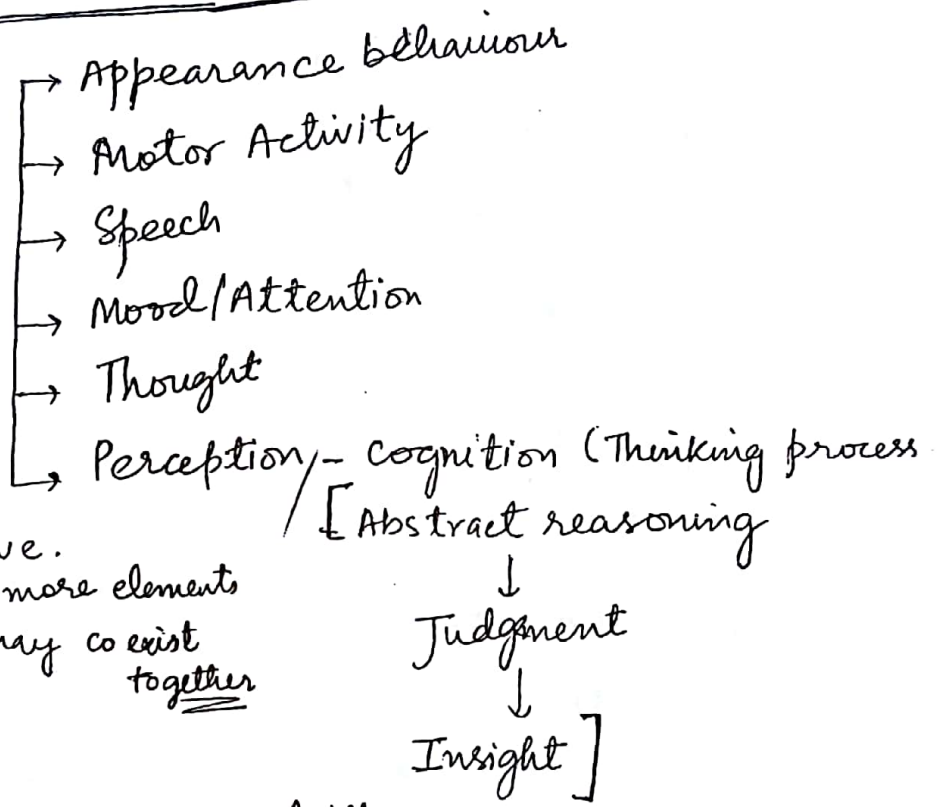


Dysfunction → impaired or abnormal functioning

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

H/o marriage → Good Prognosis

Mental Status Examination



Not exclusive.
2 or more elements
may co exist
together

Insight ⇒ awareness of illness

- 4 levels
- Level I - Patient does not 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 $\xrightarrow{\text{associated}}$ O $\xrightarrow{\text{direction}}$ B (goal)
- ② Content
- ③ Possession → own possession/control
- ④ Stream ↳ Tempo → Flow
 ↳ Continuity →

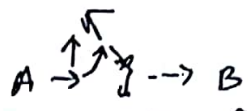
Form (association, direction ⇒ Thus logical sequence)

↳ Formal Thought Disorder. (FTD) (In Schizophrenia)

↓

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

DISORGANISED SPEECH



Loss of association → Incoherence, Incoherent talking.

Derailment → A → B [direction is lost]

Tangentiality → [Touching the answer but not what was required]

Neologism → creating ones own language.

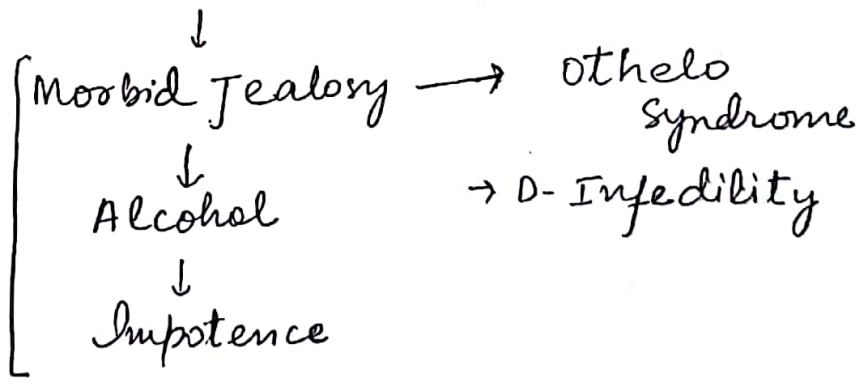
Verbigeration → Senseless Repeation of words or phrases

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

② Content

[Delusion is disorder of thought & content]

- ↓
- Delusion → False belief
- Firm/ fixed
- out keeping educational + Cultural background
- morbid origin - (Illogical)



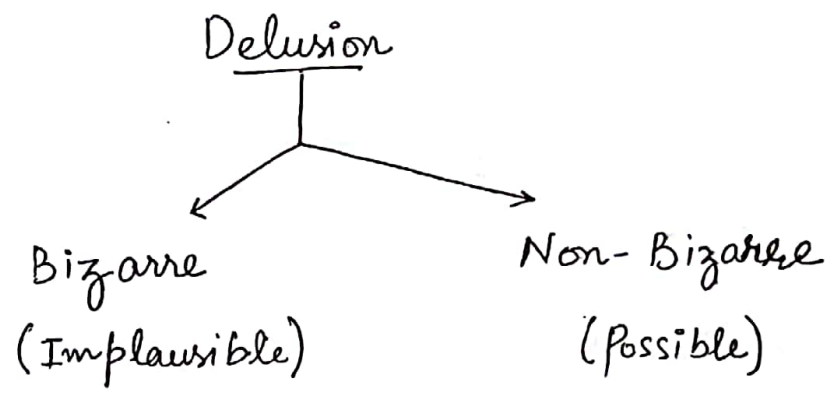
Types
 Delusion of Reference } Important person is me. 5

People are planning
 Conspiracy against me → Persecution } Part of schizophrenia
 Supremacy → Grandiosity } Part of mania

Guilt + Sin } Part of Depression
 Denial of existence → Nihilism

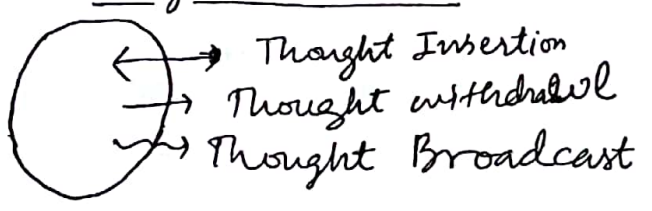
↓
 Denial of existence
 [COTARD SYNDROME]

[ENORMITY] → small actions causing a big catastrophe.
 ↳ Not included in Nihilism.



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

Thought alienation



Delusional Misidentification Syndrome

Capgras → Family persons → unknown

Fregolli → Strangers → familiar (delusion of double)

Intermetamorphosis → ^{Thought of} Swapping the identity to damage the patient

Mirror self misidentification → Mirror self-
disidentification

Reduplicational Paramnesia → [Living at home
but denies that fact]

③ Possession of thought disorder ⇒

- Insertion
- Withdrawal
- Broadcast

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

OBSESSION

Own thoughts, Irrational,
ego dystonic (egoalien)
(unwelcome)
↓
ego syntonic (welcome)

- Repeat,
- Patient resists the thoughts
- Distress - ≥ 1 hour - 2 weeks
- Not enjoyable

If Thoughts are syntonie \rightarrow patient does not come for Treatment
 ↓
 Personality disorder

Magical thinking

Actions & words assume power.

↓
 [Schizotypal personality disorder.]

Ambitendency

not being able to complete an action
 \rightarrow 2 step forward
 \leftarrow 2 steps backward.

Ambivalency \rightarrow Thought process for ambitendency.

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

R_x for obsession
 ↓
Medication

- SSRI (Fluoxetine)
 (Fluvoxamine)
- TCA (Clomiprazine)

Fluoxetine \rightarrow $t_{1/2}$ 3-4 days
 ↓
 Less serotonin withdrawal is seen.

Compulsion
 ↓
Behavioural Therapy.

ERP

No results



Risperidone (Augmentation)



ECT



Psycho Surgery (Last Rx)

(Anterior Cingulotomy
or
Capsulotomy)

ERP → Exposure + Response

Prevention

D/O (disorder of)

STREAM OF Thoughts

① Tempo → Flight of ideas → Mania

↑ Prolivity → Hypomania

↓ Retardation/Inhibition

↳ depression

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



② Continuity → Thought block.

Preservation

~~Thought block~~

~~Preservation~~

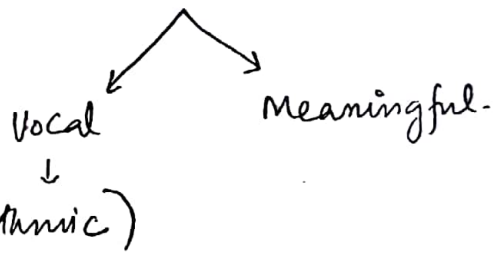
Thought block A → (X) B

Persereration → 1st 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



Prolixity

Speaking Rapidly (N) association

Circumstantiality

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

Perception disorders



False

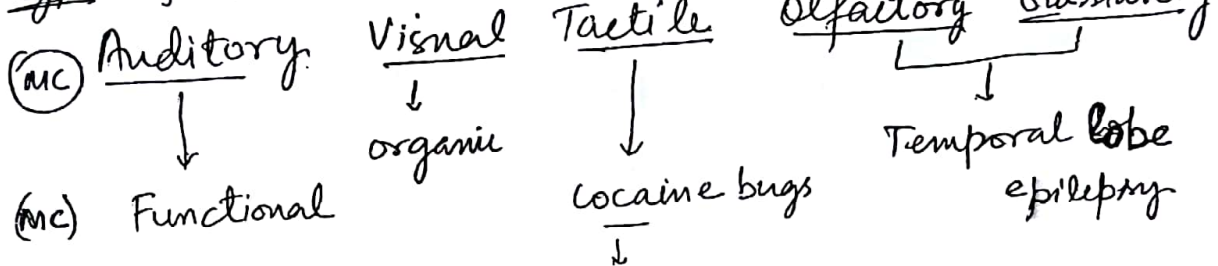
↳ Independent of will

Miss interpretation of a stimuli

Perception

↳ out presence of object. or stimuli.

Types of Hallucination



Cocaine also causes delusion of persecution

Pseudo hallucination

Insight is Present

Unreal

Subjective

True hallucination

Insight is absent

Real

Objective

]] [Patient terms]

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

Phantom limb is an example of True organic Hallucination

Special hallucination types

① Reflex

Different modality
↓
Synaesthesia

LSD (colours → speak)
↑ ↓
Stimulus False
 Perception

⇒ [Stimulus & false perception are of different modalities.]

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

② Extra campine Hallucinations

↳ outside the units of sensory field.

Functional

Same modality:

↓

⇒ [Stimulus & false perception belong to the same modality]
(e.g. both are auditory)

ExtraCampine \Rightarrow Beyond sensory organ limitation

Autoscopy \Rightarrow

Internal Autoscopy

e.g Person perceives images of the food deglutated & which is traveling through alimentary canal.

