

## 2. GENERAL Psychiatry:

↑ serotonin, NE, Dop → limbic system stimulated → Psychotic

↓ serotonin, " , " → " " depressed → Depression

Functions of Dopamine :- kick, reward, pleasure, addiction.

Functions of Serotonin : Good food, good sleep, good mood. [SSRI DOC for depression]

Function of Nor-epinephrine : Alertness, Drowsiness. [if pt not improved, start SNRIs for depression]

Q: When you should start SNRI in patient? Ans: when pt faces lack of driven force, lack of energy, lack of mood.

Function of Acetylcholine : good attention, memory power, judgment power, learning ability  
[attention neurotransmitter], enables muscle action

\* Alzheimer disease : degeneration of acetylcholine releasing neurons

Nicotine acts on dopamine & acetylcholine  
كل اس ايم تاريت بي تاريت

### Organic mental disorders

### Non-organic [functional] mental disorders

1.

Road traffic accident → I/O → NGCT scan  
will see changes in brain parenchyma.

A di. standing in OT, fit, suddenly say:

do you hear buffalo singing song (oo)   
↓ auditory hallucinations.

Alzheimer disease = shrinkage of cerebral (atrophy)

↳ no change in brain parenchyma

2. Age

Old age

Young age

3. Cause

Medical causes sure

Not necessary.

4. Consciousness

Clouding of consciousness + disorientation [sudden → delirium]

No clouding, pt is well oriented.

Time Place person. [mental confusion]

5. Neurological deficit

Yes

No

6. Hallucination

Visual

Auditory

Acute

Never acute [chronic, slow progression]

\*: Disorder of Brain.

Disorder of Mind.

E.g.

Delirium, Dementia.

Schizophrenia, Depression

psychotic

neurotic



## Psychosis

## Neurosis

Insight (awareness about disorder)	-	+
Reality testing	abnormal	normal
Judgment	abnormal	normal
Delusion (disorder of thought)	+	-
Hallucination (disorder of perception)	+	-

Personality [shirt, pants etc] disturbed / preserved

DOG, Schz, Mania

OCD, Depression

Egosyntonic [agreeable to self] / Ego dystonic [disagreeable to self]

[I'm fine, you're patient] eg schz

I'm not fine, I'm patient eg OCD.

• MMSE [minimum mental state examination] ⇒ for organic mental disorder [RTA, Alzheimer etc]

• MSE [mental status examination]

1- General appearance

2- Speech (rate or time) ⇒ a lot [Mania], not at all [depression]  
⇒ prosody of speech [emotion of words]

3- mood and affect ⇒ emotion of patient

4- Perception ⇒ m/c auditory hallucination.

Total Score = 30 [≤ 24 ⇒ org]

Magnan's psychosis / formation / Tactile hallucination ⇒ cocaine abuse, alcohol withdrawal symptom  
Gustatory / olfactory ⇒ temporal lobe hallucination

5- Thought - disorder of thought [Delusion], Cognition ⇒ broader term

process by which we learn something like speech, memory, action, behaviour, orientation.

First line. TOC = CBT

6- Higher mental function = attention, concentration, judgment and memory power, abstract thinking

## Disturbance of Emotions

1- Quality: Euphoric and Depression

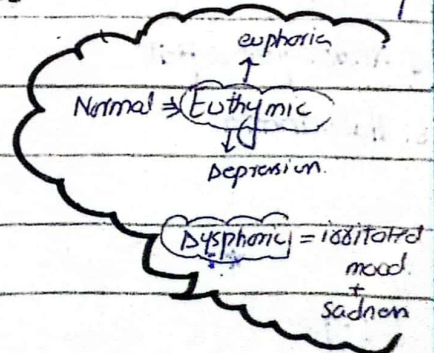
2- Fluctuation: Labile [emotionally unstable]

- ↳ Bipolar disorder
- ↳ Borderline personality disorder
- ↳ Schizophrenia

and affective flattening [no change in emotion]

3. Appropriateness ⇒ as per social gathering ⇒ meeting everyone in graveyard ⇒ inappropriate

4. Congruency ⇒ when thought and speech is matching.  
if opposite ⇒ incongruent.





of brain for emotion generation  $\Rightarrow$  Limbic system [components: M, A, I, C, H] <sup>hippocampus, amygdala, thalamus</sup>  
 of brain for emotional control  $\Rightarrow$  frontal lobe [not laughter] <sup>(8) قورستان</sup>

ANHEDONIA = inability to experience pleasure e.g. depression, schiz

• ALEXITHYmia = inability to express and understand emotions

Imp Lesion in any of component of limbic system  $\Rightarrow$  emotional disorder like after accident

• Illusion : false perception  $\Rightarrow$  in presence of anything.

