*PSYCHIATRY mini-OSCE MOST IMPORTANT*
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## Sleep disorders

**Narcolepsy**: -Repeated, sudden attacks of sleep in the daytime for at least 3 months, **associated with**:

-**Cataplexy**: collapse due to sudden loss of muscle tone, associated with emotion, particularly laughter
-**Short REM latency**
-**Sleep paralysis**
-**Hypnagogic or Hypnopompic**: hallucinations just before and just after sleep respectively

**Etio\epidemiology**: it is of a genetic cause, with M:F ration = 1, most commonly occuring during childhood or adolescence, usually have poor nighttime sleep; as the patients fell asleep at daytime.

**Treatment**: daytime naps, amphetamines & SSRIs for cataplexy

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## Adjustment disorder

-Maladaptive, emotional or behavioral symptoms begin within 3 months of stressful life event, causing impairment of daily function
-Subside within 6 months after cessation of event

**These symptoms could be**:

1. **Depressed mood**: depressed mood, hopelessness & uncontrolled bouts of crying
2. **Anxiety**: nervousness, worry, jitteriness "thoughts of doom" fear of separation from attachment figure
3. **Mixed depression & anxiety**
4. **Aggression**: violation of the right of others, social norms & rules, with no concern or guilt
5. **Mixed of emotion & aggression**
6. **Unspecified**: don't fit in any of the other categories

-The symptoms must not be those of bereavement. It is twice as often in females

**Treatment**: Supportive psychotherapy & pharmacotherapy for the symptoms of depression... etc

**N.B**: stressful condition must not be life threatening (unlike PTSD)

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## Anxiety disorders

**Panic attack**: -discrete period of intense fear, -accompanied by at least 4 of the following: palpitation, sweating, chest pain, fear of death\going crazy, nausea, shaking, SOB, depersonalization & numbness. These symptoms peak in several minutes and subside within 25 minutes.

**Panic disorder**: panic attacks accompanied by persistent fear of having additional attacks.

**Criteria**: -Spontaneous recurrent panic attacks
-At least one of the attacks has been followed by a minimum of 1 month of the following:
concern about having additional attacks
worry about the implications of the attack
significant change in behavior related to the attacks "avoid situations"

**Epidemiology**: 3 times common in females & greater risk of panic disorder if 1st degree relative is affected. Usually associated with: depression, Substance dependence, OCD & phobias

**Treatment**: benzodiazepenes for acute attack, then SSRIs maintenance for 8-12 months; as relapse is common. Cognitive & family therapies are also used.

**Phobias**: irrational fear. It could be:

**Specific**: -Excessive fear brought on by a specific situation or object
-Exposure to the situation brings about an immediate anxiety response
-Patient recognizes that the fear is excessive
-The situation is avoided or tolerated with intense anxiety
-If the person is <18, duration must be at least 6 months

**Agoraphobia**: -Anxiety about being in places or situations from which escape might be difficult, or in which help would not be available
-The situations are either avoided, endured with severe distress
-These symptoms cannot be better explained by another mental disorder

**Social**: fear of social situations in which embarrassment can occur

**N.B**: Phobias are the most common mental disorders in the USA, women are 2 times as likely to have specific phobia as men, while social phobia occurs equally in men and women

**Causes**:
Genetic: 1st degree relatives of patients are three times more likely to develop the disorder
Neurochemical: overproduction of adrenergic neurotransmitters
Behavioral: phobias may develop through association with traumatic events

**Treatment**: specific phobia: systemic desensitization | social phobia: SSRIs & behavioral therapy

***Obsessive-Compulsive Disorder "OCD":***
***Obsession**: recurrent and intrusive thought, feeling or idea*
***Compulsion**: conscious repetitive behavior linked to an obsession that when performed relieves anxiety caused by the obsession*

***Criteria**: -Either obsessions or compulsions:*
*Obsessions: recurrent persistent intrusive thoughts that cause marked anxiety*
*Person attempts to suppress the thoughts.*
*Person realizes thoughts are product of his or her own mind.*

*Compulsions: repetitive behaviors driven to perform in response to an obsession*
*The behaviors are aimed at reducing distress, but there is no realistic link between the behavior and the distress.*

