Psychiatry Summary

Done by: Yazan Alawneh

Psychosis

Psychosis	is a break from reality involving delusions, perceptual disturbances, and/or disordered thinking
Disordered thought	Disorders of thought *content reflect the patient's beliefs, ideas, and interpretations* of his or her surroundings
Delusions	Fixed, false beliefs that cannot be altered by rational arguments and cannot be accounted for by the cultural background of the individual
Types of Delusions	• Paranoid • Ideas of reference • Thought broadcasting • Grandeur • Guilt
Hallucination	Sensory perception without an actual external stimulus
Types of Hallucinations	• Auditory: Schizophrenia • Visual: Drug intoxication • Olfactory: Epilepsy • Tactile: drug abuse, alcohol withdrawal
illusion	Misinterpretation of an existing sensory stimulus, as mistaking a shadow for a cat
Schizophrenia	
Info	• Psychiatric disorder characterized by a ***constellation of abnormalities*** in thinking, emotion, & behavior. Chronic • ↑ Serotonic, Norepinephrine, Dopamine, **↓ GABA** • **Positive and Negative Sx**: - (**+ Sx**): Hallucinations, Delusions, Disorganized speech and behavior, Catatonia - (**- Sx 5A's**): **A**pathy, **A**ffect, **A**ttention, **A**logia, **A**nhedonia

	• Affect lower socio-economic class: Downward drift • **Dopamine Hypothesis** (Dopamine Pathways) - **Pre-frontal cortical**: (-) Sx - **Mesolimbic**: (+) Sx - **Tuberoinfundibular**: Hyperprolactinemia - **Nigrostriatal**: Extrapyramidal SE • **Strong genetic predisposition**: - 50% in monozygotic - 40% in both parents - 12% 1st degree relatives • No Sx is pathognomonic: it is a wide spectrum of clinical pictures, it is **chronic and debilitating** • Prevalence 1% • Female = Male • Age >15 - <45 • Post-Psychotic depression in 50% • Chronic course
Types	• **Phases**: - Prodermal - Psychotic (active) - Residual (withdrawal) • **Subtypes**: - Paranoid (best) - Disorganized (worst) - Catatonic - Undifferentiated - Residual
Criteria	• 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
	• Early onset

Prognostic Factors (Bad) **Vise-Versa**	• Low socio-economic status • Negative Sx • FHx • Gradual onset • Male sex • Many relapses • Poor pre-morbid functioning
Treatment	• **Anti-psychotics** (**Neuro-leptics**) • **Atypical neuroleptics** • **Family/Group/Behavioral therapies**
Schizophreniform	
Criteria	- Same as Schizophrenia - Duration 1-6 month (Schizo: >6m)
Mx	Hospitalization, anti-psychotics, Psychotherapy
Schizoaffective	
Criteria	- meet criteria for either MDD, Manic episode, Mixed episode + Schizophrenia
Mx	Hospitalization, psychotherapy, anti-psychotics, mood stabilizers, anti-depressants, ECT (mania/depress)
Brief Psychotic Disorders	
Criteria	- Schizophrenia Sx but duration 1 day – 1 month
Mx	Psychotherapy, antipsychotics or benzodiazepines (for agitation) and brief hospitalization
Delusional Disorder	
Criteria	- Delusions for 1 month - Exclude Schizophrenia - No life impairment • **By the Dr**: - Mono-delusion - Systematized (Non-pizzare) - Age >40 - Sensory Deficit - Functioning Intact - Require Mx
	- Erotomanic (الحب يمّا الحب) • **By the Dr**:

Types	- Grandiose - Somatic (Physical) - Persecutory (مضطهد) - Jealous - Mixed	- Paranoid x Grandiose - Irritomanic x Infidelity - Somatic x Mixed ** *Infidelity is the worst*!
Mx	- Psychotherapy - Anti-psychotics: mainly ineffective	
Shared Psychotic Disorder		
Mx	Separate, Psychotherapy, antipsychotics	
Prognosis	2-40% recover from separating	

Anxiety

Definition
- subjective experience of fear & physical manifestations
- more common in females, higher socioeconomics

Panic Atk & Panic Disorder		
	Atk	**Disorder**
Definition	discrete periods of heightened anxiety that classically occur in pt with panic disorder	Experience of panic attacks accompanied by persistent fear of having additional attacks
Criteria	accompanied by at least 4 of these: - palpitations, - sweating, - shaking, - SOB, - chest pain, choking (**P**alpitations, **a**bdominal distress, **n**ausea, **i**ntense fear of death, **c**hills)	- Spontaneous recurrent panic atk. without precipitant - atleast 1 of the atks has been followed by a minimum of 1 month of the following: a) persistent concern about having additional attacks, b) worry of atk implications, c) significant change in behavior related to the atk
Panic Disorder	• **Two types**: with/out agoraphobia ** Strong genetic component, 2-3x female • **Associations**: - major depression, substance dependence, substance dependence, social and specific phobias, OCD • chronic, relapses are common	
Mx	• Acute initial ttt: Benzodiazepines, then SSRI • Maintenance: SSRI (Paroxetine – DOC for long ttt) • Treatment for atleast 8-12 m & relapses are common • Other: relaxation, biofeedback, cognitive therapy, Insight-oriented psychotherapy, family therapy	