• Hallucination: false perception  $\Rightarrow$  nothing present

Delirium Tremens  $\Rightarrow$  occurs after 48 hrs of alcohol cessation.

### Real Hallucination:

① absence of stimulus

② As vivid as real.

③ coming from outer objective space

④ Involuntary

⑤ insight absent

### Pseudo Hallucination:

• comes from within objective space

• have insight

### Special Type of Hallucination:

① Hypnopompic : hallucination before getting up from sleep.

② Hypnagogic : hallucination before going to sleep.

③ synesthesia/Reflex : stimulus in ① modality producing hallucination in other modality ②. [when I look at light  $\rightarrow$  I get voices of he]

①  $\rightarrow$  ②

e.g. after taking cannabis  $\left\{ \begin{array}{l} \text{I can hear light} \\ \text{I can watch music} \end{array} \right.$

④ Functional hallucination : e.g. when I hear your voice, I heard Amitab Bachan

①  $\rightarrow$  ①

i.e., stimulus in one modality, hallucination in same.

⑤ Extracampine hallucination: seeing beyond the sensory range

e.g. person standing in room, saying that I can see across the wall, person having gun and about to shoot me.



## DISTURBANCE OF Thought

- ① Flow/ stream of thoughts : flight of ideas e.g. mania, Circumstantiality  
- multiple ideas [e.g. 1, 2, 3, 4] giving unnecessary det.  
- string words [e.g. 1, 2, 3, 4] before the final answer
- ② Form of thought : formal thought disorder.
- ③ Content of thought : delusion.
- ④ Perception of thought : my thoughts are under someone else's control e.g. OCD, thought alienation [uncontrolled thought], thought insertion, withdrawal, broadcast.

### \* FORM OF THOUGHT DISORDER :

- 1- Derailment : loss of association between 2 thoughts [e.g. Nehru was first prime minister, Dr was first president]
- 2- Loosening of association : sudden change of topic e.g. I am hungry, It will rain today. <sup>→ 1 thought problem</sup>
- 3- Incoherence : Total lack of organization in thoughts e.g. Amksh. Instagram fault
- 4- Tangentiality : Answering in distant related manner [e.g. what is your fav actress? Pt. Bollywood and Hollywood is working great]
- 5- Neologism : coining new words e.g. in schizophrenia " " " pen - Pater Pater }  
new word for book - Tana Tana
- 6- Metonyms : word approximation ⇒ old words in diff fashions e.g. I want my eye covers [spectacles], give me hand socks [gloves]
- 7- Clanging : Rhyming but incomprehensible. [fragrance, adherence etc]
- 8- Perseveration : categorize as flow of thought disorder ⇒ unnecessary repetition of the same word [e.g. what is yr name - akash, father name? akash, where u live? akash].

### \* Content of thought disorder : (delusion).

false, firm, fixed, unshakable belief e.g. I am the most powerful person

- 1- Delusion of persecution : if someone wants to kill or harm me
- 2- Delusion of reference : refer himself for whatever happening around e.g. they are talking about me
- 3- Delusion of love [Erotomania, fantasy lover syndrome, de-Clamomabault syndrome]
- 4- Delusion of grandiosity : I am most powerful person on earth.



Delusion of Negation : claiming of non-existence of something  
Nihilistic / Cotard's syndrome : e.g my friend stole my pancreas.

6. Delusion of infidelity / morbid or pathological jealousy / Othello syndrome / Bobbif syndrome (female partner amputates his partner male genital) \*

7. Delusion of enormity : any of my action gives big disasters e.g if I pass urine, flood all jayega

8. Delusion of guilt : no one is going to forgive me

## Higher Mental Function

① Digit span test : ask pt to count no. at interval e.g of 2  $\Rightarrow$  2, 4, 6, 8, ...