Negative Autoscopy

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

Types of auditory hallucination

1st person Hallucination	2nd person H.	3rd person H.
\downarrow	\downarrow	\downarrow
Own thoughts as voices from outside	Person speaking in one ears	\Rightarrow 2 persons speaking in ears
\Downarrow	\Downarrow	
<u>Thought ECHO</u> Audible thoughts	<u>Command Hallucination</u>	<u>Running Commentatory</u>



Mood

⇒ Pervasive, Persistent
state of mind

⇒ Inner, subjective

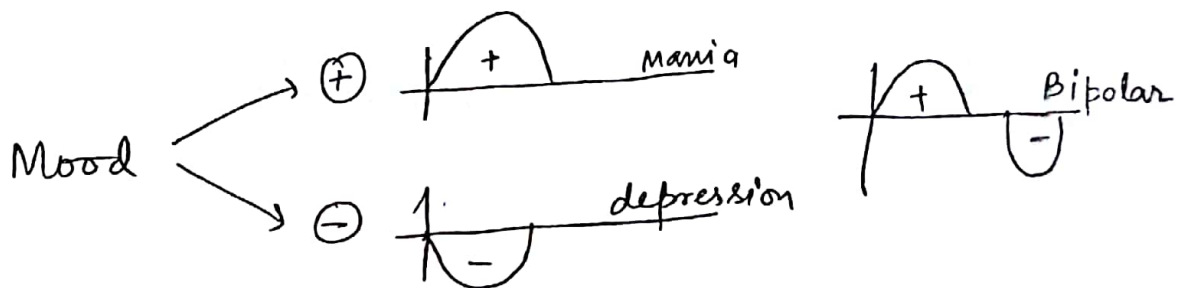
Affect

⇒ Emotional Response to a
stimuli

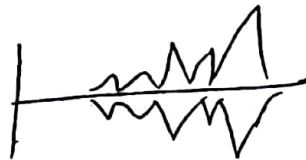
⇒ outer, objective

Adjustment disorder

↳ Stress due to outcome. [students suiciding
after bad results]

EmotionAFFECTIVE REACTIVITY

Emotional reaction to a stimulus



Labile effect — Rapid urge of emotions

Affective flattening — Schizophrenia

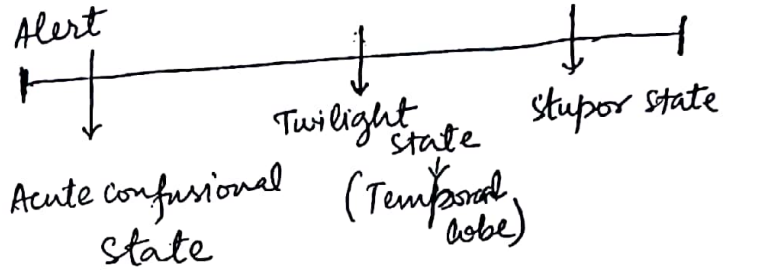
Alexithymia — Inability to express emotions

BEHAVIOUR

Cognition [Higher mental function & abilities]

① Orientation (T.P. Person).

1) Alertness



② A/c ⇒ 100-7 = 93

(Attention/concentration)

Attention maintained for period of time

Concentration

③ Memory

Immediate

For Seconds

Delirium

[Registration & Recall]

Recent

For minutes

Amnestic syndrome

Korsakoff Psychosis

Question about recent meals

Remote memory is also affected

Remote

Months - years

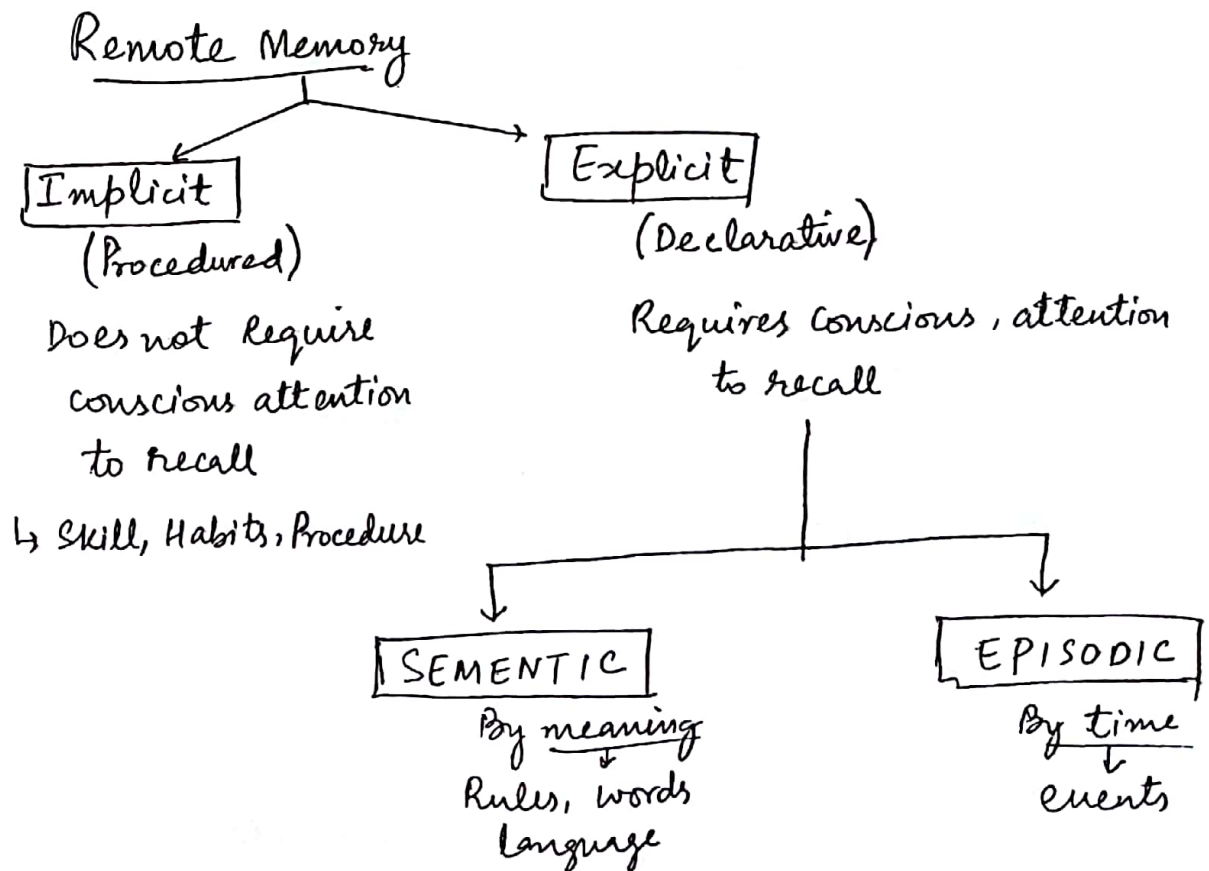
Dementia

Has both Recent & old memory components
e.g. School Teacher

Abstract
 Asking patient
 ⇒ In depth meaning
 (Proverbs)
 ⇒ Moral of the story
 ⇒ Similarity ⊕
 e.g. Table/chair
 Cow/buffalou

Concrete
 Literal meaning.

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



Behaviour disorders

Psychosis

Delusion

Hallucination

Disorganised behaviour

Insight is absent

Neurosis

Anxiety

OCD

Phobia - Irrational fear

Insight is present

Organic disorder

Etiology is present

visual hallucination

Functional disorder

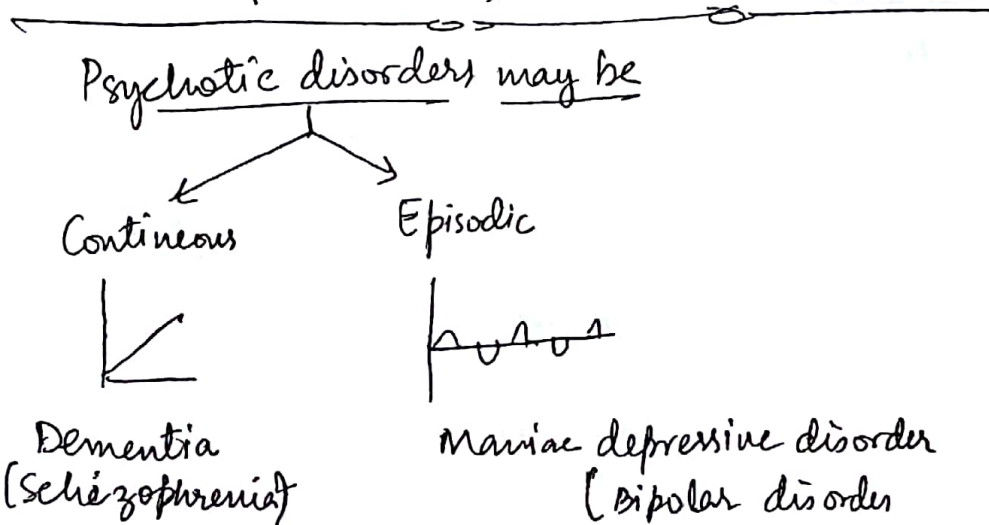
Etiology not clear.

↳ Purely on diagnostic criteria

Auditory hallucination

Onset

Sudden or abrupt
(< 48 hours)



Schizophrenia

17

^{Term} = Dementia Praecox — BENEDICT MOREL

↓
[deterioration of Personality in adolescence]

Emil Kraepelin → Psychotic patients

↓
Course of illness.

← Continuous

Dementia Praecox

→ Episodic

MDP
(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{x} Effect
[NO
correspondence]

Behaviour \xrightarrow{x} emotions

e.g. Crying on a ~~good~~ good
moment
or Laughing on sad moment.

Autistic Behaviour

Autism

↓

Leokanner 1943

[< 3 years age]

Communication (language)

Social Interaction (eye-eye contact)

Stereotyp , 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

⑦ - Somatic Passivity

↓
Body activity controlled by someone (who is active)

⑧ - Delusional Perception

↓
illogical meaning to normal perception

e.g. hearing of ~~the~~ march past of army - pt thinks they are coming to kill him.

⑨ - Control/made phenomenon

Thought of - "someone" making to do me

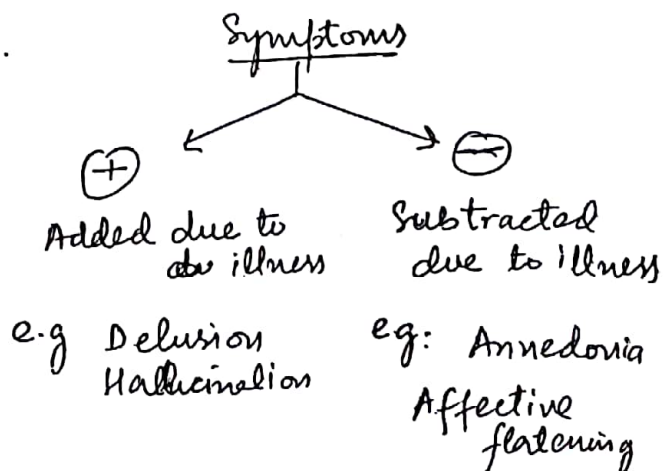
⑨ Affect → emotion

⑩ Volition (Action) [controlled by others]

⑪ Impulse (

Diagnostic criteria of schizophrenia

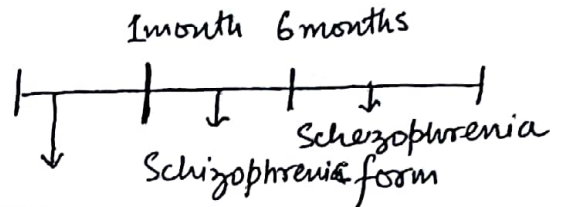
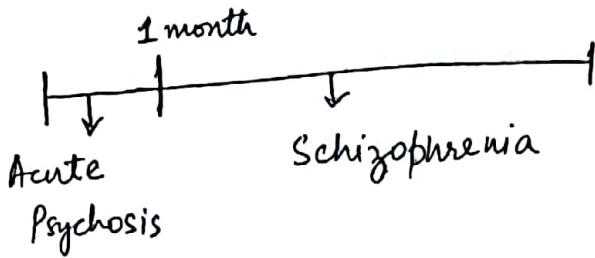
- ① Delusion
- ② Hallucinations
- ③ Disorganised speech
- ④ Disorganised behaviour
- ⑤ Negative symptoms.



