

PSYCHIATRY NOTES

DEPRESSION

The biological features of **depression** are –
lethargy,
diurnal variation in mood,
early morning waking,
loss of appetite,
constipation,
amenorrhoea,
low libido.

Psychomotor retardation and variation in mood suggests probably response to TCA.

Depression is commoner in women and in urban areas.

The findings of the **vulnerability factors** are only applicable to depression. They were studied by Brown and Harris in a female population. Children under the age of 14, young adolescents, lack of a confidant and lack of employment outside the home were identified as a risk factor.

Severe depression (melancholia) is the most frequent indication for **ECT**. Patients with this illness experience sadness and despair, have difficulty concentrating, lose appetite and weight, sleep poorly, blame themselves, are unable to enjoy life, and often think of suicide.

Some patients develop partial loss of memory events over weeks following **ECT**. Other hazardous effects are cardiac arrhythmia and minor musculoskeletal trauma during anaesthesia.

Fluoxetine and venlafaxine are good for patients with psychomotor retardation. Antidepressants should continue for several months. In patients with recurrent relapses, antidepressants should be continued indefinitely. The suicide risk can increase early in antidepressant therapy.

BIPOLAR DISORDER

Bipolar disorder is equally common in men and women. Symptoms are evident before age 30 years. In bipolar disorder, there is an inherited abnormality in lithium transport in red blood cells and levels of noradrenaline are often elevated. Lithium is used for prophylaxis in bipolar disorder.

Pressure of speech and flight of ideas (quick succession of thoughts) occurs in **mania**. In addition, speech rhyming and clanging (words chosen for sound and not meaning - I ate food, rude, stood) are also important suggestive features.

Persistent mood elevation with occasional irritability is typical of **hypomania**. Hypomania is a mild form of mania, and can occur in bipolar disorder. Olanzapine or benzodiazepines are more effective during episodes of hypomania.

SCHIZOPHRENIA

First Rank Symptoms of Schizophrenia are:

Auditory hallucinations – third person, thought echo
Thought disorder – thought withdrawal, insertion or broadcast
Passivity experiences – actions under external control
Delusional perception

Acute **schizophrenia** include lack of insight, delusions of reference, blunt affect, auditory hallucinations, Olfactory or gustatory hallucinations, delusional mood, persecutory delusions, suspiciousness, hostility, social withdrawal and thought echo.

Thought broadcast is an example of thought alienation. This suggests a psychotic disorder. Other forms of thought alienation are **thought withdrawal** and **thought insertion**.

Depersonalisation (person feels unreal) and **derealisation** (environment feels unreal) are present not only in psychotic disorders, but also anxiety states and depression.

Poor prognostic features of schizophrenia are:

strong family history
early age of onset
insidious onset
negative symptoms (blunted affect, emotional withdrawal, apatheticness, social withdrawal, lack of spontaneity)
street drug use.

Good prognostic features are :

acute onset
early treatment
good response to treatment
female sex
good social adjustment

The **positive symptoms of schizophrenia** include:

hallucinations
formal thought disorder
delusions
bizarre behaviour

The **negative symptoms of schizophrenia** include poverty of speech (alogia)

poor motivation (avolition)
inability to derive pleasure (anhedonia)
emotional blunting
attentional deficit

There is higher incidence of **schizophrenia** among those with unstable relationships e.g. separated individuals. It is also commoner among patients with low social class. There is higher risk of one twin being affected if the other is.

OTHER PSYCHOSIS

Paraphrenia is a schizophrenia like psychosis which occurs in the elderly.

Haloperidol and trifluoperazine are examples of older generation antipsychotics which have parkinsonian side effects.

New generation antipsychotics: risperidone, olanzepine, quetiapine, clozapine, zotepine

In **schizoaffective disorder**, antipsychotics such as clozapine, haloperidol, and quetiapine, are used for the schizo component. Valproate, carbamazepine and fluoxetine are sometimes used for the affective component.