Agoraphobia	
Definition	fear of being alone in public places, co-exist with panic
Mx	- SSRI (First line) - Behavioral therapy
Phobias (Specific, Social)	
Definitions	• **Phobia**: an irrational fear that leads to avoidance of the feared object or situation, mc mental disorders • **Specific**: strong fear of a specific situation • **Social** (Social anxiety): fear of social situations in fear of embarrassment ** Social more common in males, Specific in females
Causes of phobia	• Cause of Phobia is multifactorial: - Genetic - Behavioral: traumatic events - Neurochemical: overproduction of adrenergic
Mx	• **Special phobia**: - No pharmacologic treatment - Systemic desensitization + Psychotherapy - Short course of benzodiazepines or beta blockers • **Social**: - SSRI (Paroxetine) - Beta-blockers - Cognitive, behavioral therapy
OCD	
Definition	• Obsession: recurrent intrusive thought, feeling, idea • Compulsion: conscious repetitive behavior linked to obsess (functions that relive anxiety caused by obsess)
Patterns	1) Contamination 2) Doubt 3) Symmetry 4) Intrusive thoughts

Info	• Epidemiology: Men and females are = • Association: MDD, eating disorder, anxiety • Couse mainly chronic
Causes	• Neurochemical: Abnormal regulation of serotonin • Genetic • Psychosocial: OCD triggered by stressful events
Mx	• SSRI (1st line – at high doses - Fluvoxamine) • TCA (clomipramine) • Behavioral • Exposure and response (ERP) • ECT, or Cingulotomy (surgery) as last resort
Generalized Anxiety Disorder (GAD)	
Definition	Persistent, excessive anxiety and hyperarousal for at least 6 months.
Info	• Lifetime prevalence: 45% • Women predominance • Onset commonly <20 • Associations: Depression, Phobia, Panic • Chronic lifelong in 50%
Mx	• Buspirone • Benzodiazepines • SSRI • Venlafaxine • Psychotherapy
Post-traumatic Stress Disorder (PTSD)	
Mx	• TCA – imipramine • SSRI, MAOIs • Anticonvulsants: for flashbacks and nightmares • Psychotherapy, Relaxation training, Support, Family
Acute Stress Disorder (ASD)	
Mx	• Same as PTSD
Adjustment Disorder	
Mx	• mainly self-limiting: start 3 m after event & end by 6 m • Psychotherapy, Group therapy, Pharmacotherapy (Sx)

Mood Disorders

Definitions	• **Mood**: description of one's internal emotional state • **Episode**: distinct periods of time in which some abnormal mood is present. • Mood Disorders: defined by patterns of mood episodes
Type of Episodes	• Depressive • Manic: Psychiatric ER • Mixed • Hypomanic

Depressive Episode Criteria	Manic Episode Criteria
- Must have at least 5 of the following symptoms (must include either #1/2) for atleast 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	- A period of abnormally and persistently elevated, expansive, or irritable mood, lasting at least 1 week and including at least three of the following (four if mood is irritable): 1. Distractibility 2. Inflated selfesteem/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 with ↑ risk

Sx of mania "DIG FAST"	• **D**istractibility • **I**nsomnia • **G**randiosity	• **F**light of ideas • **A**ctivity/agitation • **S**peech (pressured) • **T**houghtlessness

Mixed	Both manic and MDD

Hypo-manic	**Manic**
Last atleast 7 days	Last at least 4 days
Causes severe impairment in social or occupational functioning	Not marked
Hospitalization may necessitate	No
May have Psychotic features	No

Major Depressive Disorder (MDD)	
Info	• Depressive Episodes + loss of interest activities. • MDD is multifactorial, depression is unknown • Prevalence: 15%, more in females • Self-limiting lasting from 6-13 m
Criteria	• Atleast 1 major depressive episode • No Hx of mania & Hypomania
Seaosonal Affective Disorder	*subtype of MDD in which major depressive* episodes occur only during winter months (fewer daylight hours). Patients respond to treatment with light therapy
Associa-tions	• Sleep problems: multiple awakening, initial & terminal insomnia, Hypersomnia
Mx	• **Anti-depressant**: - SSRI: safest - TCAs: most lethal in overdose - MAOIs • **Adjuvants**: - Stimulants: methylphenidate: terminally ill - Anti-psychotics: Lithium, T3, T4 • **Psychotherapy** • **Electroconvulsive therapy** (**ECT**): - we give atropine, then GA, then muscle relaxant - Common SE: Retrograde amnesia

