning such that overall speech output is not understandable.
Disorganised Speech

- Loss of association → Incoherence, Incoherent talking.
- Derealment → A → B [direction is lost]
- Tangentiality → O → [Touching the answer but not what was required]
- Neologism → Creating one's own language.
- Verbigeration → Sensless repetition of words or phrases

[Neologism is one of the specific signs of Schizophrenia & Psychosis]

2) Content

- Delusion is disorder of thought & content

Delusion → False belief
- Firm/ fixed
- Out of keeping, educational + cultural background
- Morbid origin - (Illogical)

Morbid Jealousy → Othello Syndrome

- Alcohol → O- Infidelity
- Impotence
Types

- Delusion of Reference → Important person is me.
- Persecution → Part of schizophrenia
- Grandiosity → Part of Mania

Guilt + Sin → Part of Depression

Denial of existence → Nihilism

\[ \text{COTARD SYNDROME} \]

\[ \text{ENORMITY} \rightarrow \text{Small actions causing a big catastrophe} \]

Not included in Nihilism.

Delusion

- Bizarre (Implausible)
- Non-Bizarre (Possible)

e.g. Person thinks that his thoughts are taken away by his neighbours by a device

Thought alienation

Thought Insertion

Thought withdrawal

Thought broadcast
Delusional Misidentification Syndrome

- **Capgras** → Family persons → Unknown
- **Fregoli** → Strangers → familiar (delusion of double)
- **Inter metamorphosis** → Swapping the identity to damage the patient
- **Mirror self misidentification** → Mirror self identification
- **Reduplicationnal Paramnesia** → [living at home but denies that fact]

3. Possession of Thought disorder ➔ OCD

- **Obsession**
  - MC - dirt & contamination
  - Pathological doubt
  - Thought disorder

- **Compulsion disorder**
  - MC → Checking
  - Washing, touching, counting
  - Behaviour disorder

Least common is Intrusive thought
Aggressive Sexual

**OBSSESSION**
- Own thoughts, Irrational, (alien)
  - Ego dystonic (unwelcome)
    - Ego syntonic (welcome)
- Repeat,
- Patient resists the thoughts
- Distress → >1 hour - 2 weeks
- Not enjoyable
  If Thoughts are syn
tonic → patient does not come for Treatment
  Personality disorder

Magical thinking
Actions & words assume power.
[Schizotypal personality disorder]

Ambition
dency
not being able to complete an action
→ 2 step forward
2 steps backward.
Ambivalence → Thought process for ambitendency

OCD can cause - Anxiety
- Depression (2/3rd)

\( R_x \) for obsession \( \downarrow \) Medication
SSRI (Fluroxetine)
TCA (Clomipramine)
Fluroxetine → t/3 3-4 days
Less serotinin withdrawal is seen.

Compulsion \( \downarrow \) Behavioral Therapy
ERP
No results

↓

Resperidone (Augmentation)

↓

ECT

↓

Psycho Surgery (Last B) (Anterior Cingulotomy or Capsulotomy)

D/ (disorder of)

STREAM of Thoughts

1 [Tempo] → Flight of ideas → Mania

↑ Proximity → Hypomania

↓ Retardation/Inhibition

↓ depression

Circumstantiality (over inclusion of unnecessary details & answer is reached)

2 [Continuity] → Thought block

Preservation

Thought block

Preservation
Thought block $A \rightarrow \oplus B$

Perseveration $\rightarrow$ Its answer is relevant & the same answer is repeated for different other questions (irrelevant).

(Persistence of mental process beyond the point of relevance)

Tempo/Flow

- Rapidly, changing association
- Vocal Meaningful (Rhythmic)

Proximity

- Speaking rapidly $\circ$ association

Circumstantiality

- Person will make you reach the goal but by over inclusion of unnecessary details.
Perception disorders

Illusion

Hallucination

False

Independent of will

Misinterpretation of a stimulus

Perception of an object or stimuli

Types of Hallucination

Auditory | Visual | Tactile | Olfactory | Gustatory

Organic

Temporal lobe

Cocaine bugs

Epilepsy

Cocaine also causes delusion of perception

Pseudo hallucination

Insight is present

 Unreal

Subjective

[Thought will have a will but Pseudo hallucination has no will]

True hallucination

Insight is absent

Real

Objective

[Patient's terms]

Phantom limb is an example of True organic hallucination
Special Hallucination Types

1. Reflex
   Different Modality
   Synaesthesia
   LSD (Colours, speech)
   Stimulus & false perception
   \( \Rightarrow \) [Stimulus & false perception are of different modalities.]

   e.g. one person says
   the true colours are speaking
   very well,
   auditory stimuli perceived as itching.

2. Extra-Campine Hallucinations
   Outside the limits of sensory field.
Extra-campine ➔ Beyond sensory organ limitation

Autoscopy ➔

Internal Autoscopy

Negative Autoscopy

2.2 Person perceives images of the food digested & which is traveling through alimentary canal.

Unable to see yourself in mirror.
(visual hallucination of image of one's body)

Types of auditory hallucination

1st person: Hallucination

↓

Own thoughts as voices from outside

↓

Thought Echo

Audible thoughts

And person H.

↓

Person speaking in ears

↓

Command Hallucination

3rd person: H.