Digit repeat test  $\rightarrow$  to check attention level of pt - forward - better one  
- backward

② Serial Seven Subtraction test (100-7)  $\Rightarrow$  93, 86, 79, ... have u seen last match?  $\Rightarrow$  sudden loss of concentration

$\rightarrow$  to check concentration level of pt.

③ Proverb test : asking about meaning of proverb.

$\rightarrow$  to check abstract thinking.

④ Similarities Testing : tell similarities btw chair and table.

$\rightarrow$  to check abstract thinking.

⑤ Test Judgment : what will you do after seeing house on fire?

pt ans : I will take selfie  $\Rightarrow$  poor judgment

## SCHIZOPHRENIA

Pt having more than one disorder i.e., delusion, hallucination, formal thought disorder, disorganized behaviour, motor symptoms and -ve symptoms

**Criteria**  $\Rightarrow$   $\geq 2$  symptoms persist for  $\geq 6$  months  $\Rightarrow$  old.

$\geq 2$  symptoms persist for  $\geq 1$  month  $\Rightarrow$  new.



Same symptoms but duration  $\leq 1$  month  $\Rightarrow$  Acute Psychotic depression, loss, failure etc

### Etiology

1. m/c in ~~the~~ monozygotic > dizygotic.
2. chromosome 22 deletion [DeGeorge syndrome].
3. Biochemical factors =  $\uparrow$  Dopamine and serotonin [NE, GABA, seroton].
4. Obstetric complications: delivery, winter season, infection [influenza virus],  
late paternal age, immigration  
cannabis, cocaine, LSD, alcohol, amphetamine.

### Symptom 4A's

1. Autism: socially isolated/withdrawn.
2. Ambivalence: inability to take decision. e.g. if you shake hand, he will think whether he should take his hand out of pocket or not
3. Affect disturbances: mood and affect. e.g. Anhedonia, Alexithymia, Mania, Effective flatness etc.  

↓	↓
long term	short term
(eg I am sad from last 1 month)	(eg I am sad now)
3. Association disturbance = formal thought disorder.

### SCHNEIDERIAN FIRST RANK SYMPTOMS

- ① 3 Thought Phenomenon:
 

Thought insertion	}	e.g. someone is saying that kill your neighbor.
Thought withdrawal		
Thought broadcast		
- ② 3 Made Phenomenon:  $\Rightarrow$  convert to action.
 

Made volition - against will	مضامیر کے خلاف
Made affect - against will	احساس کے خلاف
Made impulse - against will (urge to perform action)	اجرایہ کے خلاف
- ③ 3 Auditory Hallucination:
 

Voice arguing.	}	e.g. he is saying that you is bad and fat
Voices commenting on patients action.		
Audible thoughts (thought echo)		




$\Rightarrow$  3<sup>rd</sup> person hallucination
- ④ Somatic Passivity - Visceral hallucination [Command type] e.g. why u pressed being imposed by some external agents ground floor, press the 5<sup>th</sup> floor?  
 ↓  
 pain.



