

-Mental state: Judgement/abstract?

-بتحكيو مثل وبتطلب منو يشرحلك إياه مثل عقد لحافك مد رجلك، أو عصفور في اليد خير من عشرة على الشجرة، وجه الشبه بين البرتقالة والتفاحة.
-اسأله عن حكمه في الأمور، لو شميت ريحة دخان في البيت شو بتسوي، لو لقيت طفل صغير بالشاعر كيف حتتصرف؟

-Difference between mania and hypomania and a criterion of one of them?

-Hypomania: Last at least 7 days, causes severe impairment in social or occupational functioning, Hospitalization may necessitate, may have Psychotic features

-Mania: Last at least 7 days, doesn't cause severe impairment in social or occupational functioning, not require hospital, no psychotic feature

-mania criteria: 1. Distractibility 2. Inflated self-esteem/grandiosity 3. ↑ in goal-directed activity 4. ↓ need for sleep 5. Flight of ideas 6. ↑ talkative or pressured speech 7. Excessive involvement in pleasurable activities

-hypomania criteria: - Must have at least 5 of the following symptoms (must include either #1/2) for at least a 2-week period: 1. Depressed mood 2. Anhedonia (loss of interest in pleasurable activities) 3. Change in appetite or weight 4. worthlessness or excessive guilt 5. Insomnia or hypersomnia 6. Diminished concentration 7. Psychomotor agitation or retardation (restlessness/ slow) 8. Fatigue or loss of energy 9. Recurrent thoughts of death

-Delirium tremens and it's ttt

is the most serious form of EtOH withdrawal and often begins within 72 hours of cessation of drinking, 15 to 20% mortality rate if left untreated.

1-Tapering doses of benzodiazepines (chlordiazepoxide, lorazepam)

2-Thiamine, folic acid, and a multivitamin to treat nutritional deficiencies

3-Magnesium sulfate for post withdrawal seizures.

-Schizophrenia criteria (A_D)/ subtypes / and what is the residual subtype.

-2 or more of the following for at least 1 month: 1) Delusions 2) Hallucinations 3)

Disorganized speech 4) Catatonic behavior/Grossly disorganized 5) (-) Sx

- Paranoid (best) - Disorganized (worst) - Catatonic - Undifferentiated – Residual

-prominent negative symptoms (such as flattened affect or social withdrawal) with only minimal evidence of positive symptoms (such as hallucinations or delusions)

-OCD / definition of obsession in details and definition of compulsion.

Obsession—a recurrent and intrusive thought, feeling, or idea.

(Recurrent and persistent intrusive thoughts or impulses that cause marked anxiety and are not simply excessive worries about real problems, Person attempts to suppress the thoughts, Person realizes thoughts are product of his or her own mind)

Compulsion—a conscious repetitive behavior linked to an obsession that, when performed, functions to relieve anxiety caused by the obsession

-Themes of obsessions/Types of compulsion/Forms of obsession And what is the treatment of OCD?

وكسؤال بونص شو اسم الدوا بالزبط من ال SSRI/ TCA

-Obsessions about contamination

-Obsessions of doubt

-Obsessions about symmetry

-Intrusive thoughts

• SSRI (1st line – at high doses - Fluvoxamine) • TCA (clomipramine) • Behavioral

•Exposure and response (ERP) • ECT, or Cingulotomy (surgery) as last resort

What is the behavioral treatment of OCD?

prolonged exposure to the ritual-eliciting stimulus and prevention of the relieving compulsion (e.g., the patient must touch the dirty floor without washing his or her hands). Relaxation techniques are employed to help the patient manage the anxiety that occurs when the compulsion is prevented.

examination:

-Insight:

مدى ادراكه لمرضه، شو نوع مرضك؟ هل أنت مريض، حاب تتعالج؟

-Attention & concentration.