Unique types	• Malencholic: Anhedonia, guilt, anorexia • Atypical: Hypersomnia, Hyperphagia, Reactive mood • Catatonic: Catalepsy • Psychotic: delusions/hallucination
Bipolar Disorder	
Bipolar I	
Criteria	only requirement is the one manic or mixed episode
Info	• Onset <30 y, women = men, 1% Prevalence • Etiology: Multifactorial: biological,, environmental, psychological, genetic • Course: chronic with relapses, it has a worse prognosis than MDD (Requires treatment)
Mx	• Lithium: mood stabilizer • Anticonvulsants: carbamazepine, valporic acid • Olanzapine: Atypical antipsychotic • Psychotherapy • ECT
Bipolar II	
Info	• Prevalence 0.5%, slightly more in women, onset <30 • everything else same as Bipolar I
Criteria	Hx of atleast 1 major depressive episodes + at least one **hypomanic** episode. *Remember: If there has been a full manic episode even in Hx,* then Dx is *not bipolar II, but I*
Dysthymic Disorder	
Info	• chronic, mild depression most of the time with no discrete episodes. They rarely need hospitalization • **must be for 2 years without interruption of 2 months** • must never have had a manic or hypomanic episode (this would make Dx bipolar or cyclothymic, respectively) • Prevalence 6%, 2-3x in women, onset <25 (50%) • Couse: 20% major depression, 20% bipolar, 25% lifelong Sx

Mx	• Cognitive therapy • Insight psychotherapy • Anti-depressants: SSRI, TCA, MAOIs
Cyclothymic	
Info	• periods of hypomania + mild-moderate depressive Sx • Prevalence <1%, onset 15-25, male = female • Course: chronic course
Mx	• Antimanic agents as Bipolar

Medications

Anxiolytics

Benzodiazepines (BDZs)

Examples	• **Long acting**: - Diazepam: anxiety, seizures - Chlordiazepoxide: alcohol, detoxification - Flurazepam: insomnia • **Intermediate**: - Alprazolam: panic atks - Clonazepam: panic atks, anxiety - Lorazepam: panic atks, alcohol withdrawal - Temazepam: Insomnia • **Short acting**: - Oxazepam - Triazolam: Insomnia
MOA	• Work on GABA
Uses	• 1st line anxiolytics
Advantages	• Safety at high doses (unlike barbiturates)
Dis.Adjan.	• Duration: potential tolerance and dependence • SE: Drowsiness, impairement of intellectual function, reduced motor coordination • Toxicity: respiratory depression • Myasthenia gravis: suppressed respiration

Selective Serotonin Reuptake Inhibitors (SSRI)

Examples	• Fluxotine: longest and most active • Sertaline: High risk GI disturbance • Paroxetine: most specific
MOA	• Inhibit serotonin reuptake (increase serotonin)
	• MC anti-depressant (low SE/cost, safer, pregnancy)

Uses	• Anxiety Disorders: OCD, panic, GAD, agoraphobia,.. • OCD if child: Sertaline > Fluvoxamine > Citalopram • Prementrual dysphoric disorder: Sertaline • Impulse control disorder • Hypochondriasis & body dysmorphic: Fluoxetine • Premature ejaculation: Fluoxetine • Autism, ADHD, obesity, eating disorder, migraine..
	• less than TCA, MAIO (bcz they are serotonin selective, don't act on histamine, adrenergic, muscarinic)
SE	• SE: - Sexual dysfunction: so we use Viagra, or metrazepine - GI upset: take a meal before drug - Akathesia: ttt by BDZ or Beta-blocker, anticholinergic - Serotonin syndrome if used with MAOI: we treat by: stopping the drug, ABC, lavage, IV fluid, BDZ, Metazepine, BB, ECT

Tricyclic Antidepressants (TCA)	
Examples	• Imipramine: Retarded MDD, GAD, panic, PTSD • Clomipramide: OCD, most serotonin specific
MOA	• inhibit reuptake of norepinephrine, serotonin
Uses	• Rarely used as a 1st line (high SE, need monitor, lethal, the most cardiotoxic anti-depressant) • Started at low dose then gradually increased to avoid anticholinergic effect • Depression, ADHD, insomnia, compulsive behaviors, pain syndrome, nocturnal enuresis, eating disorder • Anxiety disorders: - OCD: clomipramine - PTSF: imipramine
	• Antihistamine: sedation • Anti-adrenergic: (CVS effects): arrhythmia,