↓

→ 2 persons speaking in ears

Running Commentary
**Mood**

- Pervasive, Persistent
- Inner, Subjective

**Affect**

- Emotional Response to a Stimuli
- Outer, Objective

**Adjustment Disorder**

- Stress due to outcome.
  - Students suiciding after bad results

**Mood**

- Mania
- Depression

**Emotion**

**Affective Reactivity**

- Emotional reaction to a stimulus

**Labile Effect**

- Rapid urge of emotions

**Affective Flattening**

- Schizophrenia

**Alexithymia**

- Inability to express emotion
Cognition [Higher mental function & abilities]

0 Orientation (T.P. Person)
1) Alertness
   Alert
   ↓
   Twilight State
   ↓
   Stupor State
   ↓
   Acute Confusional State
   (Temporal Lobes)
   ↓
   Coma

2) A/C = $00 - 7 = 93
(Attention/concentration)
Attention maintained for period of time
↓
Concentration

Memory

Immediate
For seconds
↓
Delirium

[Registration & Recall]

Recent
For minutes
↓
Amnestic Syndrome
Korsakoff Psychosis

Remote
Months - years
↓
Dementia
Question about recent meals
Remote memory is also affected
Has both recent & old memory components
E.g. School Teacher
Abstract

Asking patient

implies meaning (Proverbs)

Moral of the story

similarity

e.g. Table/chair
Cow/buffalo

Concrete

Literal meaning.

In dementia and schizophrenia patient goes from Abstract to Concrete thinking.

Remote Memory

Implicit (Procedural)

Does not require conscious attention to recall
1) Skill, Habit, Procedure

Explicit (Declarative)

Requires conscious attention to recall

SEMENTIC

By meaning
Rules, words, language

EPISODIC

By time
Events
Behaviour disorders

Psychosis

Dellusion
Hallucination
Disorganised behaviour

Insight is absent

Neurosis

Anxiety

OCD

Phobia - Irrational fear

Insight is present

Organic disorder

Etiology is present

Visual hallucination

Functional disorder

Etiology not clear.

→ Purely on diagnostic criteria

Auditory hallucination

Onset

Sudden or abrupt

(< 48 hours)

Psychotic disorders may be

Continuous

Episodic

Dementia

(Schizophrenia)

Manic depressive disorder

Bipolar disorder
Schizophrenia

Term: Demence Precoce — Benedict Morel

[detioriation of Personality in adolescence]

Emil krapelin → Psychotic patients

↓

Course of illness.

Continuous

Episodic

Dementia Precox

(Maniac Depressive Psychosis)

[Remission & Exacerbation type of course in Schizophrenia]

Age of onset

13 years - very early onset
18 years - Early onset
10 - 25 years - Male > Females
25 - 35 - Females > Males
> 45 years - Late onset

Schizophrenia - females good prognosis

Dementia onset ⇒ 65 years
Eugen Bleuler → Termed Schizophrenia

Primary Symptoms of Schizophrenia

4 As

- Ambivalence
- Loss of Association
- Affective disturbance
- Autistic behaviour

Ambivalence ⇒ It is inability to decide in favour or against (A or B)

Affective disturbance ⇒ Inappropriate Affect

Thought $\xrightarrow{[\text{No Correspondence}]}$ Effect

Behaviour $\xrightarrow{\text{emotion}}$

E.g. Crying on a good moment or laughing on sad moment.
Autistic behaviour

Autism ↓
Leo Kanner 1943

[≤3 years age]

Communication (language)

Social Interaction (eye-eye contact)

Sterotypy, mannerism, repetitive

Kurt Schneider → SFRS

[Schneider's First Rank Symptoms]

Total 11 Symptoms

1. Thought insertion
2. Thought withdrawal
3. Thought broadcast

→ Thought alienation

→ Auditory hallucination

4. Thought echo/audible thought
5. Running commentary (3rd person hall.)
6. Arguing/discussing
① - Somatic Passivity
   Body activity controlled by someone (who is active)

② - Delusional Perception
   illogical meaning to normal perception
   e.g. hearing of "march past of army" - pt thinks they are coming to kill him.

④ - Control/made phenomenon
   Thought of "someone" making to do me
   ⑨ Affect -> emotion

⑩ Volition (Action) [controlled by others]

11 Impulse ()

**Diagnostic criteria of schizophrenia**

① Delusion
② Hallucinations
③ Disorganised Speech
④ Disorganised behaviour
⑤ Negative Symptoms.

```
Symptoms

⑦ Added due to delusion
   e.g. Delusion
   Hallucination

⑩ Subtracted due to illusion
   e.g. Affective flattening
```

Website: http://mbbshelp.com
WhatsApp: http://mbbshelp.com/whatsapp
Diagnosis

**ICD-10 (WHO)**

1 month

Acute Psychosis

1 month

Schizophrenia

No. of chapters in ICD10 - 22

Chapter for mental illness - V

No. of Axis in ICD10 - 3

Alphabet for psychiatric illness - F

F = Functional

**DSM 5/IV (APA)**

1 month 6 months

Schizophrenia

DSM (Brief Psychotic Disorder)

If a patient is suffering from delusion - (Bizarre) Hallucination - (Auditory)

disorganised behaviour (catatonia)

disorganised speech (Neologism)

Negative symptoms

T. C. Crow

Symptom +

lost

development

↓

Symptom -

↓

Delusion

Anhedonia

Hallucination

Alogia/language

Affect (emotion)

Inattention (Art)

Avolution
**Emotion**

**Flat (affective flattening)**

---

**No Response**

(Stony face)