Diagnosis

ICD-10 (WHO)

DSM 5/IV (APA)



BPD
(Brief Psychotic Disorder)

No. of chapters in ICD10 - (22)

Chapter for mental illness - (V)

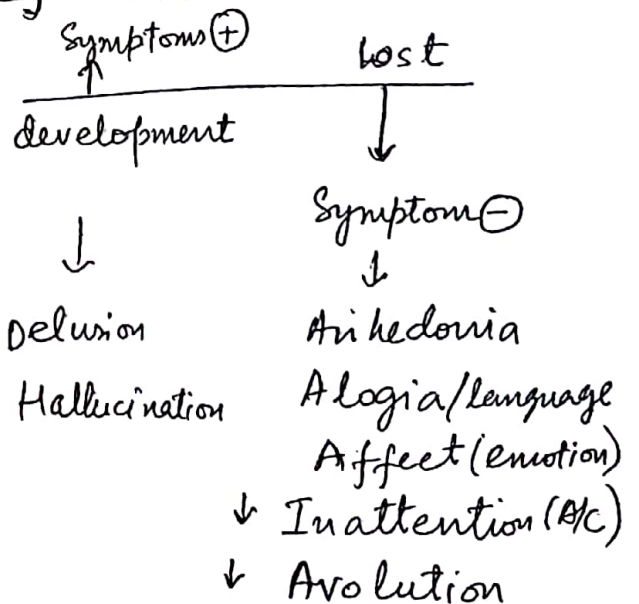
No. of Axis in ICD10 - (3)

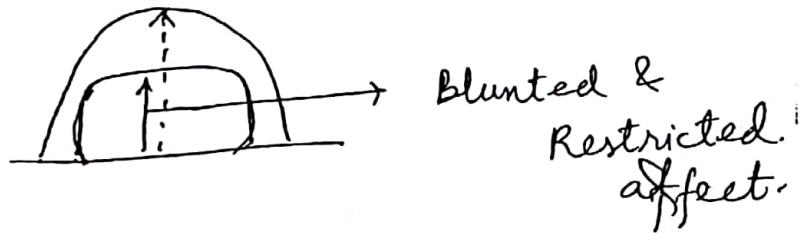
Alphabet for psychiatric illness - (F)

F = Functional

If a patient is suffering from delusion, → (Bizarre)
Hallucination → (Auditory)
disorganised behaviour (catatonia)
disorganised speech (neologism)
Negative symptoms

TJ Crow



EmotionFlat (affective flattening)Blunted / Restricted affect

Types of Schizophrenia

<u>Paranoid</u>	<u>Hebaphrenic</u>	<u>Catatonia</u>	<u>Simple</u>
D+H	↓ Disorganised personality (Mood) (giggling/grimacing)	Motor	-ve Symptoms
Commonest	early onset	R, BZD (Lorazepam)	1 year
Late onset		ECT	
good Prognosis	early/poor Prognosis	Best Prognosis	Worst Prognosis
Personality intact	In appropriate effect, Mirror effect	Anti psychotics not given.	
	↓		
	Personality deterioration is maximum		

Catatonia (abnormal motor symptoms)

Signs

Depression ⊕

Waxy flexibility }
 Catalepsy } doctor does it
 and patient maintains it.

Rigidity }
 Posturing } Patient did
 it himself & retains

Echolalia } Repetition of words.
 (Bizarre position)
 Echopraxia } Repetition of action.

Stereotypy }
 Mannerism } Autism

Negativism → Not obeying the commands

Gegenhalten → Proportionate Resistance

Mutism

Stupor → Only Responds to painful stimulus.

[Stereotypy → Repeation of non goal directed.

[Mannerism → Repeation of goal directed.

↓
 But Repeation makes it senseless

1st line of Rx → Lorazepam → ECT.

Antipsychotics - NOT Required

Onesriod → Dream like

Vongogh Syndrome → Self mutilating in schizophrenia.
↳ cut his one ear.

Genetics

Incidence

0.5 to 5/10000

Prevalance

General population - 1% ^a

Sibling → 8%

Dizygotic twin → 12% ^a

Single parent → 12%

Both parent ⇒ 40%

Monozygotic ⇒ 47% ^a

↳ A Heritable psychotic disorder.

Biochemical

Neurotransmitter Responsible → Dopamine ↑
(+ve symptoms)

Meso limbic

↓

Responsible for
delusion
Hallucinations

Serotonin ↑
(+ve/-ve)

↓ NE → Anhedonia

↓ GABA, ↓ ACH, ↓ Nicotine

Substance use → 90% → Tobacco → improves cognition
 40% → Alcohol ↓
 ↓ +ve symptoms.

Mc premature cause of death in schizophrenia
 is Suicide

20-50%

attempts

10-30%

(command hallucination)

5-6%

(DSM-5)

Command hallucination

Depression ↑

Clozapine is an antisuicidal, antipsychotic

2/3 patients → visit \bar{c} in < 72 hrs.

Delusional disorder

Single
Delusion (non Bizarre)

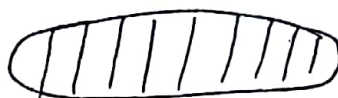


apart from belief
pt. is functionally (N).

DSM 5 ICD 10
1 month 3 months.

Schizophrenia

Multiple (delusions
+
Hallucination)
Bizarre ≠



Morbid Jealousy

Grandiosity

Persecutory

Erotomania → De Clérambault syndrome
↳ [delusion of love]

Somatic → Halitosis → Bromosis

Paratosis (Worth) [Ekblom syndrome]

Body Dysmorphophobia

Post partum Psychosis

Baby Blue

30-75%

Commonest

Mood swings

Recovers < 2 weeks

Reassurance

Depression

10-15%

> 2 weeks

Guilt & suicidal

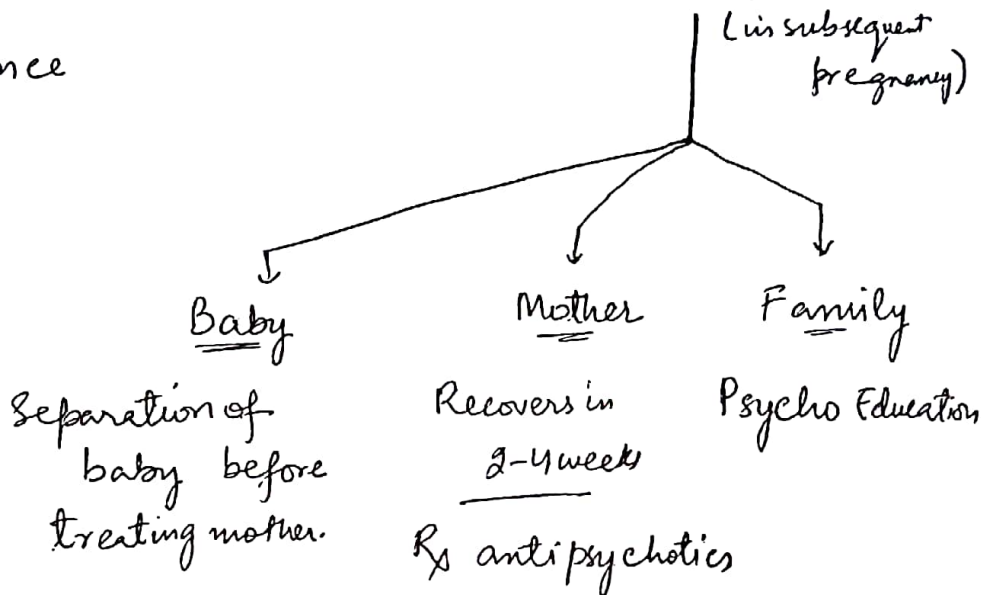
Psychosis

Suicidal 5%

Infanticide - 4%

Relapse = 50-60%

(in subsequent pregnancy)



Rx Atypical - Risperidone, olanzapine

Typical - Haloperidol

↓
Clozapine - Most effective, treatment

Resistant schizophrenia
Antisuicidal

II line Rx : It causes Agranulocytosis
- Seizures (Rx in valproate)
SIALORRHOEA

Clozapine + Antipsychotics

↓
ECT

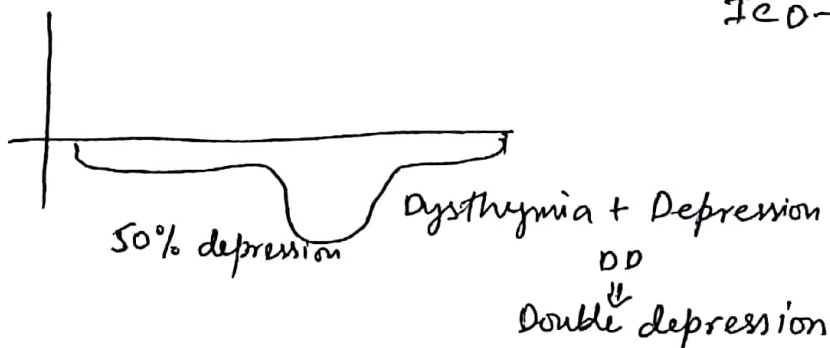
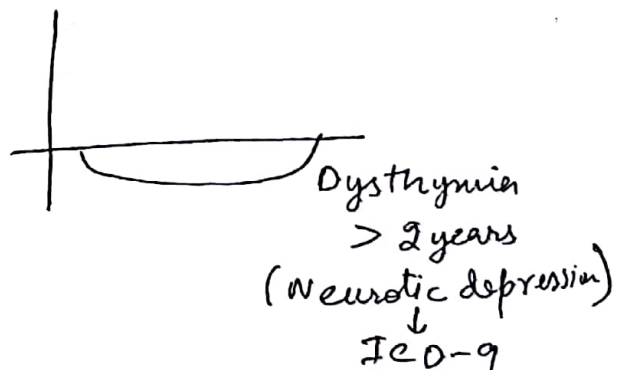
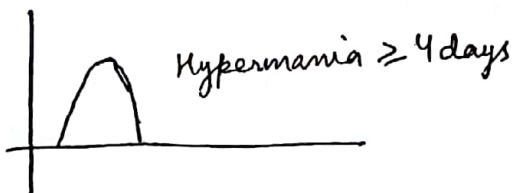
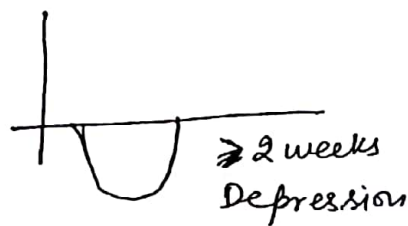
Psychotherapy cognitive Remediation

Family oriented therapy

Social skill training

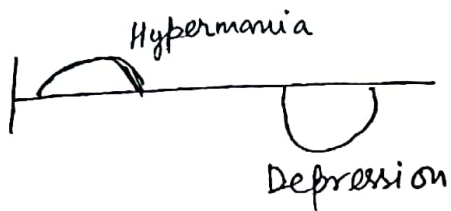
Psycho. education

Mood Disorders

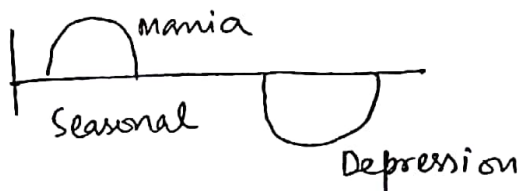


BIPOLAR

BPAD I (Bipolar polar Affective disorder)



BPAD II



SAD (Seasonal Affective Disorder)

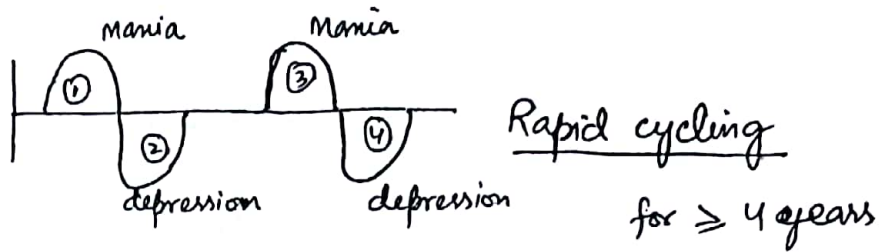
Rx - Light therapy
1,500 to 10,000 LUX.
(1-2 hrs) (DAWN)



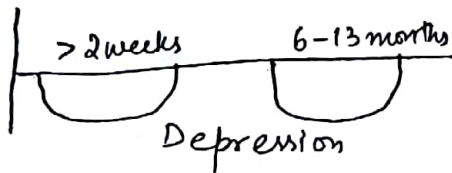
Cyclothymia

Patient is moody
interpersonal difficulties

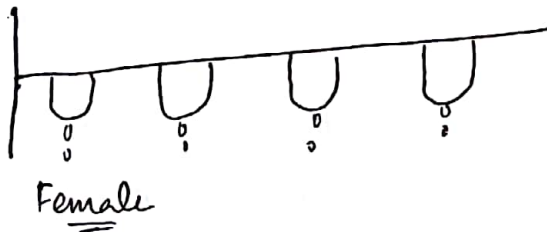
↓
Difficulty in maintaining
job, marriage, friendship



Rx Sodium valproate (Toc)
Carbamazepine
Lithium .



Unipolar depression



PMDD

Pre Menstrual Dysphoric
Disorder

10-15%

Menarche - Menopause

(N) 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
+ Antipsychotics.