	tachycardia, ortho-hypotension
SE	• Anti-muscarinic: dry mouth, constipation, urinary retention, blurred vision • Lethal at high doses • Weight gain • Major complications (3Cs: Convulsion, Coma, Cardiotoxicity)
CI	• Glaucoma • Prostate hypertrophy • Pregnancy (dr said its not given)
Monoamine Oxidase Inhibitor (MAOI)	
Examples	• Phenelzine • Tranylcypromine • Isocarboxazid
MOA	• Irreversibly inhibit enzymes MAO-A, MAO-B • MAO-A: serotonin • MAO-B: norepinephrine/epinephrine • MOA-A/B: Dopamine, Tyramine • Inactivate biogenic amines as norepinephrine, serotonin, dopamine, tyramine
Uses	• not 1st line due to their SE, but effective in refractory: • Depression • Panic Disorder • PTSD • ASD
SE	• Orthostatic hypotension, drowsiness, wt gain, sexual dysfunction, dry mouth, sleep dysfunction • Serotonin syndrome if taken with SSRI • Hypertensive crisis: when taken with tyramine rich food or sympathomimetics. • Severe anxiety
Buspirone	

MOA	Partial agonist on 5HT-1A receptor
Info	• slower onset than BHZs • not given with SSRI: Serotonin syndrome • Low abuse potential
Uses	• in Alcoholic • Alternate to BDZ or venlafaxine for GAD
Beta-Blockers (BB)	
Uses	• Useful for autonomic effects of panic atk, anxiety, • Akathesia (SE of typical antipsychotics)
Topiramate	
MOA	Block Na^+ channel, enhance GABA & inhibit glutamate
Uses	• Anticonvulsant • Mood stabilizers • Flashbacks and nightmares in PTSD
Venlafaxine	
MOA	SnRI, increase serotonin and norepinephrine
Uses	• Atypical antidepressant • GAD, panic, social anxiety
SE	Increase the BP and stomach
Mood Disorders Mx	
Mood Stabilizers (Anti-Manic)	
Uses	• Acute mania • Alcoholism • Mental retardation and personality disorders
Examples	• Lithium • Anticonvulsants: Cabamazepine, Valpoic Acid
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 dicofinac or indomethacin • Mx: normal saline, hemodialysis or peritoneal dialysis
Carbamazepine (Tegretol)	
Uses	• Anticonvulsants • mainly in mixed, and rapid cycling bipolar • used in trigeminal neuralgia, migraines
MOA	• block Na+ channels
SE	• Leukopenia • Hyponatremia • Aplastic anemia • **Agranulocytosis** • Elevate lever enzymes • Teratogenic!! ** Require CBC, LFT monitoring
Notes	• Recommended for young females (cause Valproic causes Alopecia)
Valproic Acid (Depakene)	
Uses	• Anticonvulsants • Mixed and rapid cycling
Notes	• **Causes Alopecia**
MOA	Unknown, increase CNS by GABA
SE	• Hepato-toxicity • Thrombocytpenia • Teratogenic ** Require CBC, LFT monitoring

Anti-Depressants

Info
- has no abuse potential or elevate mood

TCA, SSRI, MAOIs (mentioned above)

Atypical Anti-depressants

SNRIS	Serotonin-norepinephrine reuptake inhibitors: Venlafaxine
NDRIS	Norepinephrine-dopamine reuptake inhibitors: Buproprion
SARIS	Serotonin Antagonist and reuptake inhibitors: Nedazodone, Trazodone
NASAS	Noradrenegic and specific serotonergic: Mirtazapine

Anti-Psychotics (Neuro-Leptics)

Traditional, Typical Anti-Psychotics

Info
- Classified according to potency
- Dopamine antagonist mainly treats (+) Sx
- High potency require lower doses, vise versa
- Low potency: SE: Anti-cholinergic, anti-histamine
- High potency: Highest incidence Extra-pyramidal SE

	High Potency	Low Potency
Examples	• Haloperidol (MC)	• Chlorpromazine • Thioridazine

SE

- **High Potency**: **Extra-pyramidal SE**:

a) **Pseudo-parkinsonism**

b) **Dystonia**: sustained contraction

c) **Akathisia**:

- inner feeling of restlessness, Anxiety, restlessness
- Mx: β-blockers, & BNZ

d) **Tardive Dyskinesia**:

- writhing movements of mouth and tongue
- caused by prolonged use of anti-psychotics long acting,
- Mx: might be self-limited, treated by: discontinuation of the drug, and anxiolytics

e) **Neuroleptic Malignant Syndrome (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) • **Low Potency SE: Anti-HAM SE**: - Histamine: Sedation, Weight gain, Insomnia - Adrenergic: Arrhythmia, Tachycardia - Muscarinic: Dry mouth, constipation & urine retention
Atypical (Newer) Antipsychotics	
Info	• Antagonize serotonin, dopamine, mainly (-) Sx • less extrapyramidal SE, and potent typical SE • Mainly treat negative Sx, and has less SE
Examples	• **Clozapine**: - Great effective drug, used in refractory schizophrenia - SE: Agranulocytosis (High mortality) - Agranulocytosis: is an acute condition involving a severe and dangerous leukopenia - Agranulocytosis Mx: Stop medication, Antibiotics (for infections), Bone marrow transplant might be needed • **Risperidone**: - Works on Tuberoinfundibular: SE: Hyperprolactinemia • **Olanzapine**: SE: Metabolic Syndrome: DM/HTN