Blunted / Restricted affect

Blunted & Restricted affect.
## Types of Schizophrenia

<table>
<thead>
<tr>
<th>Parasocial</th>
<th>Hebaphrenic</th>
<th>Catatonia</th>
<th>Simple</th>
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<tr>
<td>D + H</td>
<td>Disorganised Personality</td>
<td>Motor</td>
<td>-ve Symptoms</td>
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<tr>
<td>Commonest</td>
<td>(Mood)</td>
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<td>1 year</td>
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<tr>
<td>Late onset</td>
<td>(Giggling/gumising)</td>
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<tr>
<td>early onset</td>
<td>Personality intact</td>
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<td>good prognosis</td>
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<tr>
<td>Prognosis intact</td>
<td>Inappropriate effect, Mirror effect</td>
<td>Best Prognosis</td>
<td>worst Prognosis</td>
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<tr>
<td></td>
<td>Personality</td>
<td>Anti-psychotics, not given.</td>
<td></td>
</tr>
<tr>
<td>deterioration</td>
<td>is maximum</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Catatonia (abnormal motor symptoms)

Signs

Depression +

Waxy flexibility  
Doctor does it

Catalepsy  
And patient maintains it.

Rigidity  
Patient does it himself & retains for > 1 min

Posturing  
(Bizarre position)

Echolalia  
Repetition of action → Rep. of words.

Echopraxia  
Repetition of action.

Sterotypy  
Autism

Mannerism  

Negativism  
Not obeying the commands

Gegenhalten  
Proportionate Resistance

Mutism  

Stupor  
Only responds to painful stimulus.

Sterotypy → Repetition of non-goal directed.

Mannerism → Repetition of goal directed.

But repetition makes it senseless

1st line of Rx → Lorazepam → ECT.

Antipsychotics  → Not required
On early → Dream like

Van Gogh syndrome → Self mutilating in schizophrenia.

Genetics

Incidence
0.5 to 5/1,000

Prevalence

General population → 1% &
Sibling → 8%
Dizygotic twin → 12%
Single parent → 12%
Both parent → 40%
Monozygotic → 47% &

Heritable psychotic disorder.

Biochemical

Neurotransmitter responsible → Dopamine ↑
(+ve symptoms)

Meso limbic ↓

Serotonin ↑
(+ve/-ve)

↓NE → Anhedonia

↓GRABA, ↓ACH, ↑Nicotine
Substance use → 90% → Tobacco → improves cognition
40% → Alcohol ↓
↓true symptoms.

The premature cause of death in schizophrenia is Suicide
20 - 50% 10 - 30% 5 - 6%
Attempts (command hallucination) (DSM-5)

Command hallucination

Depression ↑

Clozapine is an antisuicidal, antipsychotic
2/3 patients → visit E in < 72 hrs.
Delusional disorder

Single
Delusion (non-bizarre)

apart from belief
pt. is functionally N.

Schizophrenia

Multiple (delusions + hallucinations)

Bizarre X

DSM 5  ICD 10

1 month 3 month.

Morbid Jealousy

Grandiosity

Persecutory

Erotomania → De Clerambault syndrome  
[delusion of love]

Somatı → Halitosis → Bromosis

Parastosis (Worm) [Ekboeh syndrome]

Body Dysmorphophobia
Post partum Psychosis

**Baby Blue**
- 30-75%
- Commonest
- Mood swings
- Recovers < 2 weeks
- Reassurance

**Depression**
- 10-15%
- >2 weeks
- Guilt & suicidal

**Psychosis**
- Suicidal 5%
- Infanticide 4%
- Relapse = 50-60%
  - (in subsequent pregnancy)

![Diagram](https://mbbshelp.com)

- Baby
- Separation of baby before treating mother
- Recovers in 2-4 weeks
- Anti-psychotics

- Mother
- Psycho Education
- Recovers in 2-4 weeks

- Family
- Psycho Education

**Rx**

- Atypical - Risperidone, Olanzapine
- Typical - Haloperidol
- Clozapine - Most effective, treatment
  - Resistant schizophrenia
  - Antisuicidal
  - II line Rx: It causes Agranulocytosis, Seizures (K & E in valporate)
Clozapine + Antipsychotics

↓

ECT

Psychotherapy cognitive remediation

Family oriented therapy

Social skill training

Psycho education

Mood Disorders

Mania

> 1 week

Hypermania

> 4 days

Dysthymia

> 2 years

(Neurotic depression)

ICD-9

50% depression

Dysthymia + Depression

DD

Double depression
BIPOLAR

- Mania
- Depression

BPAD I (Bipolar Polar Affective Disorder)

- Hypermania
- Depression

BPAD II

- Mania
- Seasonal
- Depression

SA D (Seasonal Affective Disorder)

- Rx: Light therapy
  - 1,500 to 10,000 LUX
  - (1-2 hrs) (day)

- Cyclothymia
  - Patient is moody
  - Interpersonal difficulties
  - Difficulty in maintaining job, marriage, friendship

≥ 2 years
Rapid cycling for ≥ 4 years

- Sodium valproate (Toc)
- Carbemepine
- Lithium

Unipolar depression

PMDD
Pre Menstrual Dysphoric Disorder

10-15%
Menarche - Menopause

- Hormonal

4-5 weeks
Rx of choice - SSRIs
Manic

Mania → Mood Stabilisers (MS)

Mania + Psychosis → MS + Antipsychotics

Bipolar depression → MS + Antidepressants

Bipolar depression + Psychosis → MS + Antidepressants + Anti-psychotics

Female + Pregnant → Anti-psychotics

Mood Stabilisers

Lithium

Tox for - Euphoric mania (Happy)

Prophylaxis - 0.6 - 1.2 meq/L
Therapeutic - 0.8 - 1.2 meq/L
Haemodialysis - 2 meq/L

Valproate

Tox for - Dysphoric mania (anger)

Acute mania
Alcohol
Rapid cycling
Anxiety

Check
Pre-lithium Investigations ⇒ TLC, DLC, (it can cause
Thyroid disorder, Leucocytosis)
RFT, Cardiac profile
Schizo-Affective disorder.