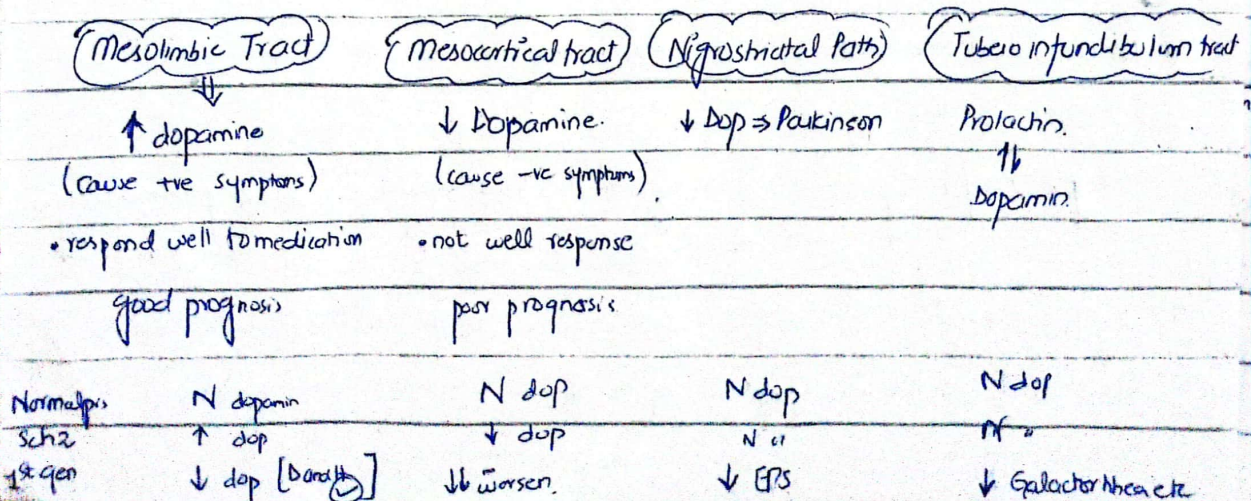
delusional perception

A delusion with normal perception (when he will see  
american, he say oh  
they come to kidnap  
me.)

## Symptoms In Schizophrenia.

- ① Positive: ⇒ add on symptoms - symptoms that were not present before e.g.  
delusion/hallucination/psychotic symptoms
- ② Negative: Loss of normal function e.g he used to laugh but not now  
⇒ Avolition [lack of goal driven activity], Apathy [loss of interest in activity]  
Asociality [no more social], Anhedonia, Alogia [loss of verbal communication]  
Affective flattening.
- ③ Disorganization: formal thought disorder, disorganized behaviour,  
inappropriate affect.
- ④ Catatonia: motor symptoms.
  - waxy flexibility 
  - cataplexy 
  - cataplexy  [in narcolepsy]
  - grimacing
  - echolalia [mimicking speech]
  - echopraxia [mimicking action]
  - stupor
  - posturing
- ⑤ Violence, Homicide and suicide.

## Pathophysiology of SCHZ





## Treatment:

1<sup>st</sup> generation anti-psychotic  $\rightarrow$  D<sub>2</sub> antagonist (e.g. haloperidol, fluphenazine, Chlorpromazine)

2<sup>nd</sup> generation anti-psychotic  $\rightarrow$  D<sub>2</sub> and 5HT<sub>2A</sub> antagonist [e.g. Clozapine, Risperidone, Aripiprazole]  
partial agonist effect also: clozapine, olanzapine, ziprasidone, Risperidone

Bcz of 1<sup>st</sup> Gen side effects  $\rightarrow$  2<sup>nd</sup> gen were made.

Clozapine lethal s/e  $\rightarrow$  agranulocytosis, seizure, myocarditis

Carbamazepine x Clozapine  $\Rightarrow$  more agranulocytosis (hence not given sath sath)

Q: protocol for schz pt, if not responding to clozapine?

A: (a) Clozapine + haloperidol.

(b) Aripiprazole + fluphenazine.

(c) Continue with clozapine for more 6 weeks.

~~Use~~ ECT

## Treatment Protocol:

- 1- Start with atypical antipsychotic drug except Olanzapine and ~~Clozapine~~ clozapine
- 2- Follow up after 6 weeks  $\Rightarrow$  if still not responding then change
- 3- Other atypical antipsych except O and C.
- 4- Follow up after 6 weeks  $\Rightarrow$  if still not responding then change.
- 5- Start Typical Antipsych
- 6- Follow up after 6 weeks.  $\Rightarrow$  if still not  $\Rightarrow$  Treatment Resistant Sch.
- 7- Now Clozapine  $\Rightarrow$  follow up after 6 weeks.  $\Rightarrow$  if still not  $\Rightarrow$  ECT

## Types:

- 1- Paranoid  $\Rightarrow$  late onset, good prognosis  $\Rightarrow$  most common.
- 2- Catatonic  $\Rightarrow$  best prognosis
- 3- Hebephrenic/disorganized  $\Rightarrow$  early onset, bad prognosis, worst personality  
 $\Rightarrow$  max suicidal attempts eg naked pvs.
- 4- Undifferentiated. s- Simple (rarest + worst prognosis) only -ve symptoms
- 6- Residual [started at +ve symp but left with few residual -ve symptoms]
- 7- Post-schizophrenic depression  $\Rightarrow$  max suicidal.