Female + Pregnant → Antipsychotics

Mood Stabilisers

Lithium

T.O.C. for - Euphoric mania
(Happy)

Prophylaxis - 0.6 - 1.2 meq/L

Therapeutic - 0.8 - 1.2 meq/L

Haemodialysis - 2 meq/L

Valproate

T.O.C. for Dysphoric mania
(Anger)

↳ Acute mania

↳ Alcohol

↳ Rapid cycling

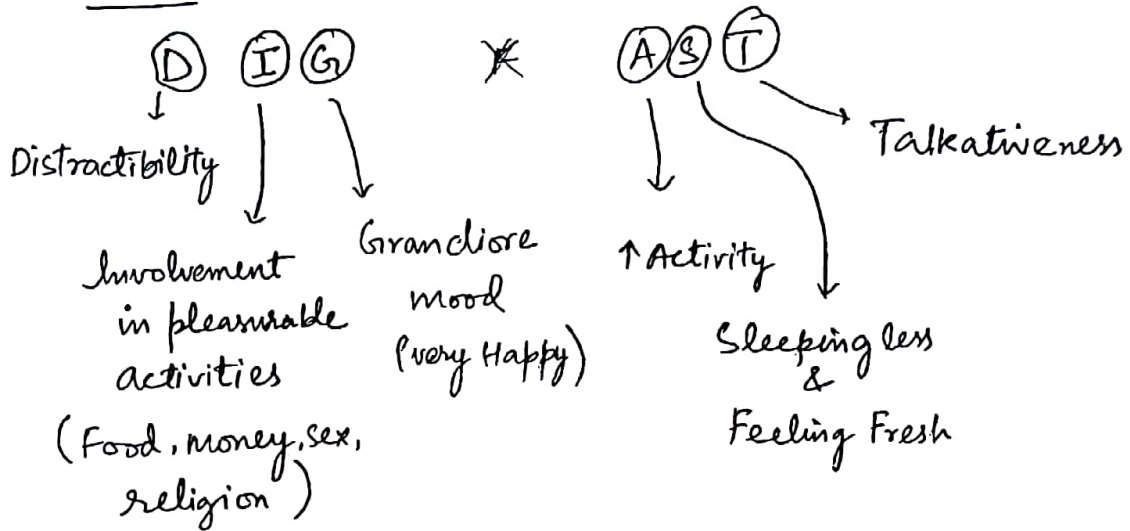
↳ Anxiety.

Pre lithium Investigations ^{Check} ⇒ TLC, DLC, (∵ it can
cause
Thyroid disorder Leucocytosis)
RFT, Cardiac profile

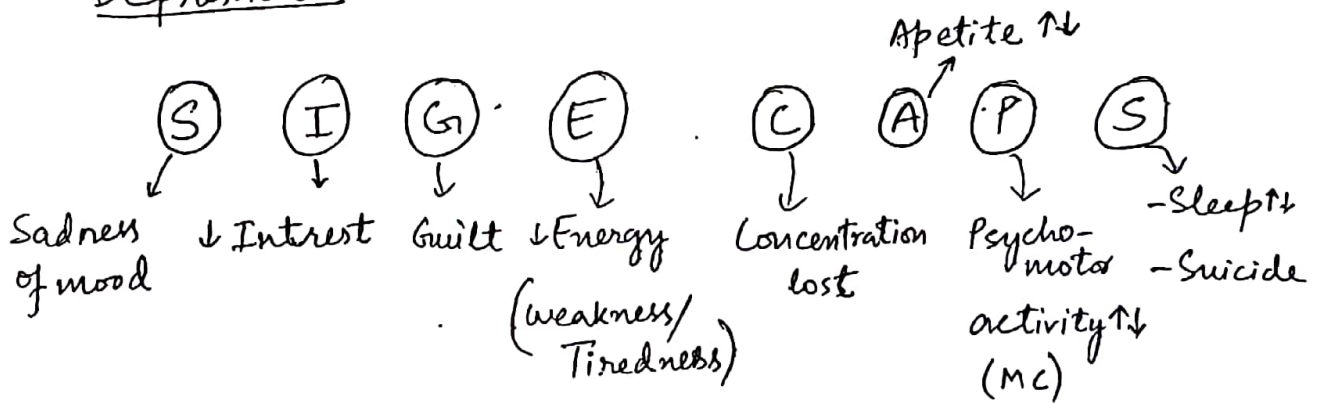
Schizo-Affective disorder:



Mania



Depression



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

Peri partum

Catatonia - (mc in depression)

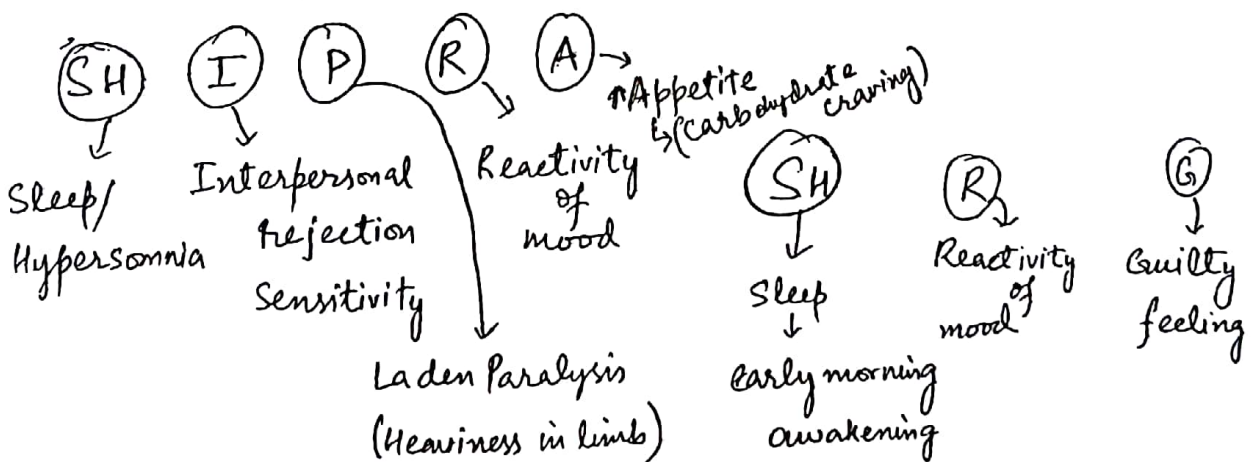
Mood congruent / In congruent
(delusional reference)

Atypical

Melancholic
(endogenous)

Atypical Depression

Melancholic Depression.



Cognitive Triad of depression. (A.T. Beck) A.T. BECK

Negative Thinking of :-
 { Hopelessness :- Future → ~~Quick~~ Suicide
 Helplessness :- Environment, world
 Worthlessness :- Self

Cognitive Therapy → A.T. Beck.

Cognitive Distortion

Magnification (mal adaptive 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 - ↓ 5HT AA

Paradoxical suicide

Para suicide → Cutting (Borderline Personality Disorder)

Depression & Suicidal tendency → "ECT"

Risk factors

· Males - (4:1)

> 45 years

Unemployment

Past H/o suicide

Helplessness, Alcohol

Chronic illness

Patients committing suicide have psychiatric illness

M/c cause of suicide →

80%	- Depression
25%	- Alcohol
10%	- Schizophrenia
5%	- Delirium + Dementia

Defence mechanism of depression is Introjection of departed object

Neurotransmitter \rightarrow \downarrow 5HT, \downarrow DA, \downarrow NE

(Triminogenic Therapy)

\uparrow ACh

\uparrow Glutamate

Rx of depression - Anti psychotics

DOC - SSRI

M effective TCA

Psychotherapy - CBT

Somatic modality

Invasive

DBS \rightarrow Deep Brain Stimulation

VNS \rightarrow Vagal Nerve Stimulation

CBS \rightarrow Cortical Brain Stimulation.

Non Invasive

ECT \rightarrow Gold Standard.

RTMS \rightarrow Repetitive Trans Magnetic Stimulation

Stimulation

MST \rightarrow Magnetic Seizure Therapy

CNS \rightarrow Cranial Nerve Stimulation

ECT Electroconvulsive Therapy (1938)

Started by Cerletti BINI

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

↓ GA. [Propofol]

Electric current → seizure if ≥ 180 sec
of ≥ 25 sec
↓ IV
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 \Rightarrow Somatization
 Personality D/O (Borderline)
 Anxiety D/O

Sign of depression \Rightarrow Otto von Guericke
 Omega Sign

Neurotic disorders

Anxiety disorder $\left\{ \begin{array}{l} \text{Phobia} \\ \text{Panic} \\ \text{GAD (Generalized Anxiety D/O)} \end{array} \right.$

OCD & related disorders

Conversion Hysteria

Dissociative disorders

Trauma & stress related disorders

Somatic symptoms & related D/O

Neurotransmitters involved

GABA

↓

Rx BZD

NE

↓

β-blockers

GABA → Anxiety
Nervousness

NE → Palpitation
SOB
Heaviness of chest

Phobia

Specific

↓

↳ Claustrophobia

↳ Closed Space
Acrophobia (heights)e.g. MRI/CT room
Lift

Social

↓

Scrunity

Agoraphobia

↓

Means market place

Fear of

↳ Open spaces

Crowded spaces

(where escape
is difficult)

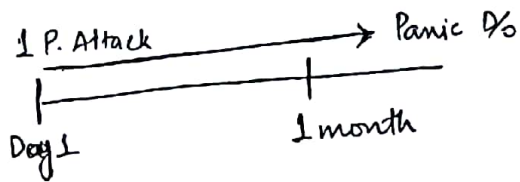
Enchored spaces

(e.g. metro, Bus,
plane)

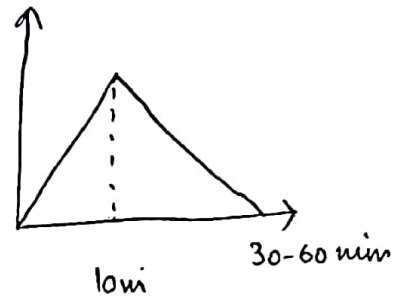
Irrational fear of a stimuli, object,
situation or a person.

Panic D/o

Panic D/o



Panic attack
↓
(alprazolam)



Symptoms of palpitation

Stimuli
is
absent ⇒ [out of blues]
[Impending of doom]

↳ SOB

Heaviness of chest

MC. Comorbidity

is Agoraphobia

DOC for Acute anxiety ⇒ BZD

DOC for Chronic anxiety → SSRI

Generalised Anxiety Disorder. (GAD) (Day to day worries)

Symptoms

Apprehensions

Fatigue, ↓ Concentration, Sleep, Anxious,

Muscular tension

Diagnosis made after 6 months

Rx of Choice → 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

I_{nv} = 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
Unconscious mind.

In 1900 → [Interpretation of dreams] book

Primary process of dreams.