Mania

- D I G
- Distractibility
- Involvement in pleasurable activities
  (Food, money, sex, religion)
- Grandiose mood (very happy)
- Activity
- Sleeping less
- Feeling fresh

Depression

- S I C E
- Sadness of mood
- Interest
- Guilt
- Energy (weakness/tiredness)
- Concentration lost
- Psychomotor activity↑
- Suicide

1 out of 8 males
1 out of 6 females
Middle age.
Why depression is common in females (♀) ?
- Hormonal cause
- Child birth related
- Social status
- Learned helplessness.

Mixed (1 week)
Seasonal
Psychosis
Postpartum
Catatonia - (mc in depression)
Mood congruent / In congruent (delusional reference)

Atypical
Melancholic (endogenous)

Atypical Depression
Melancholic Depression

SH
Insomnia
Interpersonal Rejection
Appetite (carbohydrate craving)

IPRA
Reactivity of mood
Early morning awakening

Laden Paralysis
(Heaviness in limb)

SH
Sleep

G
Guilty feeling
Cognitive Triad of depression (A.T. Beck) A.T. BECK

Hopelessness: Future ——> Suicide Suicide
Helplessness: Environment, world
Worthlessness: Self

Cognitive Therapy → A.T. Beck

Cognitive Distortion

- Magnification (maladaptive assumptions)
- Minimization
- Personalization
- Arbitrary Influence
- Selective abstractions
- Over generalisation
- Dichotomous Thinking or Absolutist
Suicide

10.4 / 1,00,000

Commonest method – Hanging

Neurotransmitter – 5HT

Biochemical marker – CSF – > 5HI AA

Paradoxical suicide

Para suicide → Cutting (Borderline Personality Disorder)

Depression & Suicidal tendency → "ECT"

Risk factors

Males – (4:1)

> 45 years

Unemployment

Past 1/6 suicide

Helplessness, Alcohol

Chronic illness

Patients committing suicide have psychiatric illness

Most cause of suicide → 80% – Depression

25% – Alcohol

10% – Schizophrenia

5% – Delirium + Dementia
Defence mechanism of depression is INTRODUCTION OF DEPONENT OBJECT

Neurotransmitter → ↓ SHT, ↓ DA, ↑ NE

(Triminogenic Therapy)

↑ Ach

↑ Glutamate

Rx of depression – Antipsychotics

Doc – SSRI

Most effective – TCA

Psychotherapy – CBT

Somatic modality

Invasive

Non Invasive

DBS → Deep Brain Stimulation

ECT → Gold Standard

VNS → Vagal Nerve Stimulation

RTMS → Repetitive Trans Magnetic Stimulation

CBS → Cortical Brain Stimulation

MST → Magnetic Seizure Therapy

CNS → Cranial Nerve Stimulation
ECT  
**Electric Convulsive Therapy** (1938)

**Started by** Cerletti Bini

**MECT** (Modified ECT) → Muscle Relaxant is added
  e.g. succinyl choline

  **G A.** [Propofol]

  Electric current → seizure if \( t \geq 180 \text{ sec} \)
  \( 1-5 \text{ V} \)
  \( \geq 25 \text{ sec} \)
  Diazepam.

**Mechanism** → BDNF **Brain derived Neurotrophic Factor**

**Gold Std, More effective** \( \geq 90\% \) 60-70%

*No absolute CI*

*Relative CI* → ↑ICT, MI, HTN.

*Safe in pregnant females.*

**Indication** → Depression & Suicidal
  - Catatonia, Mania, Schizophrenia
  - NMS, Parkinsonism & Rigidity
  - Treatment Resistant epilepsy.
Not effective in ⇒ Somatization
Personality D% (Borderline)
Anxiety D%

Sign of depression ⇒ Otto verguth
Omega Sign

Neurotic disorders

Anxiety disorder ⇐ Phobia
Panic
GAD (Generalized Anxiety D%)

OCD & related disorders

Conversion Hysteria

Dissociative disorders

Trauma & stress related disorders

Somatic symptoms & related D%
Neurotransmitters involved

GABA ↓
R, BZD

GABA → Anxiety
Nervousness

NE ↓
P-blockers

NE → Palpitation
SOB
Heaviness of chest

Phobia

Specific

 Claustrophobia
Closed Space
Acrophobia (Heights)
E.g. MRI/CT room
Lift

Social

Agoraphobia

Means market place
Fear of
Open spaces
Crowded Spaces
(Where escape is difficult)
Enclosed spaces
(E.g. Metro, Bus, Plane)

Irrational fear of a stimuli, object, situation or a person.
\[ R_x \]

Avoidance of normally logical fearful situations

And Exposure Therapy

\[ \text{Floating} \]

[over exposure]

Systemic Desensitization

\[ \text{Hierarchy} \]

Relaxation

Joseph Wolpe

\[ \downarrow \]

Graded Exposure (Toc)

Specific Toc is Behaviour Therapy.

Agoraphobia \[ \rightarrow \] SSRI's (Toc)

Social \[ \rightarrow \] SSRI's + Psychotherapy.