Puerperal psychosis is more common in the first pregnancy (primigravada). The rate is 1 in 500. The onset is usually acute. The prognosis is good, recurrence rate of puerperal psychosis is 14-20%. Treatment is with antipsychotics (be cautious of breast feeding) or ECT.

Korsakoff's psychosis is typically associated with short term memory loss and then confabulation by patient when he is unable to accurately describe something.

PHOBIAS

Anxiety: Symptoms associated with anxiety are: restlessness or feeling keyed up or on edge, being easily fatigued, difficulty concentrating or mind going blank, irritability, muscle tension, sleep disturbance.

Agoraphobia produces intense anxiety when the person is in a place where escape is difficult or embarrassing. Those people who have had panic attacks often worry about being in a place where help may not be available, if they have another attack.

One of the characteristic features of **panic disorder** is the fear that something drastic is going to happen during an attack, e.g. impending doom. The episode usually lasts for several minutes, and the patient may react with fear or try to escape the situation.

DEMENTIA

The combination of progressive cognitive decline, fluctuating symptoms, visual hallucinations, extrapyramidal signs (rigidity and bradykinesia more prominent than tremor) suggest **Lewy body dementia**. It is progressive. Patients are at risk of falls and syncope. Symptoms and signs of DLB probably result in part from disruption of information flow from the striatum to the neocortex, especially the frontal lobe.

The cause is multifactorial. Altered neuromodulator and/or neurotransmitter levels (eg, acetylcholine, dopamine) influence the function of many neuronal circuits.

In **Alzheimer's**, senile plaques, neurofibrillary tangles are seen throughout the cerebral cortex. The distinction between senile dementia and Alzheimer's is unclear. Some forms of Alzheimer's are familial with Amyloid Precursor Protein mutations. Depressive pseudodementia forms of Alzheimer's occur.

Patients with **pseudodementia** related to depression usually have global memory loss, whilst patients with **dementia** have shorter term memory loss. Those with pseudodementia may give a detailed history but still perform badly on tests.

Patients with **pseudodementia** make poor effort, but may score much better when successful in memory testing. Patients with dementia will have a low score. In pseudodementia, patients indicate depression directly when asked.

Other clues include patients having the ability to pinpoint the onset of symptoms and give detailed accounts of their impairments. Long term (remote) memory may be sketchy in pseudodementia when interviewed, unlike other dementias where long term memory is relatively intact.

Treatment is directed at the underlying depression in pseudodementia.

ANOREXIA AND BULIMIA

Features of **anorexia nervosa** are lanugo hair (fine hair on the back, arms and face), impaired temperature regulation, and sleep deficiencies. Metabolic effects in **anorexia nervosa** include metabolic alkalosis, elevated plasma amylase, hypercholesterolaemia, hypoglycaemia, high cortisol, hyponatraemia and hypokalaemia, impaired glucose tolerance, beta-hydroxybutyric acid increase, protein deficiency, increased carotene, zinc deficiency.

Bulimia is diagnosed by recurrent binge episodes. There is compensatory behaviour to prevent weight gain after a binge episode. This may be in the form of laxative abuse, induced vomiting or overexercise.

MISCELLANEOUS

Anger, guilt, denial, acceptance and anxiety are features which can occur following the breaking of bad news.

The criteria for **chronic fatigue syndrome** are :

- 1) severe chronic fatigue of six months longer duration
- 2) Have four more of following symptoms:
 - substantial impairment in short-term memory
 - poor concentration
 - sore throat
 - tender lymph nodes
 - muscle pain
 - multi-joint pain without swelling redness
 - headaches of a new type
 - pattern severity
 - unrefreshing sleep
 - post-exertional malaise lasting more than 24 hours

Low dose antidepressants are used in treatment of CFS, but suggested first line therapy should include *cognitive behavioural therapy*.