Personality Disorders

Cluster A	Cluster B	Cluster C
• Schizoid • Schizotypal • Paranoid	• Antisocial • Borderline • Histrionic • Narcissistic	• Avoidant • Dependent • Obsessive
- Eccentric/perculiar	- Emotional/Dramatic	- Anxious/fearful

Definitions	• **Personality**: one's set of stable, predictable emotional and behavioral traits • **Personality Disorders**: deeply ingrained, inflexible patterns of relating to others that are **maladaptive and cause significant impairment in social or occupational** functioning
Etiology	• **Multi-factorial**: biological, genetic, psychosocial factors • **Genetic**: monozygotic x7 times than dizygotic
Important	• all the personality disorders courses are chronic • Management: - Psychotherapy and Support (for all) - Cluster A (we give Anti-Psychotics) - Cluster B (we give Anti-depressants) - Cluster C (we give Anxiolytics)

CLUSTER A	
Paranoid Personality Disorder (PPD)	
Definition	distrust and suspiciousness of others, They tend to blame others & seem angry/hostile
Info	• Men are more common • Prevalence: 0.5-2.5% • high in Family members with schizophrenics
DDx	**Paranoid schizophrenia.** But unlike schizophrenic pt *do not have any fixed delusions & are not frankly psychotic*

Schizoid Personality Disorder	
Definition	lifelong pattern of social withdrawal. They are often perceived as eccentric and reclusive. *no desire for close relationships and prefer to be alone*
Info	• Men x2 • Prevalence: 7% • No genetic component, or family of schizophrenia
DDx	- ***Paranoid schizophrenia****:- but unlike schizophrenic patient they* do not have any fixed delusions. - ***Schizotypal personality disorder****:* do not have the same eccentric behavior or magical thinking
Schizotypal Personality Disorder	
Definition	pervasive pattern of eccentric behavior and peculiar thought patterns. They are often perceived as strange
Info	• They have magical thinking • Genetic component: more in monozygotics than di • Prevalence: 3% • Course: may develop schizophrenia
DDx	- ***Paranoid schizophrenia****:-* but not frankly psychotic. - ***Schizoid personality disorder****:* schizoid personality don't have the same eccentric behavior

CLUSTER B	
Antisocial Personality Disorder	
Definition	refuse to conform to social norms and lack remorse for their actions. They are impulsive, deceitful, and violate, however the appear charming and normal
Info	• more in men 3%, than women 1% • Higher in poor urban areas and prisoners • Genetic component: 5x in 1st relatives
DDx	• **Drug abuse**

Borderline Personality Disorder (BPD)	
Definition	unstable moods, behaviors, and interpersonal relationships.They feel alone in the world and have problems with self-image. They are impulsive and may have a history of repeated suicide attempts/gestures or episodes of self-mutilation.
Info	• more in women x2 • Prevalence: 1-2% • 10% suicidal rate
DDx	***Schizophrenia****: Unlike it, they* don't have frank psychosis
Histrionic Personality Disorder (HPD)	
Definition	Attention-seeking behavior and excessive emotionality, They are dramatic, and extroverted but are unable to form long-lasting, meaningful relationships. They are often sexually inappropriate and provocative, They use defense mechanism of regression: childlike behaviors
Info	• **Women** more common • Prevalence: 2-3%
DDx	***Borderline personality disorder****: BPD are likely to suffer from* depression & suicide. HPD are more functional
Narcissistic Personality Disorder (NPD)	
Definition	sense of superiority, a need for admiration, and a lack of empathy. They consider themselves "special" however, they often have fragile self-esteems
Prevalence	<1%
DDx	***Antisocial personality disorder****: Both types of patients exploit others, but NPD* patients want status and recognition, while antisocial patients want material gain. Narcissistic patients become depressed when they don't get the recognition

CLUSTER C	
Avoidant Personality Disorder	
Definition	**have a pervasive pattern of social inhibition and an intense fear of rejection.** They will avoid situations in which they may be rejected. *These patients desire companionship but are extremely shy and easily injured.*
Info	• male/female unknown • prevalence 1-10%
DDx	• ***Schizoid personality disorder****:* avoidant personality disorder desire companionship, while schizoid don't • ***Social phobia*** *(****social anxiety disorder****).* • ***Dependent personality disorder****.*
Dependent Personality Disorder	
Definition	poor self-confidence and fear separation. They feel helpless when left alone
Info	• Prevalence: 1% • **Women** more common
DDx	• ***Avoidant personality disorder****.* • ***Borderline and histrionic personality disorder****: DPD* have a long-lasting relationship, borderline/histrionic are often dependent on other people, but they are unable to maintain a long-lasting relationship.
Obsessive Compulsive Personality Disorder (OCPD)	
Definition	pervasive pattern of perfectionism, inflexibility, and orderliness. They get so preoccupied with unimportant details. They appear stiff, serious, and formal. They are often successful but have poor interpersonal skills
Info	• **Men** more • Prevalence unknown • more in oldest child and 1st degree relative
	• *(****OCD****): OCPD do not have* the recurrent obsessions present inobsessive–compulsive disorder. In addition,