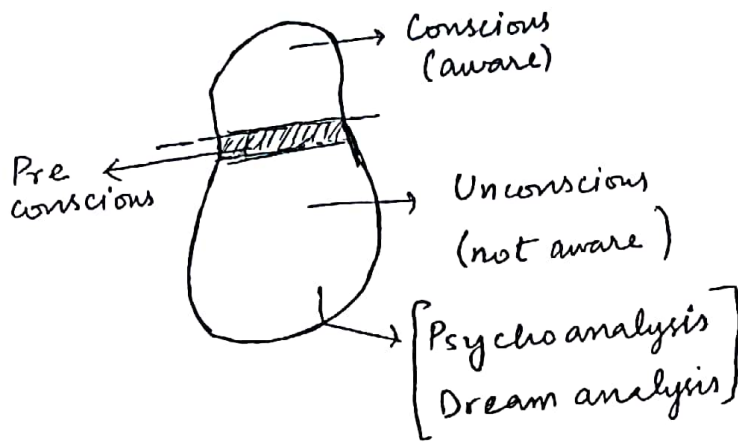
↳ [Displacement]

↳ [Symbolic Representation]

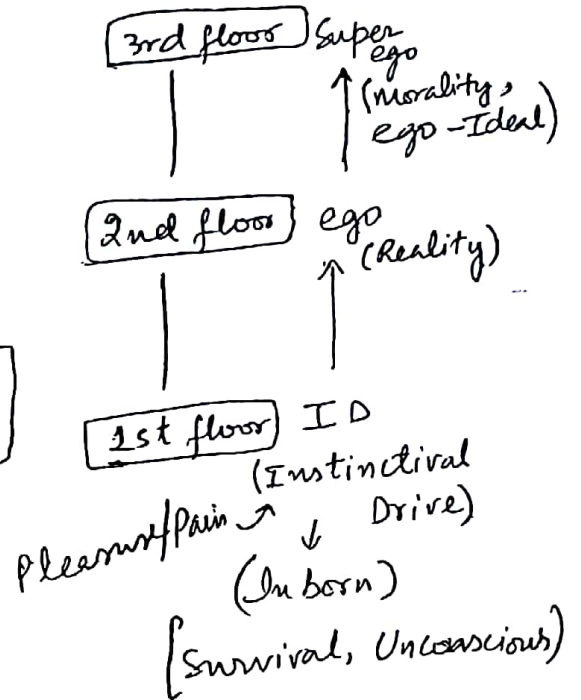
↳ [Condensation]

Theories of mind

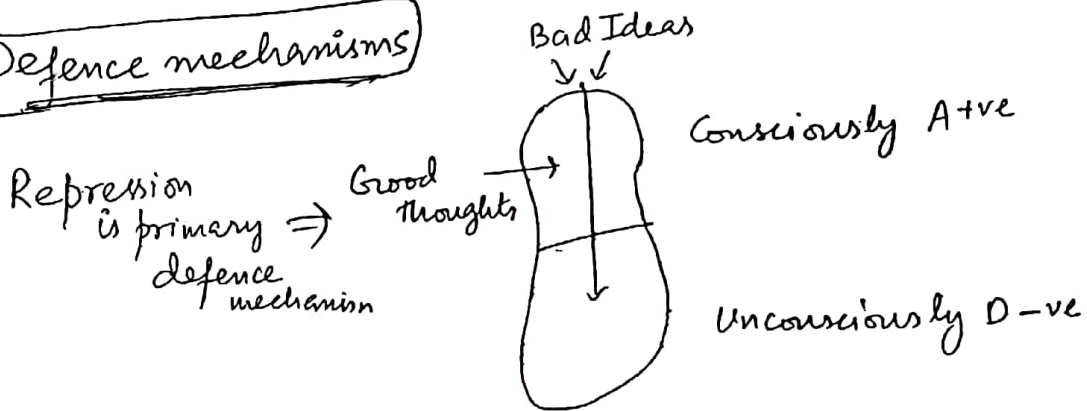
Topographical Theory



Structural Theory

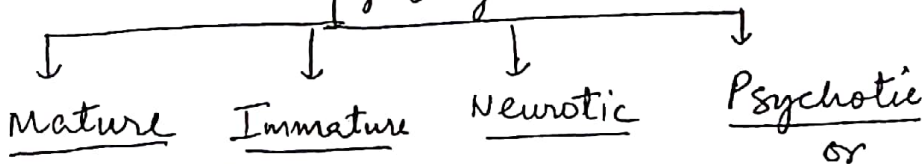


Defence mechanisms



Repression [unconscious forgetting]

By George Valiant



- S - Sublimation
- S - Suppression
- A - Altruism
- Anticipation, Ascertainment
- H - Humour

Suppression → waiting of right moment.

Altruism → Helping others

Anticipation → Anxious-ness helps to perform better.

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

Immature defence mechanism

Fantasy

Somatisation (expressing emotions via physical complaints)

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

Interjection/Identification
copying others

Passive aggression

e.g. harming any person who was harming you in indirect way to get satisfaction.

Acting out

↳ 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

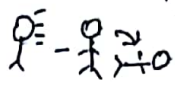

Reaction formation → Action \rightleftharpoons Reaction.

Rationalization → Blaming others

Conversion → (Hysteria)

Dissociation

Conversion (Hysteria)

↳ Primary gain  [Cut secondary gain]
 ↳ Secondary gain  [Aversion Therapy]
 ↳ (Painful stimulus)
 Narco analysis

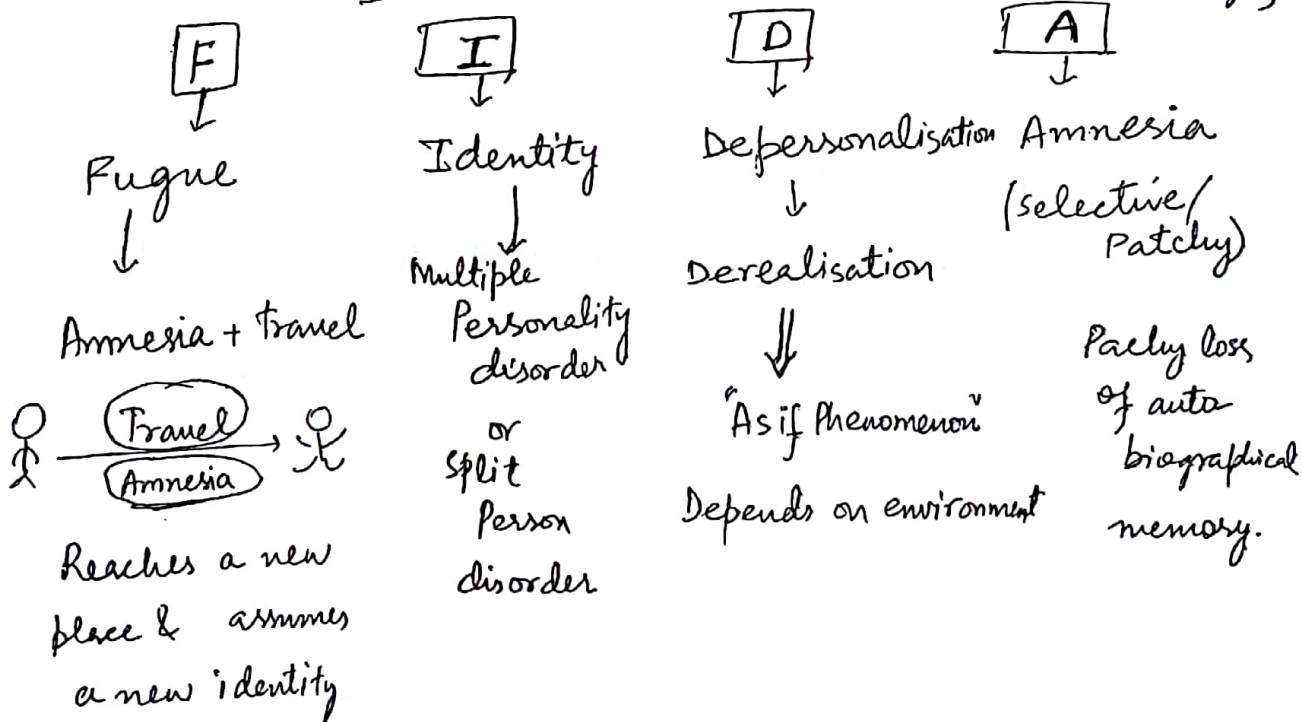
La balle Indifference

or
 Drug Induced Interview

(BzD, Barbiturate) - Thiopentone Na
 ↓
 Truth serum
 ↓
 Diazepam
 Lorazepam
 Midazolam

Dissociation


(dissociative amnesia) → [Skipping the uncomfortable feelings]



Malingering (Munchausen Factitious)

	C/D/S	Factitious	Malingering
Symptoms	Unconscious	Consciously Faking	Consciously
Gain	Unconscious	Unconscious ↓	Conscious

abnormal sick role

Iron grid abdomen 

Pseudologia Fantastica

Due to

↓
Sexual abuse
Physical abuse
or
Isolation

↳ Fantastic lie which
people believe

Granser Syndrome

Approximate answering (Paralogia)

↓


2 + 2 = 5

↓

grass = Blue

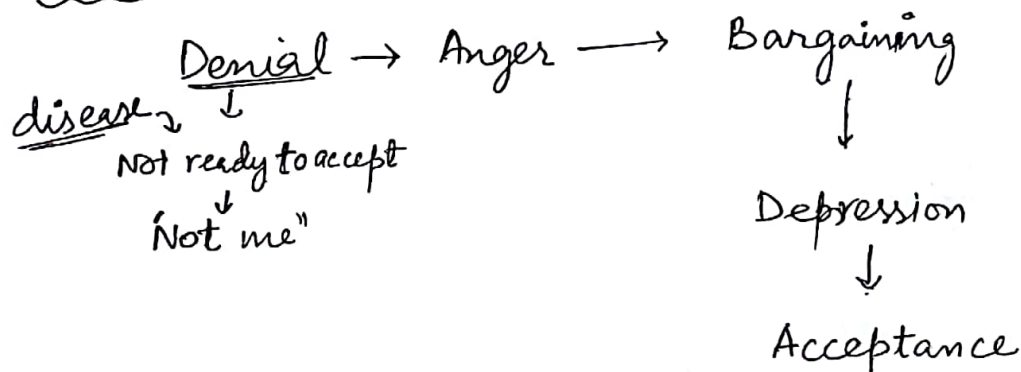
Psychotic or Narcissistic analysis

Denial \Rightarrow No conviction / Deny the Reality

Distortion \Rightarrow  Body Image distortion.
(Anorexia Nervosa)

Projection \Rightarrow

Elisabeth Kubler-Ross

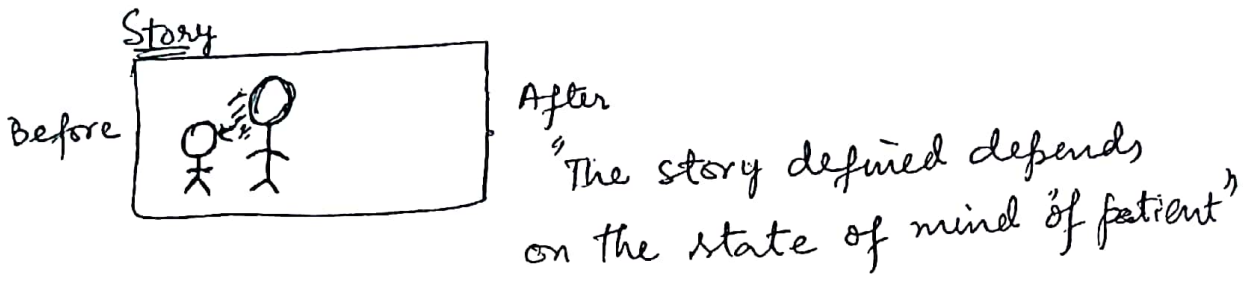
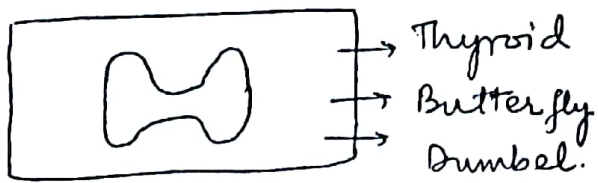


Projection

In Rationalisation
there is acceptance

Projective Personality Test

- \rightarrow Rorschach Inkblot Test (Red & black ink)
[Symmetrical]
- \rightarrow Thematic apperception Test
- \rightarrow Sentence completion Test
- \rightarrow Draw a person Test
- \rightarrow Word-association



Psychoanalysis

Childhood Repressed Memory

[Unconscious conflict]

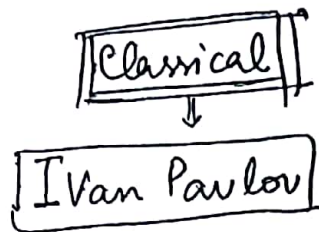
Transference → Patient %

Counter transference → Doctor (not acceptable)
↳ overcaring towards patients

Free association → method of taking information from patient freely.

BT

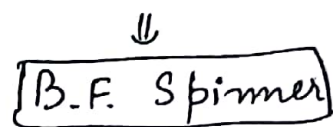
Behaviour Therapy



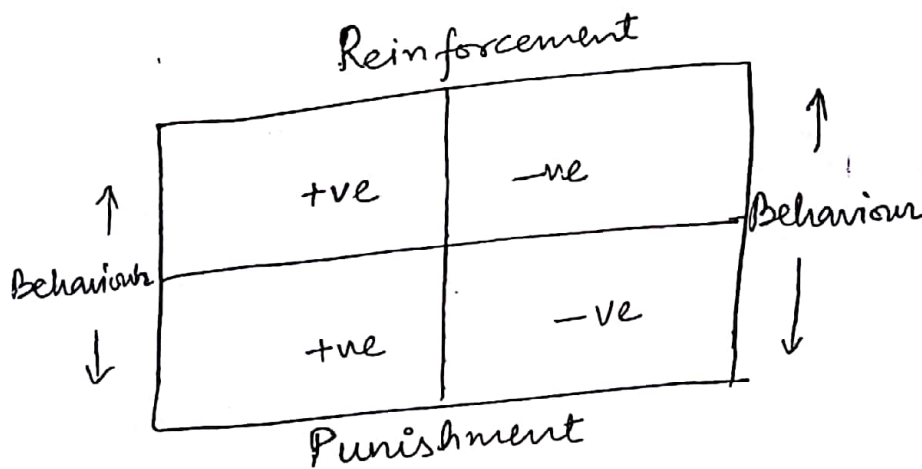
Stimulus
+
Combination.