*-The person is aware that the obsessions and compulsions are unreasonable and excessive*
*-The obsessions cause marked distress or significantly interfere with daily functioning*

***Types of OCD**: contamination, doubt, symmetry & intrusive thoughts*

***N.B**: men are equally likely to be affected as women. OCD is associated with major depressive disorder, eating disorders & other anxiety disorders. The rate of OCD is higher in patients with 1st degree relatives who have Tourette's disorder*

***Causes**:*
*Neurochemical: abnormal regulation of serotonin*
*Psychosocial: onset of OCD is triggered by a stressful life event*
*Genetic: higher in 1st degree relatives & monozygotic twins*

***Treatment**: SSRIs, "TCAs "Clomipramine"" & "behavioral treatment "exposure and response prevention""*

***Anxiolytics**: Benzodiazepines*, Propranolol & Buspirone*
**Long acting: Diazepam*
*Intermediate acting: Lorazepam*
*Short acting: Triazolam*

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## *Eating disorders*

***Anorexia nervosa**: disorder in which patient is preoccupied with their weight & body image*
and with being thin

***Types**:*

*Restrictive type: patient eats very little and may vigorously exercise*
*Purging type: eats in binges followed by purging, laxatives or diuretics*

***Criteria**: -Body weight at least 15% below normal*
*-Intense fear of gaining weight or becoming fat*
*-Disturbed body image*
*-Amenorrhea* | ***Complications**: amenorrhea, arrhythmia, cardiac arrest, hypochloremic hyperkalemic alkalosis, hypercholesterolemia, osteoporosis & "lanugo: very thin, soft, unpigmented hair"*

***N.B**: more common in women, onset 10-30 years. Mortality rate about 10% due to starvation, electrolyte disturbances & suicide. DDx: cancer, depression & ntidep*

***Treatment**: if patient is 20% below ideal weight he should be hospitalized otherwise treat as outpatient with ntidepressant adjunctive therapy "**paroxetine**", behavioral & family therapies*

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## *Psychotic disorders*

***Delusions**: false beliefs that cannot be altered by rational arguments*

***Types of delusions**: Paranoid delusion: irrational belief that one is being persecuted*
*Ideas of reference: belief that some event is uniquely related to the individual*
*Thought broadcasting: belief that one's thoughts can be heard by others*
*Delusions of grandeur: belief that one has special powers*
*Delusions of guilt: false belief that one is guilty or responsible for something*

***Hallucination**: sensory perception without an actual external stimulus*
***Types**: visual, auditory, olfactory & tactile*

***Illusion**: misinterpretation of an existing sensory stimulus*

***Schizophrenia**: is a (psychiatric) disorder characterized by a group of abnormalities in thinking, emotion & behavior*

***Symptoms of schizophrenia are broken up into two categories**:*
*Positive symptoms: hallucinations, delusions, bizarre behavior & thought disorder*
*Negative symptoms: blunted affect, anhedonia, apathy & inattentiveness*
***N.B**: although negative symptoms are the less dramatic of the two types, they are considered by some to be at the "core" of the disorder*

***The disorder moves through 3 phases**:*
*Prodromal: decline in functioning that precedes the first psychotic episode*
*Psychotic episode* (+ve symptoms)
*Residual: occurs between episodes of psychosis. It is marked by flat affect*
(-ve symptoms)

***Criteria***: *≥2 of the following for at least 1 month in duration of 6 months:* (including prodromal or residual periods)

1. *-Delusions "bizarre or not bizarre"*
2. *-Hallucinations*
3. *-Disorganized speech*
4. *-Grossly disorganized or catatonic behavior*
5. *-Negative symptoms*

*Must be causing function impairment & are not caused by medical problem or substance use*

***Types***: *"Residual type: prominent negative symptoms", paranoid, catatonic & undifferentiated*

***Psychiatric examination of schizophrenic patients***: *flattened affect, intact memory, lack of insight, concrete understanding, paranoid delusions, auditory hallucinations & ideas of reference*

*M:F ratio = 1, but men have more severe disease with more negative symptoms, they tend to have the disease around 20 years, while women tend to have it around 30 years.*