All phobias are diagnosed in 6 months

\[ \text{Displacement} \]

Putting blame on wrong things

\[ (a \text{ defence mechanism}) \] (Egg \[ \rightarrow \] Hygiene) Blaming
Panic D\% \underline{|} \hspace{1cm} Panic D\% \underline{|} \hspace{1cm} Panic attack \hspace{1cm} (alprazolam)

1 P. Attack \rightarrow \text{Panic D\%} \hspace{1cm} \text{Symptoms of palpitation}

\hspace{1cm} \\

\hspace{1cm} \text{Stimuli absent} \Rightarrow [\text{out of blues}]

\hspace{1cm} \text{Impending of doom} \hspace{1cm} \leftarrow \text{SOB}

\hspace{1cm} \text{Heavyness of chest}

\hspace{1cm} \text{MC. Comorbidity}

\hspace{1cm} \\

\hspace{1cm} 18 \text{ Agoraphobia}

\hspace{1cm} \text{Doc for Acute anxiety} \rightarrow \text{BZD}

\hspace{1cm} \text{Doc for Chronic anxiety} \rightarrow \text{SSRI}
Generalised Anxiety Disorder (GAD) (Day to day worries)

Symptoms
- Apprehensions
- Fatigue, l Concentration, Sleep, Anxious,
- Muscular tension

Diagnosis made after 6 months

Rx of Choice $\rightarrow$ SSRI + Psychotherapy

(CBT or supportive)

Phobia - Related to Stimuli

Panic - Out of blue (No Stimuli)

GAD - Day to day worries.

Bradycardia is seen in fear of Blood/Needles

Inv = ECG, TSH, Hb, Blood Sugar.
Psychology [Study of mind]

Sigmund Freud → Neurosis → unconscious conflict

Dream analysis

[Father of Psychoanalysis]

Defence mechanism

Theory of mind.

Psychosexual stages of development:

Dream analysis

Dreams are the Royal Road to the Unconscious mind.

In 1900 → Interpretation of dreams book

Primary process of dreams:

1. Displacement
2. Symbolic representation
3. Condensation
Theories of mind

Topographical Theory

Conscious (aware)

Unconscious (not aware)

Psychoanalysis

Dream analysis

Structural Theory

3rd floor
Super-ego
(Morality, ego-Ideal)

2nd floor
ego (Reality)

1st floor
ID
(Instinctual Drive)

Pleasures/Pain
(Inborn)

(Survival, Unconscious)

Defence mechanisms

Repression
is primary defence mechanism

Bad Ideas

Consciously Active

Unconsciously D-ve

Repression [unconscious forgetting]
by George Valiant

Mature Immature Neurotic Psychotic

S - Sublimation
A - Altruism
H - Humor

Suppression
Anticipation, Ascertion

Narcissistic
Suppression → waiting of right moment.

Altruism → Helping others

Anticipation → Anxiousness helps to perform better.

Ascetism → Doing good things but no expected return
  (No praise required)

Immature defence mechanism

Fantasy

Regression
(Things which were normal at a span is not normal anymore)

Passive aggression
  e.g. harming anyone who was harming you in indirect way to get satisfaction.

Somatisation (expressing emotions via physical complaints)

Interojection/Identification
  Copying others

Acting out
  b. No patience

Neurotic Repression

Displacement → anger reaction on someone else.

Undoing → non-productive activity making comfortable feeling.

Isolation of Affect → Making conversation lengthy while expressing

Reaction → Formation → Action ↔ Reaction

Rationalization → Blaming others

Conversion → (Hysteria)

Dissociation
Conversion (Hysteria)

1. Primary gain \( P \rightarrow P \rightarrow 0 \)
2. Secondary gain \( E \rightarrow I \)

La belle Indifference

Treatment

- Cut secondary gain
- Aversion therapy
  - Painful stimuli
  - Narco analysis
  - Drug-induced interview

\( (BZD, \text{ Barbiturates}) \rightarrow \text{ Thiopentone Na} \)

\( \downarrow \)

Diazepam
Lorazepam
Midazolam

Dissociation

\( \text{(dissociative amnesia)} \rightarrow \text{[skipping the uncomfortable feelings]} \)

- \( F \)
- \( T \)
- \( I \)
- \( D \)
- \( A \)

Pugue

Identity

Depersonalisation Amnesia

\( \downarrow \)

Derealisation

\( \downarrow \)

As if phenomena

Pachy loss of autobiographical memory

\( \text{Multiple Personality disorder} \)

\( \text{or} \)

\( \text{Split Person disorder} \)

Reaches a new place & assumes a new identity
**Malingering** (Mancheuson Factitious)

<table>
<thead>
<tr>
<th>Symptoms</th>
<th>Unconscious</th>
<th>Consciously Faking</th>
<th>Consciously</th>
</tr>
</thead>
</table>

| Gain      | Unconscious | Unconscious        | Conscious   |

Abnormal sick role
Iron grid abdomen

**Pseudologia Fantastica**

Due to
Sexual abuse
Physical abuse
Isolation

\[ \text{Fatastic lie which people believe} \]

**Ganser Syndrome**

Approximate answering (Paralogia)

\[ 2 + 2 = 5 \]

\[ \text{grass = Blue} \]
Psychotic or Narcissistic analysis

Denial \to No conviction/Deny the reality

Distortion \to \Box\Box Body Image distortion, (Anorexia Nervosa)

Projection \to

---

Elisabeth Kobler Ross

\text{Denial} \to \text{Anger} \to \text{Bargaining} \downarrow
\text{Depression} \downarrow
\text{Acceptance}

\text{Projection}

In Rationalisation, there is acceptance

---

Projective Personality Test

\to Rorschach Ink blot Test (Red & black ink) [Symmetrical]