1st type

1st episode → if single / 1st attack

• Multiple episodes → if second attack, have previous Hx of attack.

• Continuous schz → many relapse for 1 yr.

**Tx resistant Schz:** if pt not responding to  $\geq 2$  drugs

**Extrapyramidal symptoms:**

**Acute** = Dystonia - sudden muscle contraction.  $\Rightarrow$  DOC: anticholinergic inj - Promethazine, Benztropine, Diphenhydramine

Akathisia = restlessness.  $\Rightarrow$  DOC:  $\beta$ -block  $\Rightarrow$  propranolol

Neuroleptic malignant syndrome  $\Rightarrow$  Hyperthermia, Sweating, Body spasm, seizure, serum CPK  $\uparrow$  DOC  $\Rightarrow$  Dantrolene.

**Chronic**:

Tardive dystonia.

Tardive dyskinesia  $\Rightarrow$  rabbit-like symptoms (protrusion of tongue).

Chronic Akathisia

Drug induced Parkinsonism.

**New Drugs:**

① Schz + Depression  $\Rightarrow$  Brexpiprazole

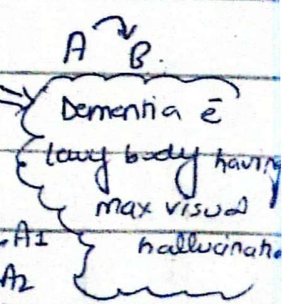
② Schz + Bipolar D  $\Rightarrow$  Cariprazine

③ Schz + Parkinson  $\Rightarrow$  Pimavanserin

**Delusional Misidentification Syndrome:**

① Capgras syndrome: one person is replaced by another (familial) (imposter)

"Football ground grass change by artificial grass"



② Fregoli syndrome: one person have multiple faces.  $\Rightarrow$  A  $\leftarrow$  A1, A2, A3  
eg pt saw a beggar and say my brother is following me in disguise of beggar

**Other types of Schz:**



- ① Proft schz : schz + mental retardation
- ② Von Gogh schz : schz + self mutilation
- ③ Oneroid schz : schz + disorientation

TJ Crow classification   
 I - good prognosis   
 II - bad prognosis

## EATING DISORDERS:

### 1. Anorexia Nervosa:

She is fine but feels herself overweight ⇒ reduce food intake

### 2. Binging:

Overeating ⇒ going to vomit out ⇒ compensatory behaviour.   
 [purging]

#### Patient A (Anorexia)

Flax restriction.

↓   
 Nutritional Deficiency

↓   
 Starvation

only diagnosis [weight loss]   
 character.

↓   
 Hormonal Imbalance = LH, FSH ↓

Amenorrhea, libido ↓

Edema (loss of albumin (protein))

Dec Heart rate, BP.

Hypothermia.

Lanugo (hairs).

#### Patient B. (Bulimia)

More binging.

↓   
 More purging.

No starvation.

weight normal

normal sexual life

erosion over knuckles ⇒ Russell sign.

dental caries.

salivary gland inflammation

metabolic alkalosis

**Imp** BMI < 18.5.

**Trx** Hospitalization.

CBT

SSRI

TCA

Cyproheptadine } S/E ⇒ wt gain

Antipsychotic. }

OPD basis

CBT

SSRI

TCA



## Binge Eating Disorder

m/c

Ass  $\bar{e}$  obesity

food loves

(Rx) CBT  $\rightarrow$  if not responding  
SSRIs

## Avoidant Restrictive food intake or Functional Dysphagia

Don't eat due to smell of food

wt loss

no image conscious

### POINTS

- 1- wt loss, image consciousness = Anorexia Nervosa
- 2- wt normal, image consciousness = Bulimia Nervosa
- 3- wt gain, no image conc - = Binge eating disorder
- 4- wt loss, no image conc - = Avoidant Rest —

**Pica**: appetite for non-nutrient things  $\rightarrow$  e.g. chalk.

## PERSONALITY DISORDERS

- Way of responding to particular matter  $\Rightarrow$  personality
- Disorder starts at young age  $\Rightarrow$  and Ego syntonic
- pt don't want to take medications.