*The exact cause of schizophrenia is not known, but it appears to be related to increased dopamine activity. Evidence to support this hypothesis is that most successful antipsychotics are $D_2$ antagonists*

***N.B***: *if dopamine is increased in mesolimbic area it produce +ve Sx, while –ve Sx if in prefrontal area*

prognosis → chronic and debilitating

***Good prognostic factors***: *late onset, acute onset, female sex, good support & +ve Sx.* ***And vice versa*** (few replases, mood symptoms)

***Treatment***:

*Typical neuroleptics: Chlorpromazine. $D_2$ antagonists, better at treating positive symptoms*

*Atypical neuroleptics: Clozapine. Serotonin antagonists, better at treating negative symptoms*

***Side effects of treatment***: *tardive dyskinesia, anticholenergic Sx & "neuroleptic malignant syndrome: confusion, high fever, elevated blood pressure, tachycardia, "lead pipe" rigidity"*

(high potency → EPSE (Dystonia, Akathisia, resting tremor, rigidity, bradykinesia); low potency → Drymouth, constipation, blurred vision; neuroleptic malignant → high potency)

***Delusional disorders***: *occurs more often in older patients >40, immigrants & the hearing impaired*

***Criteria***: *-Non-bizarre, fixed delusions for at least 1 month*
*- Functioning in life not significantly impaired*
*-Don't meet the criteria of schizophrenia*

***Types***: *jealous, persecutory, grandiose, somatic & mixed*

***Treatment***: *Psychotherapy. Antipsychotic medications are often ineffective, but a course should be tried*

- chronic and lifelong
- no tx → psychotherapy only.

**Schizoid Personality Disorder**

- lifelong pattern of social withdrawal. They are often perceived as eccentric and reclusive. They are quiet and unsociable and have a constricted affect. They have no desire for close relationships and prefer to be alone.
- **DIAGNOSIS AND DSM-IV CRITERIA**

A pattern of voluntary social withdrawal and restricted range of emotional expression, beginning by early adulthood and present in a variety of contexts. Four or more of the following must also be present:-

- ✔ Neither enjoying nor desiring close relationships (including family).
- ✔ Generally choosing solitary activities.
- ✔ Little (if any) interest in sexual activity with another person.
- ✔ Taking pleasure in few activities (if any).
- ✔ Few close friends or confidants (if any).
- ✔ Indifference to praise or criticism.
- ✔ Emotional coldness, detachment, or flattened affect.

## Personality disorders

bizzar or odd behaviour — غريب الاطوار

***Personality disorders are divided into three clusters:***

***Cluster A**: schizoid, schizotypal & paranoid: Patients seem eccentric, association with psychotic disorders*

- social withdrawal
- no desire for close relationship and prefer to be alone
- شخصية شبه الفصامية
- Familial

***Cluster B**: antisocial, borderline, histrionic & narcissistic: Patients seem emotional, association with mood disorders*

dramatic

- attention seeking behavior
- الشخصية النرجسية
- Superiority, a need for admiration
- lack of empathy

***Cluster C**: avoidant, dependent & OC: Patients seem anxious, association with anxiety disorders*

fearful

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Cluster A — شخصية شبه الفصامية

**1 Paranoid Disorder**: is distrust, suspiciousness & blaming own problems on others & seem angry

***Criteria**: general distrust of others, beginning by early adulthood + ≥4 of the following:*

suspiciousness
1. -Suspicion of exploiting or deceiving without evidence
2. -Recurrence suspicions regarding fidelity of lover
3. -Full of doubts regarding loyalty or trustworthiness of known ones

distrust →
4. -Reluctance|refuse to trust others
5. -Interpretation of benign remarks as threatening or demeaning

blaming own problem on others →
6. -Persistence of grudges
7. -Quick to counterattack ↳ anger

*It is chronic disease & more common in men.* ***DDx**: Paranoid schizophrenia* | ***Treatment**: Psychotherapy*

in this personality type → they do not have any fixed delusions and are not frankly psychotic

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Cluster B

**2 Antisocial Disorder**: is a disease in which the patient refuses to conform to social norms, being impulsive, tricky, often violate the law and lack guilt for their actions. However, often appear charming and normal for the first time.