\to Thematic apperception Test

\to Sentence completion Test

\to Draw a person Test

\to Word association
Psychoanalysis

Childhood Repressed Memory

[Unconscious Conflict]

Transference → Patient %

Counter Transference → Doctor (not acceptable)

Free association → Method of taking information from patient freely.
Behavior Therapy

Classical

Ivan Pavlov

Stimulus + Combination

Operant Conditioning

Instrumental

B.F. Skinner

Response + Consequences

Reinforcement

+ve -ve

+ve -ve

Behavior

Punishment

Contagency
Psychosexual stages of development

Oral 0-18 months
Anal 18-36 months
Phallic 3-5 years
Latency 5-12 years
Genital > 12 years

Libido

Sexual drive

Oedipus Complex
(Fear of Castration)

Electra Complex - Female

Identification by idealizing

Latency ➔ Boy ➔ Father
           Girl ➔ Mother
OCD & Related disorders

Trichotillomania → Pulling of hair

Hoarding → emotional value of useless things

Excoriation → Skin Picking (Acne Picking)

Body dysmorphic disorder - feeling of body part/appendage being disfigured

- Hair
- Nose

Goes for treatment

Trauma & Stress Related %

→ Unexpected

- Intense
  - Earthquake, Rape, riots
  - Bombast, war

Expected
- Life events
  - Medical, Relationship
  - Study, Job

Adjustment disorder

Stress?

ICD-10: 6 months

DSM-5: (3 months)

Symptoms: depressive, anxiety, conduct
PTSD (Post-traumatic stress disorder)

- Trial
  - Hyperarousal
  - Intrusiveness
    - Flashback
    - Nightmare
  - Avoidance

- Negative cognition and mood
  - Hallucination not present

**Treatment**

- Psychotherapy

PTSD $\xrightarrow{R^2}$

- Pharmacotherapy (SSRI) + CBT
- EMDR (eye movement desensitisation and reprocessing)
- Debriefing
Somatic Symptom Related % (DSM-5)

Illness anxiety % (Anxiety due to fear of illness)

Somatic symptom % (Anxiety due to fear of illness)
Symptoms +ve
↓
Diagnosis (-)
↓
Investigations (-)
↓
Reassurance

Pain % → due to emotional conflict

Somatoform % (DSM-IV)

Somatization
↓
Somatic Pain, G.I., Sexual, Somatoform pain
↓
Asks for Pain Relief

Hypochondriasis
↓
Doctor Shopping

Somatic pain
↓
Hypochondriasis
↓
Doctor Shopping

Somatoform
↓
Autonomic dysfunction
E.g. IBS, Hyperventilation syndrome
[Asks for diagnostic confirmation] breathing in a plastic bag.
Culture bound Syndrome

Dhat Syndrome → Semen in urine

Amoake → Running & killing way, Suicide/forgt

Koro → Size of penis is reducing & going in abdomen → die (epidemic) [Genital Retraction Syndrome]

Latah → Screaming, Cursing, Dancing Uncontrolled laughter.

Eating disorders

\[ \text{ANOREXIA NERVOSA} \]
\[ F : M = 10 : 20 : 1 \]
\[ \text{Underweight} < 85\% \text{ ideal} \text{ of} \text{N} \]
\[ \text{A} \to \text{B} \to \text{C} \]
\[ \text{Anorexia} \to \text{Binge Compensatory} \]
\[ \text{Can eat} \to \text{300-500 kcal} \]
\[ \text{e.g. Vomiting, diarrhea} \]

\[ \text{BULIMIA NERVOSA} \]

\[ \text{B} \to \text{C} \to \text{D} \]
\[ \text{Binge} \to \text{Compensatory} \]

[\text{Binge Eating D6}] [\text{Overweight}]

\[ \text{BED} \]

[\text{No Compensatory}]
Anorexia Nervosa

Body Image distortion

Types

Restriction

Binge

≤ 85% (weight loss)

14-18 yrs

Fear of fat

Profession - Modeling

Amenorrhea ≥ 3 months

Heredity

100% females

Peculiar handling of food. (Peculiar behavior)

Clinical Signs

↑ Cortisol, ↑ G.H, ↑ Prolactin.

↓ Leucinising hormone, ↓ FSH, ↓ Estrogen.

Sometimes hypercholesterolemia

↓ Anemia, muscle atrophy, bradycardia

Rx

SSRI + Antipsychotic

Hospitalisation (if ≤ 80% fall of weight)

CBT, family therapy.
Binge Eating disorder

Binge

Restriction

Guilt

Purge

Will eat more

↓

dental caries

↓

enlarged parotid glands

↓

Scar mark on hands due to putting hands in mouth regularly

↓ (Russell's Sign)

Binge

Fluoxetine

CBT
Sexual disorder

Sexual Identity → Biological sex

Gender Identity → By which the individual recognised himself/herself

Psychological sex (3 years of age)

Gender role →

Sexual orientation → Heterosexuality/Homo/Bi sexuality

Gender Identity Disorder → "Boy wants to be girl"

Dissatisfied with the allotted sex

Gender Dysphoria

DMS IV

Hormonal Sex Replacement

Sex rearrangement Sx

Male trapped in female body
Female trapped in male body
Gender Dysphoria  
Sexual dysfunction  
Paraphilia

Abnormality in sexual function

Paedophilia (MC)
Exhibitionism (only in males)
Voyeurism (male)
Frotteurism (male)

Resolution  
Post coital dysphoria

Asexual
Hypo sexual
Hypersexual  
Stylosis (or)
Nymphomania (or)

