

*Psychiatry Finals*  
*...extended*

## Schizophrenia

- Characterised by fundamental and characteristic distortions of thinking and perception, and affects inappropriate or blunted
- Clear consciousness and intellectual capacity usually maintained, although certain cognitive deficits may evolve
- Continuous or episodic with progressive or stable deficit, or 1 or more episodes with complete remission
- Diagnosis not made in presence of extensive depressive or manic symptoms unless schizophrenic symptoms pre-date the affective disturbance
- Diagnosis not made in presence of overt brain disease or states of drug intoxication or withdrawal
- If symptoms develop in presence of epilepsy = F06.2 or psychoactive substances F10-19

<i>A. First Rank and other symptoms</i>	<i>B. Other symptoms</i>
<ol style="list-style-type: none"> <li>1. <b>Thought</b> echo, insertion, withdrawal or broadcast</li> <li>2. <b>Passivity</b> phenomena and delusional perception</li> <li>3. <b>Auditory hallucinations</b> – running commentary or discussion, or other hallucinatory voices coming from some part of the body</li> <li>4. <b>Persistent delusions</b> – culturally inappropriate and completely impossible</li> </ol>	<ol style="list-style-type: none"> <li>1. <b>Persistent hallucinations</b> (any modality) every day for &gt;1 month, with delusions without clear affective content or persistent overvalued ideas</li> <li>2. <b>Thought disorder</b> – neologisms, beads, interpolations resulting in incoherence or irrelevance</li> <li>3. <b>Catatonic behaviour</b> – excitement, posturing, waxy flexibility, negativism, mutism or stupor</li> <li>4. <b>Negative symptoms</b> – apathy, paucity of speech, blunting/incongruity of emotional response (not due to depression or medication)</li> </ol>

### A diagnosis of schizophrenia requires

- 1 symptom, sign or syndrome from **A**.
- Or at least 2 symptoms from **B**.

### If observed over at least 1 year, can be

- continuous
- episodic with progressive deficit (progressive development of negative symptoms between psychotic episodes)
- episodic with stable deficit (persistent but non-progressive negative symptoms between episodes)
- episodic remittent (complete or virtually complete remissions between episodes)
- incomplete remission
- complete remission
- other
- course uncertain, period of observation too short

### Types

- **Paranoid** – perceptual disturbance, minimal affective or negative symptoms
- **Hebephrenic** – affective changes, thought disorder, irresponsible behaviour
- **Catatonic** – stupor, catalepsy, catatonia, flexibilitas cerea
- **Undifferentiated** – not conforming to, or having features of more than one of the above subtypes
- **Post-schizophrenic depression** – at least 1 symptom from **A**. present (not dominant) + criteria for at least a mild depressive episode
- **Residual schizophrenia** – chronic, negative symptoms
- **Simple** – negative symptoms develop and progress without being preceded by overt psychosis

# Schizophrenia

## Co-morbidity

### Risk factors

	<i>Biological</i>	<i>Psychosocial</i>
<b>Predisposing</b>	Genes (family history), maternal influenza, low birth weight, obstetric complications, male sex, older father, substance misuse	Low IQ, social deprivation, conduct disorder, urban birth, urban upbringing
<b>Precipitating</b>	Substance misuse, physical illness	
<b>Perpetuating</b>	Substance misuse, non-compliance, physical illness	
<b>Relapsing</b>	Substance misuse, non-compliance, physical illness	High expressed emotion

### Management

<i>Biological</i>	<i>Psychosocial</i>
Antipsychotics (typical, atypical) Clozapine (augmentation)	Follow-up Psychoeducation Supportive psychotherapy Compliance therapy CBT (for psychosis) Insight-orientated psychotherapy Psychodynamic psychotherapy Family therapy CPN Social worker Case conference CPA
Other Drugs & alcohol	Other Drugs & alcohol
ECT	Financial Housing

## Depression

- At least 2 weeks
- No (hypo)manic symptoms
- No psychoactive substance misuse or organic mental disorder

<i>A. Primary symptoms</i>	<i>B. Secondary symptoms</i>	<i>C. Somatic syndrome</i>
5. Depressed mood most days, most of the day for 2 weeks	5. Loss of confidence/self-esteem	1. Marked loss of interest/pleasure
6. Loss of interest/pleasure	6. Unreasonable self-reproach or excessive/inappropriate guilt	2. Lack of emotional responses
7. Decreased energy/increased fatiguability	7. Recurrent thoughts about death or suicide or suicidal behaviour	3. Early morning waking
	8. Reduced ability to think or concentrate	4. Diurnal variation
	9. Psychomotor retardation or agitation (subjective or objective)	5. Objective psychomotor retardation or agitation
	10. Sleep disturbance	6. Marked loss of appetite
	11. Change in appetite & weight	7. Weight loss ( $\geq 5\%$ body weight in past month)
		8. Marked loss of libido