بدي إياك تعكس حروف كلمة "منتصر" --- "رصنتم" اطرح 7 من 100 بشكل تسلسلي

-Delirium Tremens (cause, symptoms & tt) and we give carbamazepine (anticonvulsant) for seizure

-alcohol withdrawal

-visual or tactile hallucinations, gross tremor, autonomic instability, and fluctuating levels of psychomotor activity.

- borderline criteria (at least 5)

1. Desperate efforts to avoid real or imagined abandonment

2. Unstable, intense interpersonal relationships

3. Unstable self-image

4. Impulsivity in at least two potentially harmful ways (spending, sexual activity, substance use, etc.)

5. Recurrent suicidal threats or attempts or self-mutilation

6. Unstable mood/affect

7. General feeling of emptiness

8. Difficulty controlling anger

9. Transient, stress-related paranoid ideation or dissociative symptoms.

-Wernicke Korsakov syndrome (cause, pathophysiology, prevention)

-is caused by thiamine (vitamin B1) deficiency resulting from the poor diet of alcoholics.

Wernicke's encephalopathy is acute and can be reversed with thiamine therapy: 1. Ataxia

2. Confusion 3. Ocular abnormalities (nystagmus, gaze palsies)

-criteria of acute schizophrenia (+ve symptoms)

Hallucinations, Delusions, Disorganized speech and behavior, Catatonia

-Opioid withdrawal (crisis)

characterized by dysphoria, insomnia, lacrimation, rhinorrhea, yawning, weakness, sweating, piloerection, nausea/vomiting, fever, dilated pupils, and muscle ache.

ttt: Moderate symptoms: Clonidine and/or buprenorphine\ Severe symptoms: Detox with methadone tapered over 7 days

- examples of opioid

Heroin, codeine, dextromethorphan, morphine, methadone, meperidine

-Autism diagnostic criteria +treatment

-6 Sx including problems with:

a) social: Impairment in nonverbal behaviors (facial expression, gestures, etc.), Failure to develop peer relationships, Failure to seek sharing of interests or enjoyment with others, Lack of social/emotional reciprocity

b) communication: Lack of or delayed speech, Repetitive use of language, Lack of varied/ spontaneous play, and so on

c) repetitive movements: Inflexible rituals, Preoccupation with parts of objects, and so on.

-No cure, we aim for social skills and Sx / Stimulants / Psychotherapy / SSRI

-everything u know about NMS

- Definition: is a life-threatening reaction that can occur in response to neuroleptic or antipsychotic medication

- Mortality Rate: 20%

- More common in males

- Sx: Fever, rigidity, vital signs abnormalities (unstable)

- Investigations: WBC elevated, CPK elevated

- Mx:

a) DC medication

b) Antipyretic or Cold compressors

c) Refer him to ICU (General Hospital)

d) Medications: Dopamine agonists (bromocriptine, Substitute to Dantrolin? orphenadrine BDZ), Muscle relaxant (Dantrolene)

Difference btw schizotypal and schizophrenia (schizophrenia pt has psychosis)

-assessment of orientation +patient profile

(time, person, place) /Full Name, Sex, Referral Site, Marital State & How many kids, Occupation ,Education, Living situation ,Did you come by yourself or advised to come?

-Memory

راح أعطيك 3 كلمات احفظهم وعيدهم، وراح أسألك عنهم كمان شوي اسأله عن أحداث في الأمس، قبل شهر، في الطفولة

-Everything about lithium

-Uses: • DOC of acute mania • Prophylaxis for mania & depressive episodes in bipolar

- Notes • we must monitor KFT, TFT every 6 months

-MOA Unknown

-SE • high incidence of SE • Low Therapeutic index: toxic, lethal levels • Teratogenic in 1st trimester • Hypothyroidism and nephrogenic Diabetes insipidus

-Toxic levels • cause altered mental status, tremors, convulsions, death, so they require monitoring 1) in pts with kidney problems 2) dehydrated patients 3) Drug interaction with diclofenac or indomethacin