Impotence
Middle age
Organic  Psycogenic

Causes:
- Vascular
- Hormonal
- Drug/medication
- Masturbation X
- Morning erection X
- REM spontaneous X

50% Males have aberration.
Masturbate
Morning erection
REM spontaneous
Premature ejaculation

\[ < 1 \text{ min} \]

\[ 5 \quad 10 \quad 15 - 20 \quad 25 \text{ min} \]

\[ 2 - 6 \text{ min} \]

Orgasm is shortest

Rx

SSRI - SE (delayed ejaculation)
Start stop technique
Squeeze technique (Mester & Johnson)
Dual sex therapy.
Cognitive Disorder

Delirium
- Immediate memory disorder
- Global dysfunction
- Psychosis (Illusion/Hallucination)
- Altered Sensorium (Acute Confusional State)
  - Disorientation
  - Time, place, person

Anamnestic Synd.
- Recent memory disorder
- Memory

No

Dementia
- Remote memory disorder
- Global dysfunction
- Psychiatric
  - Progressive loss of memory
  - Consciousness
    - Intact

Delirium

- Psychomotor clouding, consciousness activity
- Illusion/Hallucination
- Transient delusion
- Onset sudden
- Consciousness fluctuating
- Etiology
  - Recover or die

Attention

Sleep

Function
Common in old age → Polypharmacy
In middle age → Substance abuse / alcohol
In young age → Poisoning.

Floccillation  → Aimless plucking on bed sheet
              ↓
Sundowner Syndrome (seen in ICU patients)

Rx

Anti Psychotics - Resperidone (Doc)
BZD - Lorazepam (Doc)

Amnestic Syndrome

100% Reversible  ↓  B12 + glucose
                  ↓
Wernecke’s Encephalopathy

Korsakoff Psychosis

IRReversible 85%  

Short Term Memory problem
Conjubulation (filling memory gaps & imagining information)

Ophthalmoplegia
Global Confusion
Ataxia

Damage due to bleeding in brain
Dementia

Irreversible (85%)

Alz. Disease (65%) mc
Multi-Infarct (15%)

Reversible (15%)

Depression (Pseudo-dementia)

Post Encephalitis

Hypothyroidism

B12 deficiency

Dementia is Characterised by

Loss of memory

Aprosia → (Motor symptoms)

Agnosia → Not able to remember familiar faces (Prosognosia)

Aphasia → (Language)

Executive functions (S - O - A - P)

Sequence, Organising, Planning, Abstract

2/4 indicative.
Pick disease → Frontal dementia

↓

Personality dysfunction

↓

Precedes loss of memory.

Sleep disorders

S H I P

Sleep
Hyposomnia
Insomnia
Parasomnia

awake

< 9
< 6 hours

6-9/24 hours

for 1 month

Night - drivers, police, doctors, etc.

Hyposomnia → 30 sec

Modafinil

↓

Sleep paralysis - REM, U Tone.

↓

REM latency

↓

Sleep attack (MC)

↓

Hypnopompic/Hypnagogic hallucination

↓

Cataplexy - emotional

Sudden loss of tone in response to an stimuli
Hypno → Sleep, Hypnagogic
↓
Hallucinations during sleep.

Cataplexy - Loss of tone on emotional events.

RX
Modafinil.
[K+ adrenergic Receptor antagonist]

Parasomnia
↓ Amnesia

Symptoms
Bruxism → grinding of teeth.
→ RX mouth gag.

Somnambulism → Sleep walking

Somnolence Somniloquy → Talking
Periodic limb movement

Enuresis (< 5 years)
Night terror & nightmare
Night Terror
(Pavor Nocturnus)
screaming
confused
sleep
Amnesia

Nightmares
(REM)
Bad Dream
Recall

\[ R_x = BZP - Diazepam \]
Child Psychiatry

Tic disorder

Sudden, rapid, non-rhythmic stereotypical motor or vocalisation

\[ \text{e.g. Blinking eyes, e.g. cough or clearing throat continuously.} \]

Coprolalia \( \rightarrow \) Repetition of obscene words

Motor tic

\[ \text{Gilles de la Tourette syndrome} \]

Vocal tic

\[ \text{Clonidine} \rightarrow \text{51C} \rightarrow \text{Prefer during emergency} \]

Coprolalia

\[ \text{Risperidone} \]

Palatal tic

\[ \text{Antipsychotic} \]

ADHD

[Attention Deficit and Hyperactivity Disorder]

Hyperactivity

Impulsivity

Inattention/low concentration/decline in school performance

\[ \text{DSM IV} \rightarrow \leq 7\text{years} \]

\[ \text{DSM 5} \rightarrow \leq 12\text{years} \]
ADHD is a serious disorder with social, academic, and cognitive effects.

**Rx**

**STIMULANTS** → METHYLPHENIDATE

Follow up for substance abuse.