### CLASSIFICATION:

① **Cluster A**  $\Rightarrow$  appears to be odd.

- **Paranoid**: • always suspicious of other ppl., qd on loyalty of frnds.  
• believe in conspiracy and always in revenge mood, <sup>keep</sup> grudges  
• m/c among males.
- **Schizoid**: socially isolated, detached, emotionally cold, lack of sexual actions
- **Schizotypal**: very much odd speech, delusional thinking and believe in magical thinking and other world.



## 2) Cluster B

- full of drama and m/c among
- Histrionic : attention seeking, drama, suicidal gesture (not actually do)
- Narcissistic : self love e.g I am boss, I am this, anticipate admiration.  
emotionally fragile, selfish, slip in depression.
- Antisocial : sociopath  $\Rightarrow$  involve in robbery, stealing etc  
not guilty for others, conduct disorder (aggressive child)
- Borderline : frequent mood swings, emotionally unstable.  
frequent fight / breakups, self destructive disorder hence  
suicide can be scene. Rx  $\Rightarrow$  DBT [dialectical behaviour Therapy]

## 3) Cluster C

- Avoidant : anxious, fear of rejection, lack of confidence.
- Dependent : seeking advices for small small matters.
- OCD : perfectionism, late in delivery of task.

### New Classification:

- mild. : harm.
- moderate : robbery
- severe : murder

### Newer Classification:

- A : full of competition, ambitious, time urgency.
- B : easy going, entertainment.
- C : stressed, weak immune system risk of cancer.
- D : -ve thoughts  $\Rightarrow$  risk of myocardial infarction.
- H : wants to control others.



# SLEEPING DISORDERS

## REM/NREM.

• **Dyssomnia**: sleep is problem  $\left\{ \begin{array}{l} \text{insomnia} = \text{sleep induction problem} + \text{sleep maintenance} \\ \text{earlier waking, non-restorative sleep} \end{array} \right.$   
 Rx: BZD, Z-comparcels

• **Ekbom syndrome**: feeling of insects & restlessness of legs.

(Rx) - Ropinirole (D<sub>2</sub> agonist)

BZD - diazepam  
 - clonazepam  
 Z-azopicture  
 - zopiclone  
 - zaleplon.

• **Parasomnia**: abnormal sleep.

**During NREM**: [delta waves, pt not remember anything]

• **Pavor nocturnus** [night terrors].

• **Somnambulism** [sleep walking].

• **Sleep related enuresis** [bed wetting] Rx. DOC: bed alarm, desmopressin

• **Bruxism** [teeth grinding].

• **Somniloquy** [self talking].

(Rx) improve by age

**During REM**:

• **Nightmare**.

4 Stages of NREM

1 → 2 → 3 → 4 → REM

Takes 90-100 min.

if < 60 min.

↓  
 that's why have hallucinations

## NARCOLEPSY

Symptoms

① **Cataplexy** - sudden loss of muscle tone, due to which pt can even fall.

② **Sleep attacks** - irresistible urge to sleep at anytime of day.

③ **Hypnagogic and Hypnopompic hallucinations**

④ **Sleep paralysis**: pt wake up but unable to move

(Rx) Modanafil and forceful naps (polysomnography)  
 ↓  
 DOC



# MOOD DISORDERS

- Major depression:  $\geq 14$  days, only depression  $\Rightarrow$  daily max life effected
- Bipolar disorder:  $\geq 7$  days, depression + mania
  - e.g. no psychotic symptoms, life activity don't effected.
- Hypomania:  $\geq 4$  days, mild mania
- Cyclothymia }  $\geq 2$  yrs, mild bipolar
- Dysthymia } mild major depression
  - e.g. Engineer say I never enjoy since my 1<sup>st</sup> year but no suicidal thought

BDNF (brain derived neurotrophic factor)  $\Rightarrow$   $\uparrow$  in mania  $\downarrow$  in depression.