- Mx: normal saline, hemodialysis or peritoneal dialysis

-cause of death in NMS? Renal failure due to rhabdomyolysis

-Criteria of delusional disorder

' Non bizarre, fixed delusions for at least 1 month

' Does not meet criteria for schizophrenia

' Functioning in life not significantly impaired

-Schizotypal criteria

Ideas of reference, magical thinking, Suspiciousness, Inappropriate or restricted affect, Excessive social anxiety, Few close friends or confidants, odd thinking or speech, Unusual perceptual experiences, Odd or eccentric appearance or behavior

-Subtypes of delusional disorder

-Erotomaniac type—delusion revolves around love (Eros is the goddess of love) -

Grandiose type—inflated self-worth

-Somatic type—physical delusions

-Persecutory type—delusions of being persecuted

- Jealous type—delusions of unfaithfulness
- Mixed type—more than one of the above

Anti-diarrheal drugs: loperamide, cholestyramine

-DYSTHYMIC DISORDER

1. Depressed mood for the majority of time of most days for at least 2 years (in children for at least 1 year)

2. At least two of the following:

Poor concentration or difficulty making decisions, Feelings of hopelessness, Poor appetite or overeating, Insomnia or hypersomnia, Low energy or fatigue, Low self-esteem.

3. During the 2-year period:

The person has not been without the above symptoms for > 2 months at a time.

-No major depressive episode.

-CYCLOTHYMIC DISORDER

-Numerous periods with hypomanic symptoms and periods with depressive symptoms for at least 2 years

-The person must never have been symptom free for > 2 months during those 2 years.

-No history of major depressive episode or manic episode

-Anti-social criteria:

-Pattern of disregard for others and violation of the rights of others since age 15. Patients must be at least 18 years old for this diagnosis; history of behavior as a child/adolescent must be consistent with conduct disorder Three or more of the following should be present:

- 1. Failure to conform to social norms by committing unlawful acts**
- 2. Deceitfulness/repeated lying/manipulating others for personal gain**
- 3. Impulsivity/failure to plan ahead**
- 4. Irritability and aggressiveness/repeated fights or assaults**
- 5. Recklessness and disregard for safety of self or others**
- 6. Irresponsibility/failure to sustain work or honor financial obligations**
- 7. Lack of remorse for actions**

Panic attack and symptoms:

-discrete periods of heightened anxiety that classically occur in pt with panic disorder.

-Criteria accompanied by at least 4 of these:

- palpitations, sweating, shaking, SOB, chest pain, choking

panic (Palpitations, abdominal distress, nausea, intense fear of death, chills)

Dopamine

is a precursor to norepinephrine in noradrenergic nerves and is also a neurotransmitter in certain areas of the central nervous system. Dopamine produces positive chronotropic and inotropic effects on the myocardium, resulting in increased heart rate and cardiac

contractility. This is accomplished directly by exerting an agonist action on beta-adrenoceptors and indirectly by causing release of norepinephrine from storage sites in sympathetic nerve endings. In the brain, dopamine acts as an agonist to the five dopamine receptor subtypes (D1, D2, D3, D4, D5).

لو اچى مريض hypomania نعتبره cyclothymic؟ الجواب لأ 2 bipolar

-MAJOR DEPRESSIVE DISORDER (MDD): by episodes of depressed mood associated with loss of interest in daily activities. Patients may be unaware of their depressed mood or may express vague, somatic complaints.

Criteria:

At least one major depressive episode

No history of manic or hypomanic episode

ضروري تحكوا بالنهاية لكل ال: criteria

“Not due to medical condition or substance abuse”

أسهل امتحان راح يمر عليكم ان شاء الله

Most important topics

- 1) mood disorders: all
- 2) anxiety: panic, ocd, phobia
- 3) treatments: headlines with important side effects
- 5) child psychiatry: autism, adhd, asperger, conduct
- 6) sleep; narcolepsy
- 7) eating: anorexia nervosa
- 8) adjustment
- 9) psychotic: delusional disorder + schizophrenia
- 10) personality disorder: antisocial, paranoid, borderline
- 12) substance abuse: opiates, DT, Wernicke-Korsakoff