### Mild depressive episode (F32.0)

- At least 2 symptoms from **A.**
- 1 or 2 symptoms from **B.** (to give a total of 4)
- At least 4 symptoms from **C.** = “with somatic syndrome”

### Moderate depressive episode (F32.1)

- At least 2 symptoms from **A.**
- 3 or 4 symptoms from **B.** (to give a total of 6)
- At least 4 symptoms from **C.** = “with somatic syndrome”

### Severe depressive episode without psychotic symptoms (F32.2)

- All 3 symptoms from **A.**
- At least 5 symptoms from **B.** (to give a total of 8)
- No hallucinations, delusion or stupor (somatic syndrome assumed)

### Severe depressive episode with psychotic symptoms (F32.2)

- As severe depressive episode without psychotic symptoms but with hallucinations, delusions or severe psychomotor retardation or stupor
- Schizophrenia or schizoaffective disorder not present
- Hallucinations not in 3<sup>rd</sup> person/running commentary OR delusions not impossible/culturally inappropriate OR stupor present
- Mood-congruent: delusions of guilt, worthlessness, bodily disease, impending disaster; derisive or condemnatory auditory hallucinations
- Mood-incongruent: persecutory or self-referential delusions; hallucinations without an affective component

# Anxiety (ICD-10)

## Phobic anxiety disorders

### Agoraphobia (F40.0)

#### Fear of

- leaving home
- entering shops
- crowds and public places
- travelling alone in trains/buses/'planes

Often associated with panic disorder

Associated with depressive and obsessional symptoms and social phobia as subsidiary features

Avoidance is prominent

<i>A. Situations</i>	<i>B. Core symptoms of anxiety</i>	<i>C. Other symptoms of anxiety</i>
1. Crowds 2. Public places 3. Travelling alone 4. Travelling away from home	1. Palpitations, etc 2. Sweating 3. Trembling or shaking 4. Dry mouth	1. Difficulty in breathing 2. Feeling of choking 3. Chest pain or discomfort 4. Nausea or abdominal upset 5. Dizzy, unsteady, faint or lightheaded 6. Derealisation, depersonalisation 7. Fear of losing control or going crazy 8. Fear of dying 9. Hot flushes or cold chills 10. Numbness or tingling

#### Diagnosis requires

- Marked and consistent fear in or avoidance of at least 2 situations from **A.**
- At least 2 symptoms of anxiety from **B.** and **C.** in the feared/avoided situations present together on at least 1 occasion, with at least 1 of these being from **B.**
- Significant emotional distress caused by avoidance or situation, recognised to be excessive or unreasonable by individual
- Symptoms restricted to or predominate in the feared/avoided situations or in their contemplation
- Fear NOT due to delusions, hallucinations or other disorders and not secondary to cultural beliefs
- Severity rated by degree of avoidance (or number of panic attacks, if present)

## Social phobias (F40.1)

Fear of scrutiny by others, leading to avoidance of social situations

More pervasive social phobias usually associated with low self-esteem and fear of criticism

These may present as

- blushing
- hand tremor
- nausea
- urinary urgency

which may be considered to be the primary problem by the patient

<i>A. Situations</i>	<i>B. Core symptoms of anxiety</i>	<i>C. Other symptoms of anxiety</i>	<i>D. Core symptoms of social phobia</i>
1. Marked fear of being the focus of attention, or fear of behaving in a way that will be embarrassing or humiliating 2. Marked avoidance of being the focus of attention, or of situations in which there is fear of behaving in an embarrassing or humiliating way. These fear are manifested in social situations, such as eating or speaking in public, encountering known individuals in public, or entering or enduring small group situations (e.g. parties, meetings, classrooms).	1. Palpitations, etc 2. Sweating 3. Trembling or shaking 4. Dry mouth	1. Difficulty in breathing 2. Feeling of choking 3. Chest pain or discomfort 4. Nausea or abdominal upset 5. Dizzy, unsteady, faint or lightheaded 6. Derealisation, depersonalisation 7. Fear of losing control or going crazy 8. Fear of dying 9. Hot flushes or cold chills 10. Numbness or tingling	1. Blushing 2. Shaking 3. Urgency or fear of urinary/faecal incontinence

### Diagnosis requires

- Either 1. or 2. from **A.**
- At least 2 symptoms of anxiety from **B.** and **C.** in the feared/avoided situations present together on at least 1 occasion, with at least 1 of these being from **B.**
- There must also be at least 1 of the symptoms from **D.** present
- Significant emotional distress caused by avoidance or situation, recognised to be excessive or unreasonable by individual
- Symptoms restricted to or predominate in the feared/avoided situations or in their contemplation
- Fear NOT due to delusions, hallucinations or other disorders and not secondary to cultural beliefs