## Types of Depression:

Typical	Atypical	Melancholic
lack of mood $\rightarrow$ anhedonia	eating more	old age depression
lack of food	sleeping more	isolation
lack of sleep	wt gain	severe guilt
lack of energy	anything good happen $\rightarrow$ mood reactivation	(miserable feeling) $\Rightarrow$ key
lack of attention/conc.	interpersonal sensitivity	early morning awakening
-ve thoughts	heaviness of limbs $\rightarrow$ leaden paralysis	
guilt $\Rightarrow$ suicidal thoughts		
wt loss		

Key feature: low mood/sadness

Rx  
MOA: SSRI

(Rx)  
MAO-E

## Physical Signs of depression:

- Omega sign (above root of nose due to frowning)
- Veraguth fold (triangular fold near nasal corner)



depression + insomnia = TCA, Mirtazapin, Trazadone (S/E priapism)

depression + hyperosmia = SSRI / SNRI

Weight gain  $\Rightarrow$  TCA, Mirtazapin, SSRI/SNRI except fluoxetine and

Imp Any drug that is going to inc Serotonin level will buprapion cause sexual dysfunction.

Drugs having less sexual dysfunction

- Buprapion
- Trazadone
- Mirtazapine
- Agomelatine
- Vortioxetine

### Post partum blues

with 3-5 days.

Tearfulness (+)

Anhedonia (-)

Sleep disturbance (+)

Thought of harming baby No.

Suicidal thoughts No.

Hx of mood disorder Not associated

Family Hx Not associated

Guilt rarely

Future episodes risk No

(Rx) Support to mother

### Post partum psychosis

within 3 week.

post partum

depression +

delusions +

hallucination

### Post partum depression

within 3 months.

(+)

(+)

(+)

Sometimes

Sometimes

Usually

Usually

Common

Yes

(Rx) Pharma + Psycho Therapy

### ECT indication

① Depression + suicide thought

② Depression + stupor

③ Depression + delusions/hallucination



# TMS

Transcranial Magnetic Stimulation

S/E Headache only and no need of sedation

**Mania** ⇒ can't be alone.

- **over** talkative, donations, activity, sexuality, shopping.
- foolish business investment.
- dec sleep. need.

↳ BC2 of dopamine ↑.

(Rx)

Acute: mood stabilizers.

lithium - can be given in pregnancy  
 valproate - can cause spina bifida.  
 carbamazepine  
 lamotrigine - safest

- 1<sup>st</sup> line [antipsychotic] + Lithium + BZD.

Acute if only depression ⇒ Antidepressant + mood stabilizers.

- Euphoric mania ⇒ DOC → Lithium

Dysphoric mania ⇒ DOC → Valproate

## New drugs.

(Rx) resistant depression ⇒ esketamine nasal spray

Brexanolone, zurzumae ⇒ postpartum depression.

Klismaphilia: after using enema.

## Sexual Response Cycle:

1- Desire

2- Excitement < male - erection → TBP, RP, PR ⇒ min-~~10~~ hrs.  
female - lubrication

3- Plateau Phase

4- Orgasm < Ejaculation (premature ejaculation)  
involuntary contraction of vagina - 3-15s

5- Resolution.

- 10-15 min.

**Premature Ejaculation**: (Rx) Squeeze technique, stop start technique + SSRI (S/E delayed ejaculation), Dual role sex therapy



## Erectile Dysfunction

Rx PDE-5 inhibitors e.g. Sildenafil, Tadalafil, Vardenafil.

Injectable drug  $\Rightarrow$  in urethra or corpora cavernosa [alprostadil]

## Drugs for hypoactive sexual desire in female:

- flibanserin
- bremelanotide

## CULTURE BOUND SYNDROMES-

- ① Koro syndrome = believing that penis will retract back to abdomen.
- ② Dhat syndrome = " " blood is coming out with semen / <sup>semen</sup> in urine.
- ③ Latah syndrome = respond to minimal stimulus with exaggerated starts

## ANXIETY DISORDERS

① Panic disorder:

[Restlessness + Nervousness + inc heart rate + inc sweating + diarrhoea] + Heartache like symptoms.