**NON STIMULANTS** → ATOMOXETINE, BUPROPION, CLONIDINE

**Autism Spectrum Disorder**

- Social interaction, repetitive

**DSM IV** PDD Pervasive Developmental Disorder

- **Autism**
  - Leo Kanner
  - Communication
  - Social interaction
  - Repetitive behaviour

- **Asperger Syndrome**
  - HanS
  - Communication
  - Social interaction
  - Repetitive behaviour
Rett's

♀ only

♂ → 6-48 months

Regression milestone

Microcephaly

→ Head circumference

Middle finger deformity

Hypoplasia

Complications

Breath holding spells

Pneumonia/Pulmonary complications

Seizures

Arrhythmias (cause of death)

Childhood disintegration disorder

♂ : ♀

20:1

Develop language will play

Lose bowel control
Personality disorder

> 18 yrs adolescent or young adult

Child psychiatry, oppositional deficient

**Antisocial**
- They like to break law
- No feel of guilt
- Lack of remorse
- Conning

**Conduct**
- Behaviour
- Violence

**ODD**
- Verbally abusive
- Cruelty animal
- Theft
- Bullying
- Truancy

Ego syntonic rarely

Personality disorder

**Odd, eccentric**
- Suspicious
- Paranoid
- Schizoid
- Asocial, emotional coldness

**Dramatic**
- Erratic
- Impulsive

**Anxious**
- Fearful

**Personality Disorders**
- Borderline
- Antisocial
- Histrionic
- Narcissistic
- OCPD
- Dependent
- Anxious
- Avoidant

10% Schizophrenia

F119 0
Magical thinking: "Keywords have power"
Psychotherapy

Paranoid → Suspiciousness
Suspects friends, strangers
keep grudges, attack reputation
of others.

Suspiciousness

PDD ↓ PDD ↓ Schizophrenia

D×H (D) D+H

Borderline (cyclothymia) ⇒ [Emotionally Unstable]

Parasuicide
Mood Swings
Idealization/Devaluation
Identity crisis

Defence mechanism ⇒ Projective Identification
Splitting.

Rx of Choice ⇒ Dialectical Behaviour Therapy
Mentalization Based Therapy
Histrionic

More prone to somatization.

L attention seeking

Talk, walk, drink → seductive

Shallow emotions

Narcissistic

Self love

Sense of entitlement

Grandiose sense of self importance

Fantasies of unlimited success

Avoidant

(Social phobia)

L fear criticism, feel inferior.

Preoccupied by rejection.

Rx "Assertiveness Training!"
**Dependent**

- Difficulty in making everyday decisions
- They want others to take responsibility

**OC PD [Obsessive Compulsive Personality Disorder]**

- Anakinasic Personality disorder

**Perfectionist**

- Do not complete on time
- Make lists / Rules

They are Rigid.
Substance use disorder

Abuse → Alcohol (mc)
Illicit/Illegal → Cannabis (prosed)
Dependance → Tobacco (mc Substance of dependence)
Stimulant → Caffeine

Dependence

Physical

Tolerance
Withdrawal

Psychological

Craving (10-0-10)
Stop → but not able to
Health x
Social life ↓
Amount, Time ↑
↓ Not able to control

Tolerance
↓ Same dose not giving same pleasure

Withdrawal
↓ Substance specific withdrawal.
Withdrawal peaks 2 w 2–3 days

**Tobacco**

No diagnosis of Abuse or Intoxication Dependence

Withdrawal Symptoms

- Brady Cardia
- Constipation
- Paradoxical Sleep
- ↓ Concentration
- ↑ Weight

- Nicotine Replacement Therapy
  - Patches
  - Gums
  - Lozenges
  - Spray

- **Bupropion** (DNRI)

- **Varenicline**
  - α4β2 Nicotinic Acetylcholine Receptor Partial agonist
Alcohol

Withdrawal Symptoms

Tremors (6-8 hrs) (First sign)

Psychotic/Perceptual symptoms (2-4 hrs)

Seizures (≥ in 12-24 hours) **RUM FITS.**

DT (Delirium tremors)

\[ R \]

Oral Chlor diazepoxide (Tremors)

IV diazepam (seizures)

IV Lorazepam (for delirium tremors)

Alcoholic hallucinations → Auditory

Clear consciousness

12-24 hours

(1-2 months)

Anticraving

FDA - Acamprosate

Naltrexone

Topiramate, Baclofen

Different

Disulfiram react.

2g metronidazole

(12 hours)
**Intoxication**

- 20 - 30 mg/dl → (1 thinking)
- 80 - 200 mg/dl → Ataxia
- 200 - 300 mg/dl → Blackout
- > 300 mg/dl → death

**Opioids**

- **Withdrawal**
  - Pain
  - Yawning
  - ↑ Secretions
  - Mydriasis

- Herion
- Brow Sugar
- Snack
- Morphine
- Pentaazocine
- Propoxyphene
- Codeine

**Intoxication**

- Respiratory depression
- Pin point pupil

**Maintenance programme** → Buprenorphine, Methadone

**Detoxification**

- clonidine

**Antagonists**

- Intoxication → Naloxone
- Prevention relapse → Naltrexone
Withdrawal of Caffeine → Headache, fatigue

Cannabis

Bhang Charas Ganga, M, H
1% 10-15% 4-5% 40%

Intoxication - Redness of eyes (conjunctival congestion)
Tachycardia / Restlessness
↑ Thirst / ↑ Sweat

Withdrawal → Anxiety, nervousness, Insomnia,

vivid dreams.

→ Amok
→ Flashback
→ Anxiety
→ Psychoïs
→ Anomotivational syndrome.
→ HEMP insanity

Cocaine

[Amphetamine]
↓
Schizophrenia
LSD
Reflex
Flashback

Prochaska & DiClemente (1983)

Stages of Motivation

Relapse
Pre contemplation (no motivation)

Contemplation & cost analysis (some motivation)

Preparation (post phenomenon)

Action (execution of plan)

Maintenance

Studied alcohol patients

Date Rape drugs

ketamine

GHB (gamma-hydroxybutyrate)

Roofie (Flunitrazepam)

Alcohol

Rave/club

Methamphetamine → MC drug for hospitalisation