Operant Conditioning

or
Instrumental



Response
+
Consequences



Contingency

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)

3-5y boy → mother
+
Father ↗

Electra complex - Female ⇒ Envy of penis

Identification by idealising

Latency → ⇒ Boy → Father
Girl → Mother

OCD & Related disorders

Trichotillomania → Pulling of hair

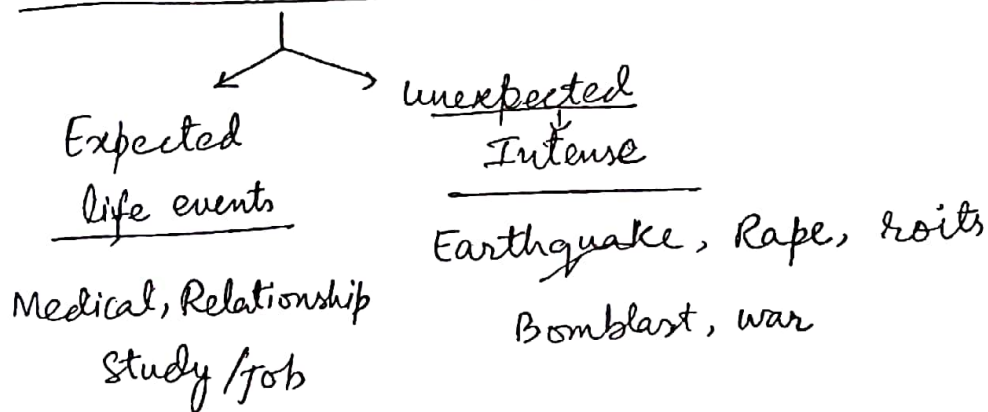
Hoarding → emotional value of useless things

Excoriation → Skin Picking (Acne picking)

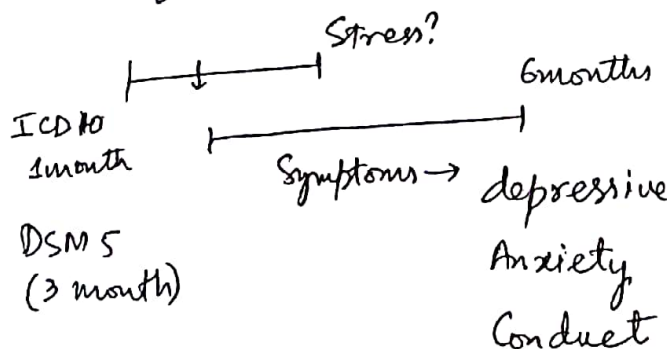
Body dysmorphic disorder - feeling of body part/appendage being disfigured
 ↓
 goes for treatment

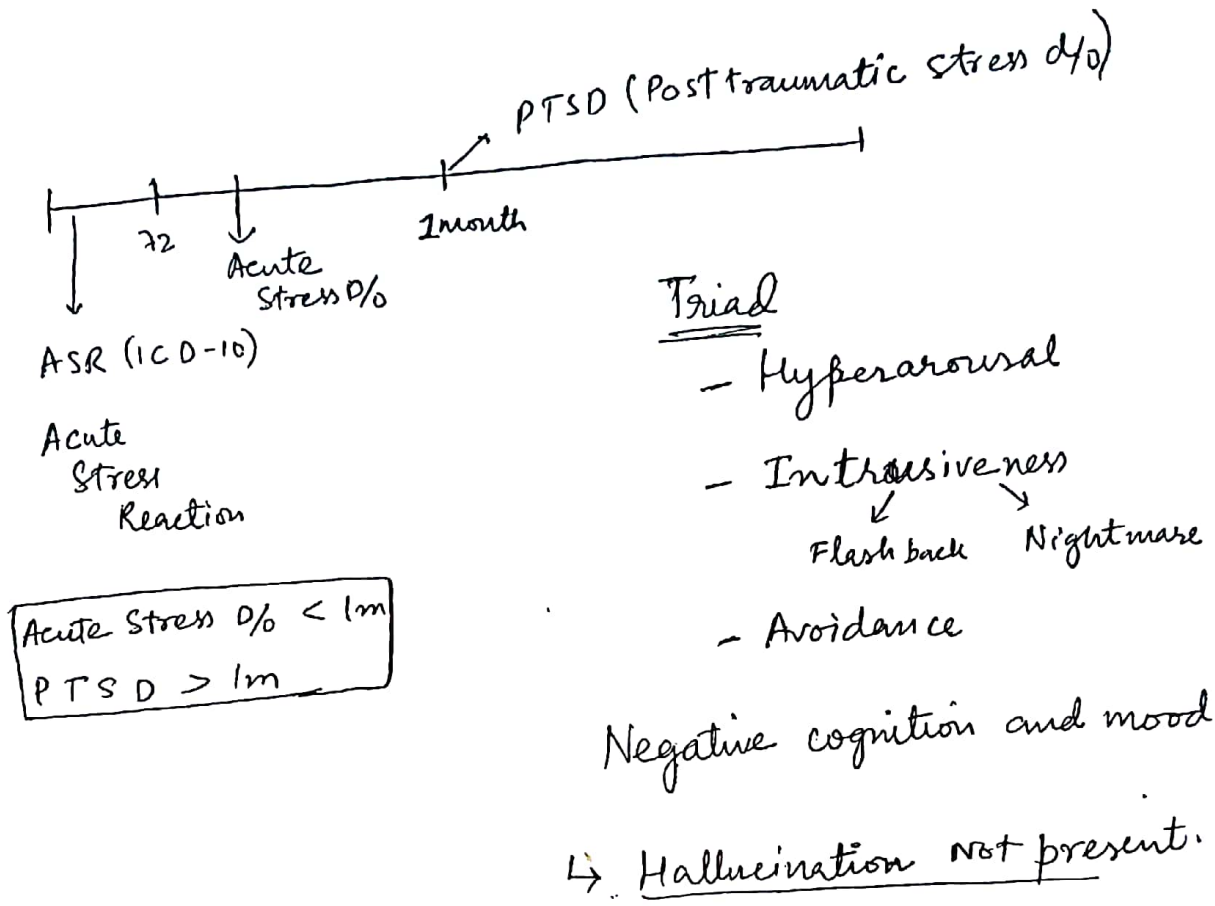
MC - Hair
 nose

Trauma & Stress Related D/O



Adjustment disorder





Treatment

Psychotherapy.

PTSD

— Rx

Pharmacotherapy (SSRI) + CBT

EMDR (eye movement Desensitisation Reprocessing)

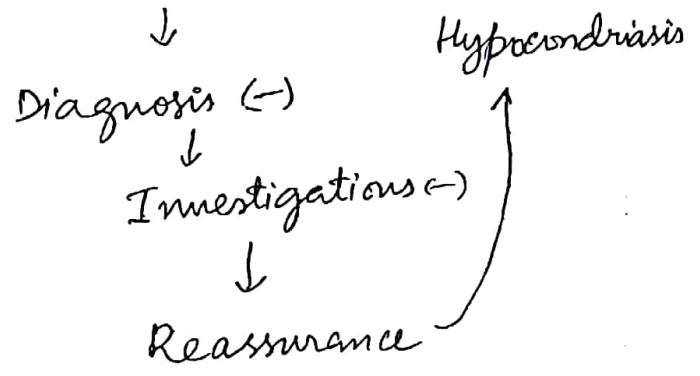
Debriefing

Somatic Symptom Related D/o (DMS5)

Illness anxiety D/o (Anxiousness due to fear of illness)

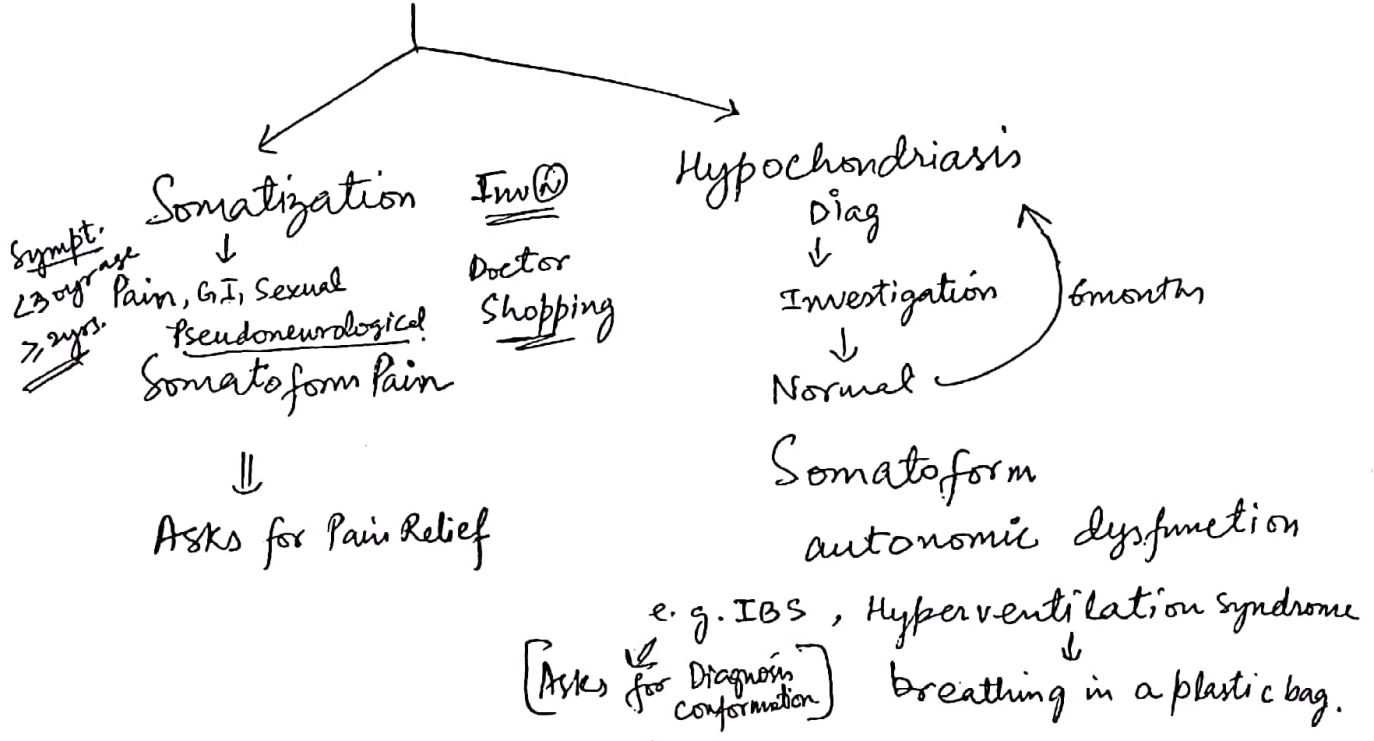
Somatic symptom D/o (anxiousness due to fear of illness)

Symptoms +ve



Pain D/o → due to emotional conflict.

Somatiform D/o (DMSIV)



Culture bound Syndrome

Dhat Syndrome → Semen in urine

Anoche → Running & killing way, Suicide/forgit

Koro → Size of penis is reducing & going in abdomen → die (epidemic)
[GENITAL RETRACTION SYNDROME]

Latah → Screaming, cursing, dancing
Uncontrolled laughter.