***Criteria**: disregard & violation of the rights of others since age 15, + ≥3 of the following:*

refuse to conform to social norms
1. -Failure to conform to social norms
2. -Lying|manipulating others for personal gain

tricky
3. -Impulsivity → failure to plan ahead

impulsive
4. -Irritability and aggressiveness → recurrent fights
5. -Disregard for safety of self or others
6. -Irresponsibility
7. -Lack guilt for actions

*Patients must be at least 18 years old for this diagnosis, more common in men.*
***DDx**: drug abuse* | ***Treatment**: Psychotherapy*

as a child / adolescent must be consistent with conduct disorder (12-15 y)

present by early adulthood

Cluster B — 3 **Borderline Disorder**: unstable moods, behaviors interpersonal relationships & self image, they feel alone in the world, with repeated suicide attempts.

**Criteria**: ≥5 of the following:

1. -Unstable relationships
2. -Unstable self-image
3. -Unstable mood
4. -Impulsivity in at least two potentially harmful ways (spending, sexual activity / substance abuse)
5. -General feeling of emptiness
6. -Desperate efforts to avoid abandonment (الهجران)
7. -Difficulty controlling anger
8. -Stress-related paranoid ideation
9. -Recurrent suicidal attempts

It is more common in women, with 10% suicidal rate. **DDx**: schizophrenia | **Treatment**: Psychotherapy

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Cluster A — **Schizotypal Disorder**: pattern of eccentric behavior and peculiar thought patterns

**Criteria**: social deficits, eccentric behavior, cognitive or perceptual distortions, and discomfort with close relationships, beginning by early adulthood + ≥5 of the following:

eccentric behavior:
1. -Odd appearance or behavior
2. -Odd thinking or speech
3. -Odd beliefs → clairvoyance (خرافات), telepathy, superstitions & bizarre fantasies (تخيلات غريبة)

cognitive or perceptual distortion ←
4. -Ideas of reference (حمة استحضار الحاسة لسادسة — تخاطر)
5. -Suspiciousness

6. -Restricted affect

social deficits ←
7. -Few close friends
8. -Excessive social anxiety → social deficit

discomfort with close relationship

More prevalent in monozygotic, course is chronic or patients may eventually develop schizophrenia

**DDx**: ■ Paranoid schizophrenia: patients with schizotypal personality disorder are not frankly psychotic. ■ Schizoid personality disorder: Patients with schizoid personality disorder do not have the same eccentric behavior seen in patients with schizotypal personality disorder

**Treatment**: psychotherapy

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## Mood disorders

**Mood**: a description of one's internal emotional state, both external and internal stimuli can trigger moods, which may be labeled as sad, happy, angry, irritable... etc

**Episodes VS disorders**:

**Episode**: distinct periods of time in which some abnormal mood is present
**Disorder**: defined patterns of mood episodes

1. **Types of Mood Episodes**:

**1.1 Major depressive episode**: 5 of the following, including 1 and\or 2 for at least a 2-weeks period:
-Depressed mood
-Anhedonia
-Change in appetite|weight
-Feelings of worthlessness or excessive guilt
-In|hypersomnia
-Diminished concentration
-Fatigue
-Thoughts of death|suicide "15% risk of committing suicide later in life"
Symptoms cannot be due to substance use or medical conditions, and they must cause social or occupational impairment

**1.2 Manic episode**: psychiatric emergency characterized by persistently elevated or irritable mood, lasting at least 1 week and including ≥ 3 of the following "**DIG FAST**":
-Distractibility
-Insomnia
-Grandiosity
-Flight of ideas
-Activities that have a high risk
-Speech pressure
-Thoughtlessness of goal-directed activity

| Manic episode | 1.3 Hypomanic episode "same criteria as mania" |
|---|---|
| ≥7 days | ≥4 days |
| Severe function impairment | No |
| Require hospitalization | No |
| Psychotic feature | No |

2. **The Main Mood Disorders**:

N.3 **Major depressive disorder**: ≥1 episodes of depressed mood associated with loss of interest in daily activities + No history of manic|hypomanic episodes. Patients may be unaware of their depressed mood or may express vague, somatic complaints.

Prevalence is 15%; average age of onset is 40 and is twice as prevalent in women.