## **Behavioural syndromes associated with physiological disturbances and physical factors**

### **F 50 Eating disorders**

#### **F50.0 Anorexia nervosa**

- Weight loss – weight 15% < expected
- Self-induced – avoid fattening foods
- Self-perception – too fat
- Endocrine disorder
- Not bulimia – overeating or preoccupation with eating or compulsion to eat

#### Other factors

- Vomiting
- Purging
- Exercise
- Appetite suppressants and/or diuretics

#### **F50.1 Atypical anorexia nervosa**

- Some criteria fulfilled but overall picture not in keeping

**Behavioural syndromes associated with physiological disturbances and physical factors**  
**F 50 Eating disorders**

**F50.0 Anorexia nervosa**

**Risk factors**

	<i>Biological</i>	<i>Psychosocial</i>
<i>Predisposing</i>	Female sex, family history, physical illness in childhood	Higher socioeconomic status, greater parental education, western culture, private school, culture of thinness,  Family dynamics – overprotection, enmeshment, dependent relationships, passive father,
<i>Precipitating</i>		
<i>Perpetuating</i>		
<i>Relapsing</i>		

**Management**

<i>Biological</i>	<i>Psychosocial</i>
Feeding	Admission Follow-up Psychoeducation Supportive psychotherapy Compliance therapy CBT (for psychosis) Insight-orientated psychotherapy Psychodynamic psychotherapy Family therapy CPN Social worker Case conference CPA
Other Drugs & alcohol ECT	Other Drugs & alcohol Financial Housing

**Behavioural syndromes associated with physiological disturbances and physical factors**  
**F 50 Eating disorders**

**F50.2 Bulimia nervosa**

- Recurrent overeating/binges – at least 2/week over 3 months
- Preoccupation with eating, compulsion to eat
- Counteraction – vomiting, purging, starvation, drugs
- Self-perception too fat, intrusive dread of fatness

**F50.3 Atypical bulimia nervosa**

- Some criteria fulfilled but overall picture not in keeping

# Schneiderian First Rank Symptoms

## Significance

- Presence of 1 or more indicates that a diagnosis of schizophrenia is likely
- However, they occur in up to 10% of those with mania
- ICD-10 criteria for schizophrenia are partially based on Schneider's first rank symptoms

## Hallucinations

- 3<sup>rd</sup> person commentary
- 3<sup>rd</sup> person arguing
- Thought echo

## Delusions

### of perception

- Delusional perception

### of thought possession

- Thought insertion
- Thought withdrawal
- Thought broadcasting

### of control

- Passivity of affect
- Passivity of impulse
- Passivity of volition
- Somatic passivity

# OCD

## Obsessions

- Thoughts
- Images
- Own
- Intrusive
- Unpleasant
- Resisted
- Feelings
- Compelled

## Compulsions

- Washing
- Cleaning
- Counting
- Checking

## Insight

- Excessive/unreasonable?
- What if resisted?
- How do you know/certainty?
- Own thoughts?

## Severity

- How hard do you try?
- How much control?
- Avoidance

## Types

- Contamination
- Aggression
- Sexual/religious
- Symmetry/order
- Hoarding/collecting
- Somatic
- Superstition

## Co-morbidity

- Onset and course
- Tourette's
- Trichotillomania
- Stereotypies
- Drug use
- Depression
- Anxiety
- Eating disorders
- Head injuries
- Seizures

# **PTSD**

## **General**

- What happened
- How scary
- Injuries, including head
- Forensic
- Guilt

## **Features**

### **Re-experiencing**

- Nightmares
- Flashbacks
- Anxiety symptoms
- Frequency

### **Avoidance**

- Thinking
- Location
- Similar situations

### **Hyperarousal**

- Sleep disturbance
- Irritability
- Hypervigilance
- Exaggerated startle response
- Concentration

## **Distress, social functioning**

### **Premorbid personality**

- Psychiatric history
- Family history

### **Co-morbidity**

- Anxiety
- Depression
- Alcohol/drugs
- Physical

## **Suicide risk**

## **Insight**

## **Management**

- Medication
- Psychological treatments – anxiety management, relaxation training, CBT, EMD
- Leaflet/written

information

# **Panic attacks**

## **General**

- What happens?
- When?
- How often?
- Where?
- Onset
- Progression
- Duration
- Frequency
- Influencing factors
- Beliefs?