Eating disorders

ANOREXIA NERVOSA

F:M = 10:20:1

Underweight (≤ 85% ideal) of (N)



Anorexia Binge Compensatory

Cal/ent
(300-500 kcal)

eg. Vomiting
diarrhoea

BULIMIA NERVOSA

(N)

B ↓ C ↓
Binge Compensatory

BED (MC)

[BINGE Eating DS]

overweight

NO compensatory

↓

Anorexia Nervosa
Body Image distortion

Types → Binge
 → Restriction

≤ 85% (weight loss)

14-18 yrs

Fear of fat

Profession - Modelling
 Heroin

Amenorrhoea ≥ 3 months

100% females

Peculiar handling of food. → (Peculiar behaviour)

Clinical signs

↑ Cortisol, ↑ G.H., ↑ Prolactin.

↓ Luteinising hormone, ↓ FSH, ↓ Estrogen.

Sometimes hypercholesterolemia

↳ Anemia, muscle atrophy, bradycardia

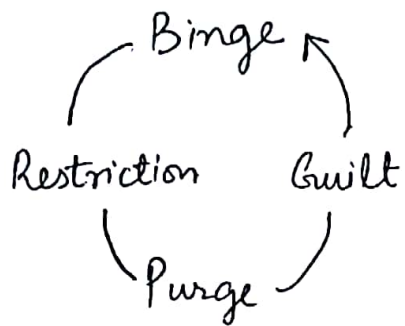
Rx

SSRI + Antipsychotic

Hospitalisation (if ≤ 80% fall of weight)

CBT, family therapy.

BINGE Eating disorder



will eat more

↓

dental caries

↓

enlarged Parotid glands

↓

Scor mark on hands due to
putting hands in mouth
regularly

↓ (RUSSELL'S SIGN)

BINGE

Rx

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/Bisexuality.

Gender Identity Disorder ⇒ ^{e.g.} Boy wants to be girl
DMS IV

↓

[dissatisfied in the allotted sex] Gender Dysphoria

DMS 5

↙ ↘

⊕ Hormonal Sex Replacement.

Sex rearrangement Sx

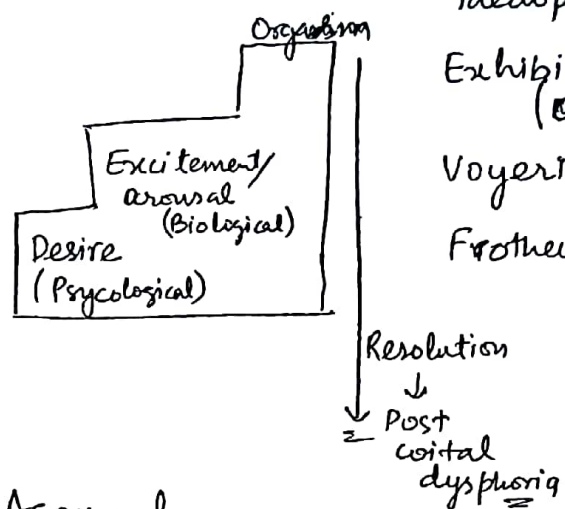
[Male trapped in female body]
[Female trapped in male body]

Abnormality in Sexual Preference

Gender Dysphoria

Sexual dysfunction

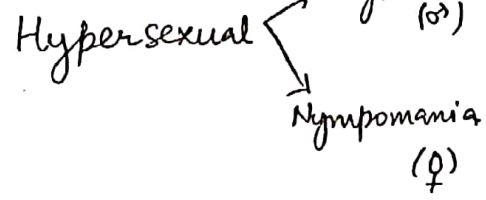
Paraphilia



- Paedophilia (mc)
- Exhibitionism (only in ~~female~~ males)
- Voyeurism (males)
- Frotteurism (males)

Asexual

Hypo sexual



Impotence

middle age

Organic Psychogenic

~~erect~~ MC vascular

Hormonal

Drug/medication

- Masturbation X
- Morning erection X
- REM Spontaneous X

50% males have apprehension.

Masturbate ✓

Morning erection ✓

REM Spontaneous ✓

Premature ejaculation
[< 1 min]

(5) (10) 15 - 20 25 min
[2 - 6 min]

orgasm is shortest

R₁
=

SSRI - SE (delayed ejaculation)

Start stop technique

Squeeze technique (Mester & Johnson)

Dual sex therapy.

Cognitive Disorder

Delirium

Immediate memory disorder

Global dysfunction

Psy (Illusion/Hallucination)
Visual

Altered Sensorium

(acute confusional state)



disorientation

to time place

& person.

Amnesic synd.

Recent memory disorder

Memory

(NO)

Dementia

Remote memory disorder.

Global dysfunction

Psychiatric

Progressive loss of memory

consciousness Intact



Delirium

(P)

Psychomotor activity.

(C)

↓
clouding, consciousness
illusion/hallucination

Transient delusion

(A)

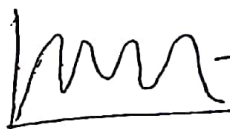
Attention

(S)

↓
Sleep

(E)

↓
Emotion



Etiology

→ onset sudden
consciousness fluctuating
Recover or die

Common in old age male → Polypharmacy

In middle age → Substance abuse / alcohol

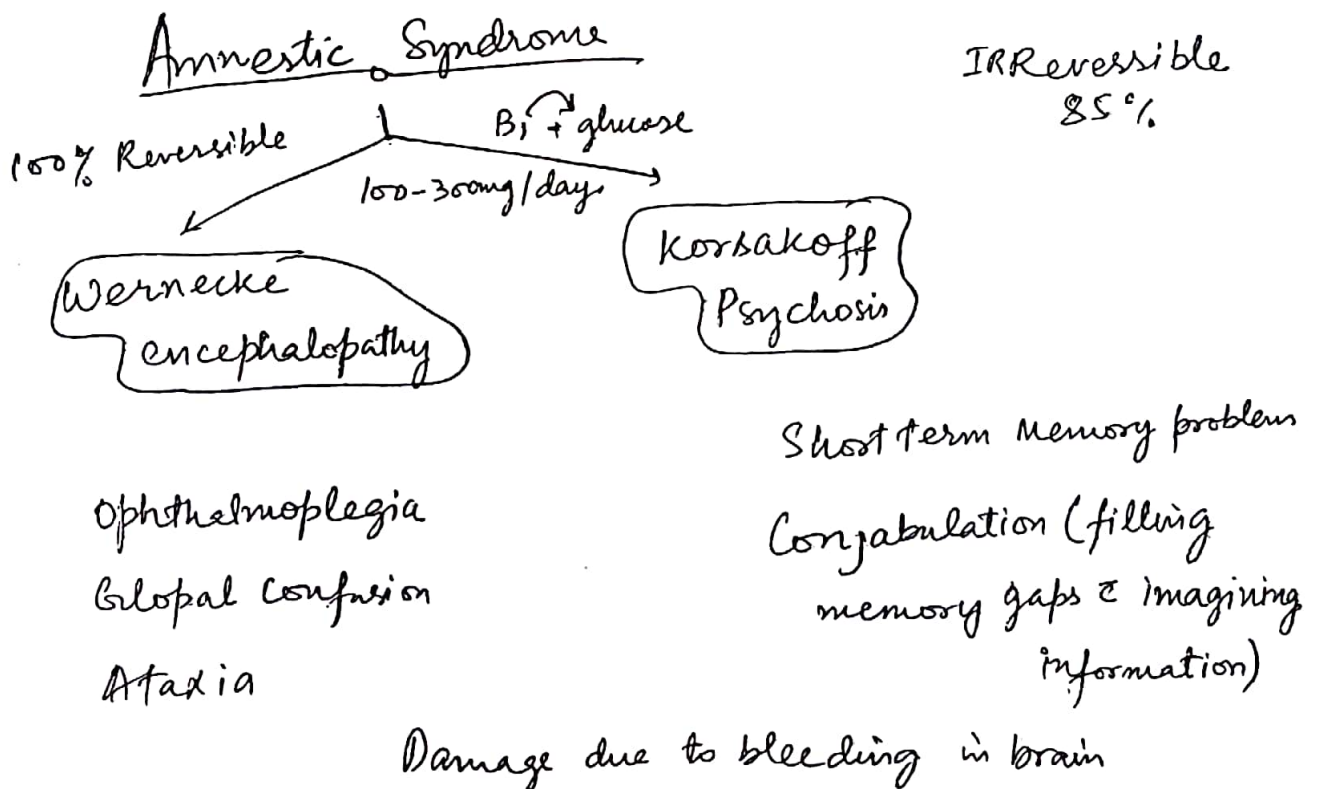
In young ag → Poisoning

Floccillation Aimless fluecking ^{on} bed sheet
↓
Sundowner Syndrome (seen in ICU Patients)

R_x
=

Anti Psychotics - Risperidone (DOC)

BzD - Lorazepam (DOC)



Pick disease → Frontal dementia
 ↓
 Personality dysfunction
 ↓
 Precedes loss of memory.

Sleep disorders

(S)

(H)

(I)

(P)

Sleep awake cycle 6-9/24hours	Hypersomnia > 9	Insomnia < 6 hours for 1 month	Parasomnia
--	--------------------	--------------------------------------	------------

Night - drivers, Police, doctors, etc.

Hypersomnia

- ↳ Sleep paralysis - REM, ↓ Tone. $\approx 30\text{sec}$ \uparrow Modafinil
- ↳ Sleep attack (MC) ↓ REM Latency
- ↳ Hypnopompic/Hypnogogic hallucination
- ↳ Cataplexy - Sudden loss of tone in Response to an ^{emotional} stimuli

Hypno → Sleep, Hypnagogic
 ↓
 Hallucinations during sleep.

Cataplexy - Loss of tone on emotional events.

Rx
 = Modafinil.
 [α1 adrenergic Receptor antagonist]

Parasomnia

↳ Amnesia

Symptoms

Bruxism → grinding of teeth.

→ Rx mouth gag.

Somnambulism → Sleep walking

Somniloquy → Talking

Periodic limb movement.

Enuresis (< 5 years)

Night terror & night mare

Night terror

(Pavor Nocturnus)

Screaming

Confused

Sleep

Amnesia

Night ~~mares~~
(nightmares)

REM

Bad dream

Recall (+)

Rx
= BZD - diazepam

Child Psychiatry

Tic disorder

Sudden, rapid, non-rhythmic stereotypical

motor or vocalisation

↓

e.g. Blinking
eyes

↓

e.g. cough or clearing throat
continuously.

coprolalia → Repeation of obscene words

Motor tic
+
Vocal tic
+
Coprolalia
+
Palilalia

⇒ [Gille de la Tourette syndrome]

α Clonidine - ↓ S/E → Prefer during emergency.

Anti psychotic - Haloperidol (Dor)
Risperidone.

ADHD

[Attention Deficit and Hyperactivity d/o]

Hyperactivity

Impulsivity

Inattention / ↓ concentration / decline in school performance

DSM IV → < 7 years

DSM 5 → ≤ 12 years. &

ADHD is serious disorder \bar{c} social, academic effects.

R_x

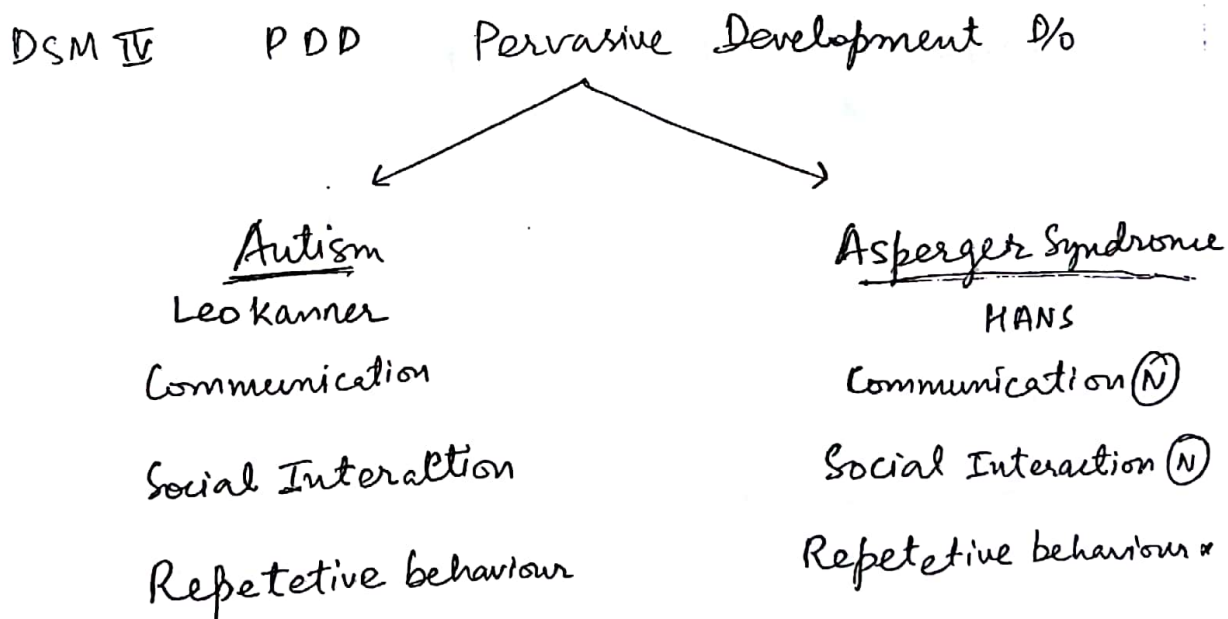
STIMULANTS \longrightarrow METHYLPHENIDATE

Follow up $\xrightarrow{\text{for}}$ Substance abuse.