**Sleep problems with MDD**: multiple awakenings

*Initial and terminal insomnia*
*Hypersomnia*
*REM sleep shifted to earlier in night and stages 3 and 4 decreased*

***Treatment**: SSRIs, TACs & MAOIs. If left untreated, depressive episodes usually last from 6-13 months*
*Hospitalization Indicated if patient is at risk for suicide,homicide, or is unable to care for self*
*Electroconvulsive therapy is indicated if patient is unresponsive to pharmacotherapy*

***N.B**: **Seasonal affective disorder**: is a subtype of MDD in which major depressive episodes occur only during winter months (fewer daylight hours). Patients respond to treatment with light therapy*

*Unique Types:*
*Melancholic: 40 to 60% of hospitalized patients with major depression. Characterized by anhedonia, early morning awakenings & anorexia*
*Atypical: characterized by hypersomnia, hyperphagia & leaden paralysis*
*Catatonic: features include catalepsy (immobility) or purposeless motor activity*
*Psychotic: 10 to 25% of hospitalized depressions. Characterized by the presence of hallucinations*

***2.2 Bipolar I**: The only requirement for this diagnosis is the occurrence of one manic or mixed episode. M:F = 1 and is **treated by**: "Lithium "mood stabilizer"" & "Valproic acid "for convulsions"", if untreated only 7% of patients do not have a recurrence of symptoms after their first manic episode*

***2.3 Bipolar II disorder**: one or more major depressive episodes and at least one hypomanic episode.*
*More common in women, all other things is same as for Bipolar I.*

***2.4 Dysthymic disorder**: mild-moderate depressed mood for the majority of time ≥2 years "in children 1 year" + ≥2 of the following "**PPFFIL**":*
*-Poor concentration*
*-Poor appetite or overeating*
*-Feelings of hopelessness*
*-Fatigue*
*-In\|hypersomnia*
*-Low self-esteem*

*More common in women. 20% will develop major depression & 20% will develop bipolar disorder.*
***Treatment**: cognitive therapy and insight-oriented psychotherapy are most effective. Antidepressant medications are useful when used concurrently (SSRIs,TCAs, or MAOIs)*

***N.B**: The person has must not been without the above symptoms for > 2 months at a time & must never have had a hypomanic episode; otherwise it is (**2.5 Cyclothymic disorder**: **Treated***

**by**: Antimanic agents)

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## Substance related disorders

**Opioids**: are potent analgesics, **of which are**: Morphine, Codiene, Heroine & Methadone

**Intoxoxication causes**: drowsiness, N\V, constipation, slurred speech, constricted pupils, seizures & respiratory depression | **DDx**: severe EtOH intoxication | **Diagnosis**: urine & blood tests remain positive for 12-36 hrs
**Treatment of intoxication**: maintain ABCs, and administer Naloxone in case of overdose

**Withdrawal\Crisis**: dysphoria, insomnia, lacrimation, rhinorrhea, yawning, weakness, sweating, piloerection & muscle aches
**Treatment of crisis**: Moderate: Clonidine | Severe: methadone tapered over 7 days

**Alcohole**: screening for dependence "**CAGE questionnaire**" ≥2 "yes" answers are considered positive:
Have you ever wanted to **C**ut down on your drinking?
Felt **A**nnoyed by criticism of your drinking?
Felt **G**uilty about drinking?
Ever taken a drink as an **E**ye opener "prevent shakes"

**In case of withdrawal**: the most serious form is "**Delirium Tremens**: begins within 72 hrs of cessation of drinking, include visual or tactile hallucinations, gross tremor, autonomic instability & fluctuating levels of psychomotor activity"
**Treatment**: tapering doses of benzodiazepines, Thiamine, folic acid, multivitamin & $MgSO_4$ & Carbamazepine for post-withdrawal seizures

**Long-term complications of Alcohol intake**: **Wernicke-Korsakoff encephalopathy\syndrome**: caused by thiamine "vitamin B1" deficiency resulting from the poor diet of alcoholics, is acute and can be reversed with thiamine therapy: Ataxia, Confusion & Ocular abnormalities
"nystagmus, gaze palsies"