DDx	the symptoms of OCPD are **ego-syntonic rather than ego-dystonic (OCD). That is, OCD patients** are aware that they have a problem and wish that their thoughts and behaviors would go away. • ***Narcissistic personality disorder****: Both involve assertiveness* and achievement, but NPD are motivated by status, whereas OCD are motivated by the work itself.
Course	• unpredictable, may lead to OCD or MDD, Schizophrenia
Not Otherwise Specified (NOS – doesn't meet A,B,C Criteria)	
Includes	• passive–aggressive personality disorder • depressive personality disorder, • sadomasochistic personality disorder, and • sadistic personality disorder.
Passive-Aggressive Personality Disorder	
Info	stubborn, inefficient procrastinators. They alternate between compliance and defiance and passively resist fulfillment of tasks. They frequently make excuses for themselves and lack assertiveness. They attempt to manipulate others to do their chores, errands, and the like, and frequently complain about their own misfortunes

Eating Disorders

	Anorexia Nervosa	Bulimia Nervosa
Types	• Restrictive type • Purging/Binge eating	• Restrictive type • Purging/Binge eating
Compl-ications	• Amenorrhea • Arrhythmia, Cardiac arrest • Electrolyte disturbances (everything hypo, except hypercholesterolemia) • Osteoporosis	• Esophagitis • Dental erosions • Calloused knuckles • Hypochloremia-hypokalemic alkalosis
Mx	• Psychotherapy • Some anti-depressants	• Psychotherapy • SSRI (1st line), then TCA
Similar-ties	• more in women • have disrupted body image • They do compensatory behaviors to try and reduce weight	
Differe-nces	• Amenorrhea • Low BMI • Mortality in 10-20%	• No Amenorrhea • Normal/high BMI • Better prognosis
Binge Eating Disorder		
Definition	excessive food intake within 2 hours period accompanied by a sense of lack of control, and they don't do any compensatory behavior to try and reduce weight	
Mx	• Psychotherapy • Diet, and exercise • Treat co-morbidities • Pharmacological: - Stimulants: phentermine, amphetamine. - Orlistat (xenical): lipase suppression - Sibutramine (Meridia): inhibit reuptake if serotonin , dopamine, norepinephrine	

Sleeping Disorders

Classification	• **Primary**: Dys-somnia, Parasomnia • **Secondary**: Breathing problems, Circadian rhythm
1ry Insomnia	• Difficulty initiating or maintaining sleep, resulting in daytime drowsiness or difficulty fulfilling tasks. 3 or more in a week for a month • **Mx**: - Sleep hygiene measures - Medications: Bendadryl, Ambien, Sonata, Desyrel
1ry Hypersomnia	• At least 1 month of excessive daytime sleepiness or excessive sleep not attributable to anything • **Mx**: - Stimulants: amphetamines - SSRI
Narcolepsy	• Repeated, sudden attacks of sleep in the daytime for at least 3 months, **associated with (5!):** 1) Cataplexy 2) Short REM Latency 3) Sleep paralysis 4) Hypnagogic 5) Hypnopompic • **Mx**: - Daily naps + Stimulants - SSRI + sodium oxalate: for cataplexy
Breathing related	• Sleep disruption and excessive daytime sleepiness (EDS) caused by abnormal sleep ventilation from either obstructive or central sleep apnea

	• **Types**: 1) Obstructive sleep apnea (OSA): ttt. cPAP, remove cause, weight loss 2) Central sleep apnea (CSA): ttt. Mechanical ventilation • **RF**: anything that might obstruct the airway
Circadian Rhythm Sleep Disorder	• Disturbance of sleep due to mismatch btw circadian sleep–wake cycle & environmental sleep demands. • **Subtypes**: jet lag type, shift work type , and delayed sleep or advanced sleep phase type
Nightmare Disorder	• Repeated awakenings with recall of extremely frightening dreams Occurs during **REM sleep** and causes significant distress • **Mx**: none, but maybe TCA
Nightmare Terror	• Repeated episodes of apparent fearfulness during sleep, usually beginning with a scream and associated with intense anxiety. Episodes usually occur during the first third of the night during stage 3 or 4 sleep (**non-REM**). Patients are not awake and do not remember the episodes. • **Mx**: none, but maybe Diazepam
Sleep Walking (Somnamb-ulism)	• Repeated episodes of getting out of bed and walking, associated with blank stare and difficulty being awakened

