

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

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, flexibilis 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> |
|----------------------|---|---|
| Predisposing | 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 |
| Precipitating | Substance misuse, physical illness | |
| Perpetuating | Substance misuse, non-compliance, physical illness | |
| Relapsing | 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 6. Loss of interest/pleasure 7. Decreased energy/increased fatiguability | 5. Loss of confidence/self-esteem 6. Unreasonable self-reproach or excessive/inappropriate guilt 7. Recurrent thoughts about death or suicide or suicidal behaviour 8. Reduced ability to think or concentrate 9. Psychomotor retardation or agitation (subjective or objective) 10. Sleep disturbance 11. Change in appetite & weight | 1. Marked loss of interest/pleasure 2. Lack of emotional responses 3. Early morning waking 4. Diurnal variation 5. Objective psychomotor retardation or agitation 6. Marked loss of appetite 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 3rd 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

- 3rd person commentary
- 3rd 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

1st 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)