If left untreated, may progress into **Korsakoff's syndrome**: which is chronic and often irreversible, results from pyruvate accumulation in mammilary body:
Anterograde amnesia
± **Confabulation**: making up answers when memory has failed
Impaired recent memory

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## Childs' psychiatric disorders

| Autism | |
|---|---|
| **Criteria** | - ≥2 social interaction symptoms<br>-≥1 communication symptoms<br>-≥1 patterns of behavior & activities |
| **Epidemiology** | More common in boys, associated with MR & TS |
| **Etiology** | Genetic, prenatal & immunological |
| **Treatment** | No cure. Manage symptoms & improve social skills |

| Asperger syndrome | |
|---|---|
| **Criteria** | -≥2 social interaction symptoms<br>-≥1 patterns of behavior & activities |
| **Epidemiology** | More common in boys |
| **Etiology** | Unknown |
| **Treatment** | Supportive & social training |

**Social interaction symptoms**: Impairment in nonverbal behaviors (facial expression, gestures, etc.)
Failure to develop peer relationships
Failure to seek sharing of interests
Lack of social/emotional exchange

**Communication symptoms**: Lack or delayed speech
Repetitive use of words\phrases
Lack of varied or spontaneous play

**Patterns of behavior & activities**: Inflexible rituals\habits
Preoccupation with parts of objects rather than the object itself

| Attention Deficit Hyperactivity Disorder<br>"ADHD" | |
|---|---|
| **Criteria** | -≥6 symptoms of inattentiveness, hyperactivity or both for ≥6 month<br>-Age <7<br>-Behavior inconsistent with age & development |
| **Epidemiology** | More common in boys & subsides by teenage |
| **Etiology** | Genetic, neurochemical & psychosocial |
| **Treatment** | CNS stimulants, SSRIs & group therapy |

**Inattention**: problems listening, concentrating, paying attention to details, organizing tasks, easily distracted & often forgetful
**Hyperactivity**: impulsivity "blurting out", interrupting, fidgeting, leaving seat & talking excessively

| Enuresis | |
|---|---|
| Criteria | -Involuntary voiding after age 5<br>-Occurs at ≥2 a week for 3 months or with marked impairment of function |
| Epidemiology | Decreases with age |
| Etiology | Genetic, small bladder & stress |
| Treatment | Behavioral & anti-diuretics "desmopressin" |

| Encopresis | |
|---|---|
| Criteria | - Involuntary\|intentional passage of feces in inappropriate places |
| Epidemiology | Decrease with age. Associated with ADHD |
| Etiology | Stress, lack of sphincter control & constipation* |
| Treatment | Behavioral & stool softeners* → "MgOH" |

| Conduct disorder | |
|---|---|
| Criteria | ≥3 of the following in the past year<br>-Aggression<br>-Actual violation of rules\|rights<br>-Deceitfulness<br>-Destruction of others' properties |
| Epidemiology | More common in boys. 40% risk of developing anti-social disorders as adult |
| Etiology | Genetic |
| Treatment | Firm rules<br>Individual psychotherapy<br>Adjuvant "Lithium & SSRIs" |

## Mental state examination

1. **Cognitive function**: is the ability of attention and concentration
   Attention: the ability to focus, "the patient is focusing when a story is being told"
   Concentration: the ability to maintain attention, "the patient recalls part of story when asked about it the next day".

To examine: ask the patient to subtract 7 five times of 100 "100, 93, 86... etc"

2. **Orientation**: to know if the patient is aware of the situation he is in

To examine: *ask the patient about where he is, who you are, what day and date is today*

3. **Memory**: is the ability to recall things, it is subdivided into"

**Immediate**: *tell the patient 3 random words, and ask him to recall them after* "up to 5 mins"
**Recent**: *ask the patient about the weather yesterday* "up to 24 hrs"
**Remote**: *ask the patient about the year COVID started, or the when was the Independence Day*

4. **Judgment**: *tell the patient a scenario, then see his judgment* "what would you do if you got home and there was gas smell all over the house"

5. **Abstract**: the ability to understand, *ask the patient about the similarity between an apple and a tomato, or ask him to tell you the meaning of a popular quote*

6. **Insight**: the awareness of the patient of his disease, *ask him why are you here, what do you think of people saying you are sick, do you think you have any problems*