Substance Related Disorders

Abuse	the user consumes the **substance** in amounts or with methods which are harmful to themselves or others, and there is no withdrawal Sx
Dependency	is an adaptive state that develops from repeated **drug** administration, and which results in withdrawal upon cessation of **drug** use
Alcohol	
CAGE Questionnaire	**C**ut down your drinking? **A**nnoyed by criticism? **G**uild about drinking? **E**ye opener to prevent the shakes?
Dx	• ErOH lvl by air breathalyzer
Mx	• ABC, electrolytes • Thiamine to prevent or treat Wernicke's encephalo. • Nalozone to revere opioids effect – acute cases • Alcohol (Ethanol) has not antidote • Methanol antidote is Ethanol • Dependency (Chronicity Mx): - Psychotherapy, Help groups - SSRI - Naltrexone – chronic cases, reduce cravings
Withdrawal	Insomnia, anorexia, tremor, irritability
Delirium Tremens	• Cause: Alcohol withdrawal • life-threatening – Mortality rate: 20% • Difference between Delirium: - Etiology - Tremor presence in Tremens

(DTs)	• Mx: - Tapering BDZ - Thiamine (B1): for wernicke's, and to reserve memory (because corpus mammillary is affected) - Magnesium sulphate (for seizures) o Delirium: • hallmark is reduced level of consciousness • Causes of Delirium: - Any extra-cranial pathology affecting CNS intra cranial pathology - E.g. Head trauma, FUO, Uremia, Pneumonia, Meningitis, Hepatic Encephalopathy • Mx: Depend on the cause • Age: pediatrics, geriatrics • Place: post-operative
Wernicke's	• caused by Thiamine deficiency • Sx: Anterograde amnesia, ataxia, confusion, ocular abnormalities
Cocaine	
S/Sx	• might cause CVA, MI
Mx	• mild-moderate agitation: BDZ • severe agitation: Haloperidol • Symptomatic Support • Dependency: - Psychotherapy, group - TCAs - Dopamine agonists: amantadine, bromocriptine
Cocaine withdrawal Sx	• Called crises, but not life-threatening • Sx: Malaise, fatigue, depression, hunger, constricted pupils

Amphetamines

• Captagone can cause dependency like amphetamine
• Methylphenidate: also given for ADHD, it is given in the morning because it cause awakening, and might cause seizures, FTT
• Mx, Presentation: as cocaine

Sedative Hypnotics (BDZ, Barbiturates)

Abuse Mx – intoxication:
• BDZ: Flumazenil
• Barbiturates: Sodium bicarbonate

Withdrawal Sx:
• Autonomic hyperactivity, insomnia, anxiety, tremor, hallucinations
• Mx: long acting BDZ: diazepam + Tegretil/Valproic acid (for seizures)

Opiates	
Abuse intoxication	• Sx: N/V, constipation, constricted pupils - Cause of death: respiratory arrest • Mx: Naloxone or naltrexone (improve RS depression)
Dependence	• Mx: Methadone
Withdrawal	• Sx: piloerection, rhinorrhea, lacrimation, sweating, diarrhea • Mx: Clonidine (moderate), Detox + Methadone (Severe) + Anti-diarrheal

Somatoform Disorders

Somatoform Disorder	Factitious Disorder	Malingering
Patients present with Physical Sx without organic cause	Intentionally produce medical/psychological Sx, in order to play the role of a sick pt. *Primary gain is a* prominent feature	the feigning of physical or psychological symptoms in order to achieve personal gain
Patients *believe they are ill.*	Patients *pretend they are ill with no obvious external* reward.	Patients pretend they are ill with obvious *external incentive.*

Somatoform Disorders

- 1ry gain: expression of unacceptable feelings as physical Sx
- 2ry gain: use of Sx to benefit the patient: e.g. increase attention, less responsibilities
- All somatoform disorders are more in females, except hypochondriasis, and mainly at young ages, also there is major association with Anxiety, depression

Types	Definition	Course	Mx
Somatization	multiple vague complaints involving many organs	Chronic Debilitating	No cure, Psychotherapy, relaxation
Conversion	at least one neurological symptom (sensory/motor) that cannot be explained by a medical disorder	Sx resolve within 1 m, 25% have future episodes	Psychotherapy, hypnosis
Hypochondriasis	prolonged, exaggerated concern about health and possible illness	Episodic	No cure, psychotherapy and insight orientation

Body Dysmorphic	preoccupied with body parts that they perceive as flawed or defective	Chronic	• Surgical (not done – Q!, they need psycho-th) • SSRI
Pain Disorder	Prolonged, severe discomfort without adequate medical explanation. The pain often co-exists with a medical condition but is not directly caused by it	Chronic, disabling	• We don't tend to use Analgesics (dependency) • Psychotherapy, SSRI, TNS, Hypnosis