## **Family history**

## **Impact on life**

## **Coping strategies**

- Alcohol/drugs
- Caffeine

## **Avoidance**

## **Self-harm**

## **Co-morbidity**

- Depression
- OCD
- Agoraphobia

## **Other medical problems**

- IBS
- Mitral valve prolapse
- TFTs
- ECG

## **Management**

- Explanation
- Education
- Medication
- Psychological

## **Alcohol history**

### **Details**

1<sup>st</sup> drink, how long regular, how much, what kind, where

### **Dependence**

Cravings

Narrowing

Primacy

Tolerance

Abstinence

Withdrawal

Relief/reinstatement

CAGE

### **Risk factors**

Occupation

Premorbid personality

Psychiatric history

Family history

### **Complications**

Health

Family

Social

Work

Financial

Forensic

### **Insight**

### **Motivation**

## **Mania**

### **Mood**

- Elation
- Irritability

### **Biological**

- Energy
- Sleep
- Appetite
- Libido

### **Interests**

### **Grandiosity**

### **Psychotic symptoms**

- Delusions of persecution/reference
- Religious experiences
- Hallucinations

### **Thought**

- Speed
- Content

### **Impulsivity**

### **Social activity**

### **Judgement/insight**

## **Delusions**

### **General**

- Are you fully in control of thoughts?
- Is there any interference with your thoughts?
- Is it as easy as before to think?
- Are there any things you know but don't know how you know?
- Are any of your beliefs not shared by others?

### **Specific**

- Persecution - How do you get on with others? Anyone after you? A plot?
- Reference - People looking at/talking about you? TV/radio?
- Grandiosity - How do you see yourself compared to others?
- Guilt - Regrets? Guilt? Punishment?
- Nihilism - Something terrible going to happen? The future?
- Hypochondriasis - Health?
- Jealousy - Relationship? Partner appreciate loyalty?
- Delusion mood - Something strange?
- Passivity - Emotion, impulse, volition, somatic
- Thought alienation - Insertion, withdrawal, broadcast
- Misidentification - Capgras, Fregoli
- Religious
- Others, unshared

### **Own beliefs?**

### **How known?**

### **Degree of conviction?**

# Passivity

## Explain questions may sound strange

### General

- Have you been having any unusual experiences?
- Has anything been happening that you find difficult to explain?
- Is anyone controlling you in any way?

### Thought alienation

- Is there any interference with your thoughts?
- Are you able to think clearly?
- Are you always in control of your thoughts?
- Is there anything like telepathy or hypnosis going on?

### Thought insertion

- Do you have thoughts which you know are not your own?

### Thought withdrawal

- Do your thoughts ever stop suddenly, as if they have been taken away out of you head?

### Thought broadcast

- Can others know your thoughts? Can they read your mind?
- How is this possible?
- Are your thoughts ever spoken out loud so that others can hear them?

### Affect

- Are you made to feel emotions against your will?

### Impulse

- Have your intentions been replaced with those of others?

### Volition

- Has your will been replaced by that of some force outside of yourself?
- Explain?

### Somatic

- Is there anything (like X-rays or radio waves) affecting your body?
- Does someone or something produce strange experiences/sensations in your body?
- Do you ever feel that you are being controlled like a robot or puppet?

### Clarify

- Who? How? Why?
- What?
- Can

you

resist?

# **Hallucinations**

## **Introduce tactfully**

### **Auditory**

- Hallucinations
- Pseudohallucinations

### **Visual**

- Lilliputian

### **Gustatory**

### **Olfactory**

### **Tactile somatic**

- Insects
- Electricity

### **Vestibular**

- Floating, sinking
- Stretching

### **Types**

- Functional
- Reflex
- Extracampine
- Autoscopy

### **Explanation**

### **Effects**

### **Coping**

# **Dementia**

## **Open questions**

### **Cognitive functions**

- Memory, short and long term - ?needs prompting
- Temporospatial disorientation
- Language problems, word-finding, dysphasia
- Comprehension
- Dyspraxia, dysgraphia, reading difficulties
- Visuospatial difficulties, agnosias
- Judgement, decision making
- Executive functioning, initiation planning, etc
- Impact on life

### **Functional decline**

- Behavioural
- Psychological
- Biological
- Physical – CVD, PD, incontinence

### **Onset and progression**

- Sudden or gradual
- Precipitating event
- Onset versus recognition
- Sequence
- Progression
- Fluctuations
- Diurnal variation

### **Risk assessment**

- Safety in home
- Finances
- Driving
- Medication
- Will

### **Other**

- Current medication
- PMH
- PPH
- FH

### **Risk factors**

- Education, occupation, alcohol, head injury, boxing, living situation

## **MMSE**

### **Orientation**

- Time (5)
- Place (5)

### **Registration (3)**

### **Concentration (5)**

### **Naming (2)**

### **Repetition (1)**

### **Comprehension (3)**

### **Reading (1)**

### **Writing (1)**

### **Drawing (1)**

### **Recall (3)**