Dissociative amnesia is a psychogenic disorder where there is no organic reason for memory loss. Fluctuating levels of good and bad memory particularly suggest dissociative amnesia.

Delirium or acute confusional state is a transient global disorder of cognition. Delirium is defined as a transient, usually reversible, cause of cerebral dysfunction and manifests clinically with a wide range of neuropsychiatric abnormalities. Patients with delirium who are hyperactive have an increased state of arousal, psychomotor abnormalities (ie impaired basic motor or psychological functions), and hypervigilance. Other symptoms are clouding of consciousness, Disturbance of consciousness, Change in cognition (eg, memory deficit, disorientation, language disturbance, perceptual disturbance). Delirium is acute, has altered consciousness and psychomotor changes. Dementia is progressive, there is clear consciousness and psychomotor function is normal.

Dermatitis artefacta is a condition in which skin lesions are solely produced or inflicted by the patient's own actions. This usually occurs as a result or manifestation of a psychological problem. It could be a form of emotional release in situations of distress or part of an attention seeking behaviour.

The predominant feature is a ritual which is unreasonable, but essentially unstoppable for a person who has **obsessive compulsive disorder**. Aggression is uncommon, and patients often have associated depression. *Obsessional doubts, rituals, thoughts (rumination)* and even *slowness* occur. An *obsessional impulse* is a strong inclination for the patient to harm or do something dangerous.

Frontal lobe damage patients present with poor memory, sometimes referred to as "forgetting to remember." The thinking of patients with frontal lobe injury tends to be concrete, and they may show *perseveration* and stereotypy of their responses.

Perseveration is the act of persisting; continuing or repeating behavior. This can be associated with difficulties in planning or executing action. Frontal lobe changes also include personality change, disinhibition, euphoria, apathy, aphasia, reduced activity, lack of drive, inability to plan ahead, and lack of concern.

Transient Global Amnesia or TGA is a sudden failure of memory, affecting older adults. The attack lasts for hours, sometimes a whole day. In many cases (up to a third), TGA is preceded by physical or emotional stress, for example hot baths, cold swims, rushing around and personal dramas. Sex has frequently been implicated as well.

A person with TGA is disorientated and upset, though physically well. They can think and communicate, but forget what time it is or where they are - responding to something intelligently but after about a minute forgetting. Despite patchy memory loss about the recent past, distant memories remain. The lost memories come back, but events that took place during TGA are never recalled.

The underlying cause is proposed to be vascular insufficiency to the memory areas - hippocampi.

Grief reaction causes symptoms of decrease in appetite, weight loss, ruminations, troubled sleep, distractability, thoughts about dying, and impaired concentration. Symptoms last for up to 6 months. Feelings of hopelessness, guilt and worthlessness may signify depression rather than grief reaction.

There is a difference between **malingering** and **Munchausen's syndrome**. Malingering patients have a clear secondary gain, whilst there is no convincing secondary gain in Munchausen's syndrome (occasionally said to be due to attention seeking behaviour).

Post traumatic stress disorder is a delayed and/or protracted response to an exceptionally stressful event. Symptoms include episodes of reliving the trauma, avoidance behaviour, persistent numbness, detachment from people.

Parasuicide is a non-habitual act with a non-fatal outcome. **Suicide** is an act with a fatal outcome. Parasuicide is most common in females, whilst suicide is most common in males. Parasuicide is commonest in social class 5, whilst suicide is commonest in social class 1.

The characteristics of patients who are likely to have repeated or successful **suicide** attempts are: male sex, age of 45 more, drugs, alcohol, personality disorder, living alone (divorced or widowed), criminal record, previous history of psychiatric treatment, lower social class and unemployment.

Somatisation is non organic. There are many symptoms which can manifest in somatisation disorder. Mutism is one of the symptoms of which may be present in pervasive refusal syndrome, but without other forms of refusal (e.g. refusal to eat) this diagnosis is unlikely.