NON STIMULANTS \longrightarrow ATOMOXETINE, BUPROPION
CLONIDINE

Autism Spectrum disorder

\hookrightarrow Social interaction, Repetitive



Rett's

♀ only

① → 6-48 months

Regression milestone

Microcephaly

↓ Head circumference

Midline ^{winging} ~~winging~~ ^{movements} of hand
~~byadsome~~Complications

Breath holding spells

Pneumonia/Pulmonary complications.

Seizures

Arrhythmias (cause of death)

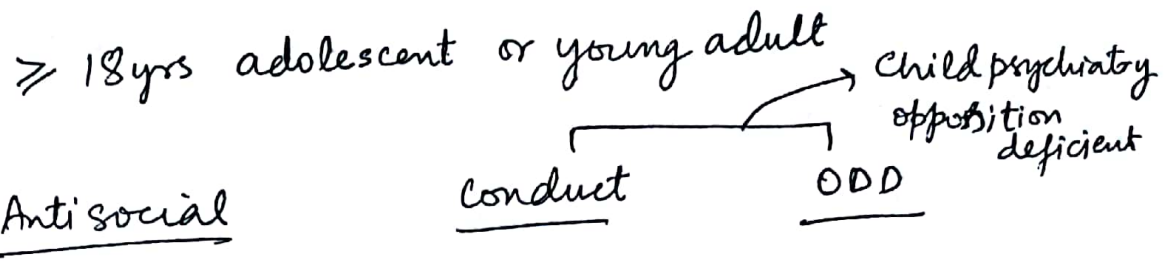
Childhood
disintegration %

♂: ♀

20:1

Develop language
will play
Bowel control } Lost

Personality disorder



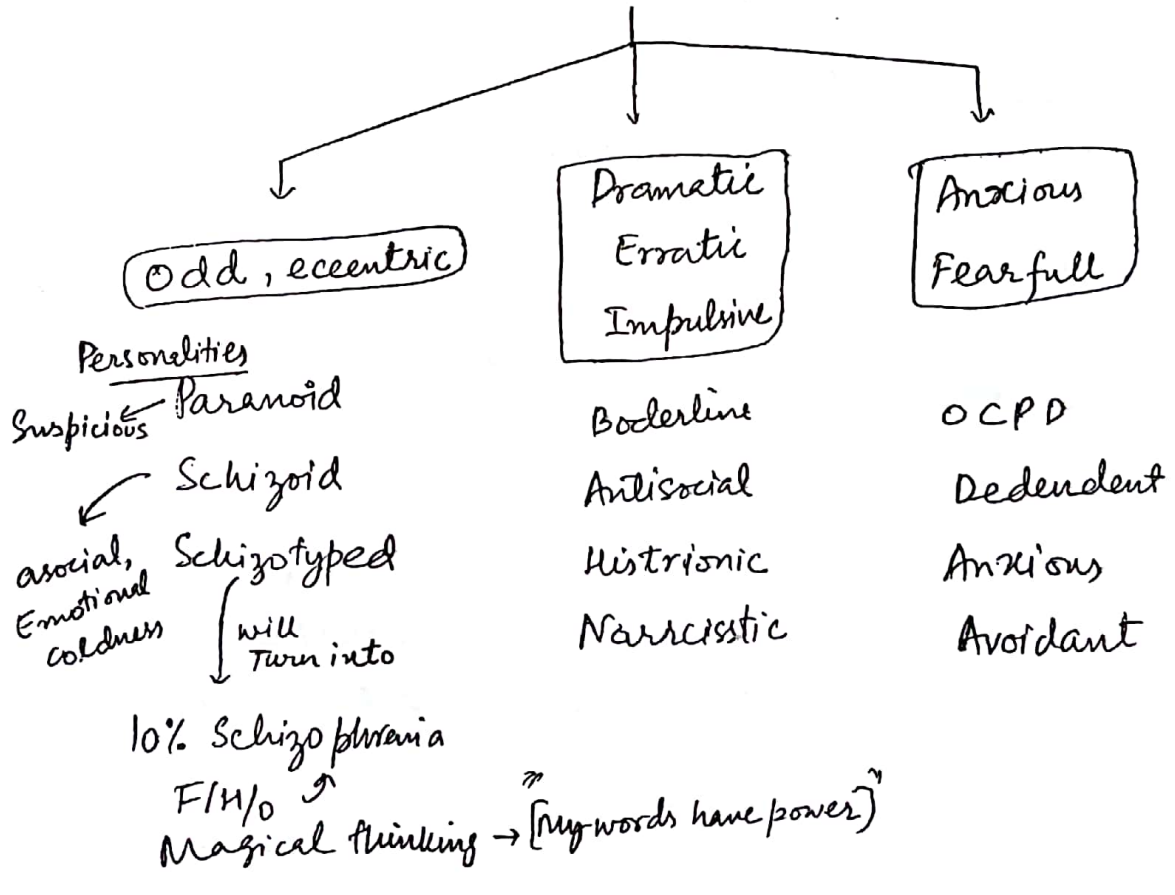
- Anti-social
- They like to break law
 - No feel of guilt
 - Lack of Remorse
 - Conning

- Conduct
- Behaviour
 - Violence
 - Cruelty animal
 - Theft
 - Bullying
 - Truancy.

ODD
Verbally abusive

ego syntonic rarely

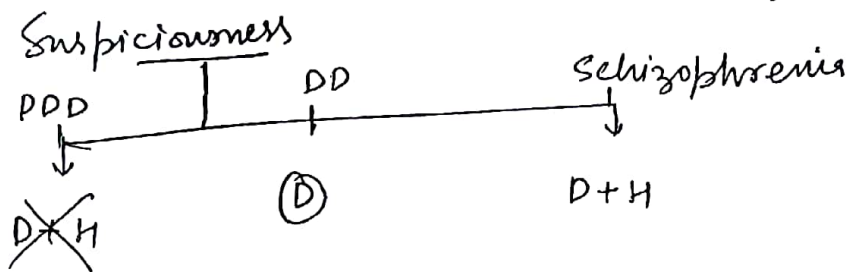
Personality disorder



Psychotherapy

Paranoid → Suspiciousness

Suspects → friends, Strangers
keep grudges, attack Reputation
of others.



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 somatisation.

↳ 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)

↳ fear criticism, feel inferior.

Preoccupied by rejection.

Rx "Assertiveness Training"

Dependent

Difficulty in making everyday decision

↳ they want others to take responsibility

OC PD [Obsessive Compulsive Personality Disorder]

Anakastic Personality disorder.

Perfectionist

Do not complete on time

Make lists / Rules

They are Rigid.

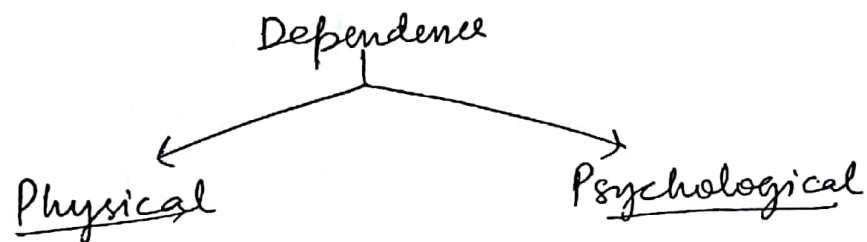
Substance use disorder

Abuse → Alcohol (mc)

Illicit/Illegal → Cannabis ~~frustrate~~

Dependence → Tobacco (mc substance of dependence)

Stimulant → caffeine



Tolerance
Withdrawal

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

Tolerance
↳ same dose not giving same pleasure

Withdrawal
↳ substance specific withdrawal.

Withdraw peaks \bar{c} in 2-3 days

Tobacco

No diagnosis of Abuse or Intoxication
DSM 5

Dependence (+)

Withdrawal Symptoms

Bradycardia

Constipation

Paradoxical sleep

↓ Concentration

↕ weight

Rx

Nicotine Replacement Therapy

↳ Patches

Gums

Lozenges

Spray

- BUPROPION
(DNRI)

- VARENICLINE

($\alpha 4 \beta 2$ Nicotinic Ach Receptor
partial agonist)

Alcohol

Withdrawal Symptoms

Tremors (6-8 hrs) (First sign)

Psychotic/Perceptual symptoms (\bar{c} in 8-12 hrs)

Seizures (\bar{c} in 12-24 hours) RUM FITS.

DT (Delirium tremors)

R_x Oral Chlordiazepoxide (Tremors)

IV diazepam (seizures)

IV Lorazepam (for delirium tremors)

Alcoholic hallucinations → Auditory
Clear consciousness
12-24 hours
(1-2 months)

Anticraving

FOA - Acamprosate

Naltrexone

Topiramate, Baclofen

Deferent

↓

Disulfiram rxns.

e.g. metronidazole

(12 hours)

Intoxication -

20 - 30 mg/dl → (↓ thinking)

80 - 200 mg/dl → Ataxia

200 - 300 mg/dl → Black out

300 mg/dl — death

OpioidsWithdrawal

Pain

Yawning

↑ Secretions

Mydriasis

Heroin

Brown Sugar

Smack

Morphine

Pentazocine

Propoxyphene

Codeine

Intoxication

Respiratory depression

Pin point pupil.

Maintenance programme → Buprenorphine, Methadone
 Detoxification } clonidine

Antagonist → [Intoxication → Naloxone
 Prevention relapse → Naltrexone

MC withdrawal of caffeine → Headache, fatigue

Cannabis

Bhang	Charas	Ganja	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
- Psychosis
- Amotivational syndrome.
- HEMP insanity

Cocaine

[Amphetamine]
 ↓
 Schizophrenia

LSD

Reflex

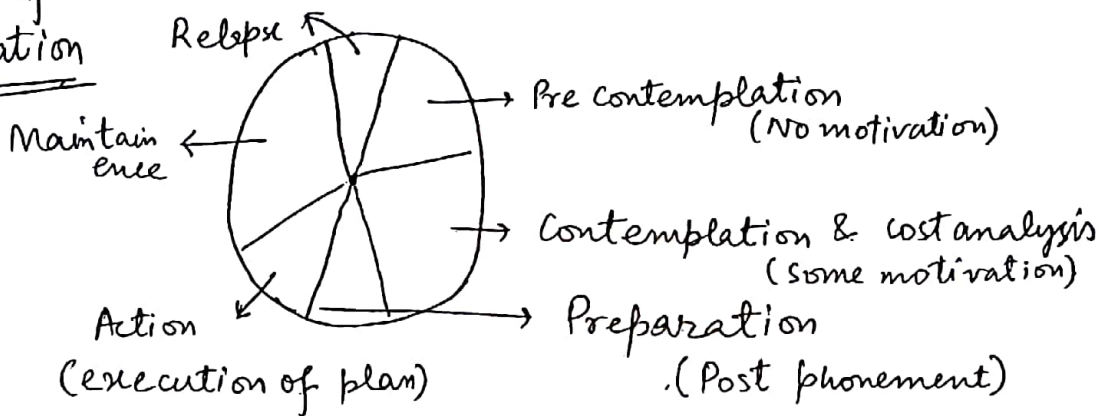
Flashback

Prochaska & Diclemente (1983)



Studied alcohol patients

Stages of Motivation



Date Rape drugs

[ketamine
GHB (gamma Hexene butyrate)
Roofie (Flunitrazepam)

Alcohol

Rave/club

Methamphetamine → M C drug for Hospitalisation