Adjustment Disorders

Definition	emotional or behavioral Sx that begin within 3 m of stressful life event, & subside within 6 m after cessation	
Info	• more in females • related to stressful conditions that are not life-threatening (unlike PTSD)	
Subtypes	• Depressed • Anxiety • Mixed (anxiety + depressed)	• Conduct Disturbance • Mixed (emotion + conduct) • Unspecific
Mx	• Psychotherapy/Group therapy/Cognitive therapy • Symptomatic Treatment	

Cognitive Disorders

Definition	affect memory, orientation, attention, and judgment
Categories	Dementia, Delirium, Amnestic disorders
MMSE	• assess a pt cognitive functioning, It tests orientation, registration, attention, calculation, recall, and language • Perfect score: 30, Dysfunction: <25

	Delirium	Dementia
Definition	Clouding of consciousness	Loss of memory/intellectual
Onset	Acute	Insidious
Duration	Days to weeks	Months to years
Orientation	Impaired	Often impaired
Memory	Immediate/recent impaired	Recent/remote impaired
Hallucinations	Visual are common	Less common
Sx	Worse at night	Stable
Reversibility	Reversible	15% reversible
Awareness	Reduced	Clear

Dementia	
Definition	impairment of memory and other cognitive functions **without alteration in LOC**
Info	• increase with age • Associations: Delusions, hallucinations, Affective Sx
Causes	• Alzheimer (MC) • Vascular Dementia (2nd MC) • Major depression (Pseudo-dementia)
Reversible Causes	• Infections: meningitis, encephalitis • Drug abuse: Alcohol • Depression

Alzheimer	
Info	• MCC of dementia • more in women • FHx: risk factor • **Hallmark**: Gradual progressive ↓ of cognitive function • Aphasia, Apraxia, Agnosia
Mx	• no cure • Symptomatic Mx: Anxiety (BDZ), Anti-depressant • Psychotherapy
Vascular Dementia	
Info	Caused by microvascular disease in the brain that produces multiple small infarcts • Same manifestations as Alzheimer
V.S Alzheimer	- Vascular also have focal neurological Sx (Paresthesia, hyper-reflexia) - Greater-personality preservation - **Can reduce risk by reducing RF**
Dx	MRI
Mx	Same as Alzheimer
Pick's Disease/Fronto-temporal Dementia (FTD)	
Info	• slowly progressive dementia, rare cause • Manifestations: as Alzheimer, but personality changes are more prominent early in the disease
Pathology	Atrophy of frontotemporal lobes, and Pick bodies
Mx	Same as Alzheimer
Hunington's Disease	
Info	• AD • Hallmark: progressive dementia, bizarre choreiform movements • Mx: Supportive

Parkinson's	
Definition	Progressive disease with prominent neuronal loss in substantia nigra
S/Sx	1. Bradykinesia 2. Cogwheel rigidity 3. tremor "pill-rolling" 4. Masklike facial expression 5. Shuffling gait 6. Dysarthria
Mx	Levodopa, Dopamine agonists (bromocriptine), MAO-B
Creutzfeldt-Jakob Disease (CJD)	
Definition	A rapidly progressive, degenerative disease of the central nervous system (CNS) caused by a *prion*
Hallmark	Rapidly progressive dementia 6-12 m after Sx onset
Mx	No cure, progressive to death within 1 y
Normal pressure Hydrocephalus (NPH)	
Sx Triad	1. **W**iggly: Gait disturbance (often appears first) 2. **W**et: Urinary incontinence 3. **W**ickly: Dementia (mild, insidious onset)
DELERIUM	
Definition	acute disorder of cognition related to impairment of cerebral metabolism, with altered LOC
Causes	Drug withdrawal, CNS injury, Hypoxia, Systemic illness, Fever, Electrolytes imbalances
Mx	• Mx underlying cause • Psychotherapy and support • Psychotic Sx: Anti-psychotic • Insomnia Mx

Child Psychiatry

Attention Deficit Hyperactivity Disorder (ADHD)	
Criteria	• 6 Sx including inattentiveness, hyperactivity for 6 m - Inattention: listening, concentrating, distracted - Hyperactivity: impulsive, interrupting, talking
Info	• more in boys, remit in adultsence • Etiology: Multifactorial
Mx	• Medications: Stimulant, SSRI/TCA • Psychotherapy, Counseling
Autism	
Criteria	• 6 Sx including problems with a) social, b) communication, c) repetitive movements
Info	• more in boys • Multifactorial
Mx	• No cure, we aim for social skills and Sx • Stimulants • Psychotherapy • SSRI
Enuresis	
Criteria	• Involuntary voiding after age 5 • at least 2x a week for 3 months
Mx	• Behavioral therapy • Anti-diuretics, TCAs
Encopresis	
Criteria	• Involuntary passage of feces after age 4 • atleast 1x a month for 3 months
Mx	• If constipation is the cause: Stool softener + Psychot.
Selective Mutism	
Info	more in girls, stressful life event, psychotherapy