② Specific phobia:-

Arachnophobia (spider fear), Acrophobia (height fear), (dog fear)

③ Agoraphobia:

fear of places from where escape is not possible

④ Social phobia:-

fear of being watched/judged.

⑤ Generalized anxiety disorder:-

so many thoughts coming out in your mind.

⑥ Selective mutism:

mute at selective places

⑦ Separation anxiety disorder:

fear to get separation from loved ones



## Phobia of drug (Rx) protocol:

(1) Systemic desensitization

Exposure to stimulus + muscle relaxants

(2) Therapeutic graded exposure :-

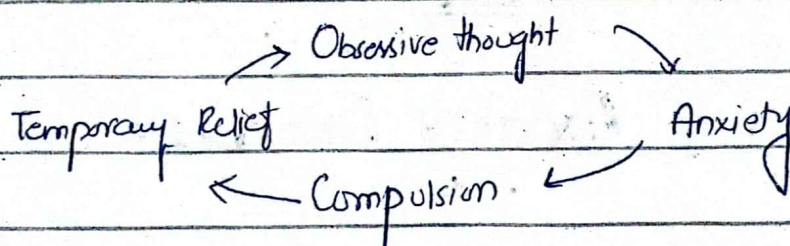
Pt get habituated to anxiety.

(3) Flooding:

severe form of exposure to stimuli.

(4) Modeling:

therapist himself gives demonstration.



- OCD of contamination
- OCD of symmetry
- OCD of pathological doubt
- OCD of intrusive thoughts.

• Hoarding disorder ⇒ keep accumulating things e.g. garments from 15 yrs.  
fear of losing imp thing.

• Body dysmorphic disorder ⇒ obsession of misshaped of any body part

• Olfactory reference syndrome ⇒ " " emitting foul smell.

• Body focused repetitive behavior disorder

⇒ skin excoriation disorder

⇒ Trichotillomania ⇒ hair pulling.

Trichophagia ⇒ eating of hair

TrichoBezoar ⇒ hair ball in GIT.



- Hytobezor  $\Rightarrow$  ~~pot~~ vegetable obstruction in GI.
- Lactobezor  $\Rightarrow$  milk " " "
- Pharmacobezor  $\Rightarrow$  drugs/tablets " " "

Rx of Bezoar  $\Rightarrow$  surgical removal.

- Hypochondriasis: illness anxiety disorder e.g. in medical students after studying disease  $\Rightarrow$  I have this.

## Impulsive Control disorder

'sudden urge to do something that can harm others'

- Pyromania: burn something.
- Kleptomania: stealing the object (irrespective of worth)
- Intermittent explosive disorder: destructive activity e.g. break the windows
- Compulsive sexual behaviour disorder: excessive sexual desire  $\left\{ \begin{array}{l} \text{male - satyriasis} \\ \text{female - nymphomania} \end{array} \right.$
- Oniomania: desire to shopping
- Bipsumania: " " alcohol
- Mutilomania: " " mutilating animals
- Pathological gambling: " " gamble.

## Post-traumatic stress disorder

Flashback and Nightmare, Anhedonia, Startled response, Avoidance from traumatic place, Insomnia.

- Acute stress disorder  $< 1$  month.
- Delayed onset PTSD  $> 6$  months.
- Acute stress reaction within 2 days.



## Somatic symptoms

disorder / somatization disorder

- Pains at multiple sites
- GIT symptoms
- CNS symptoms
- Sexual "

Briguet syndrome

## Somatiform pain

disorder

- only pain

## Hypochondriasis

- no/minimal Sx
- only ideas of having disease.

• **Factitious illness / Hospital addiction:** pt desires to get attention of hospital staff and nurses [with no diagnosed disease]

↳ **Munchausen Syndrome:** pt faking to get attention

↳ " " by proxy: caregiver " " " "

• **Dissociative Disorder:** psychological disorders → into physical symptoms  
Conversion Disorder so patient can get love, attention and care.

↳ **La Bella indifference:** pt of dissociative disorder doesn't care about loss e.g. if one eye blind, OK! I will have other eye

## Psychoanalysis

- **Abreaction:** process by which forgotten memory is remembered back.
- **Transference:** pt develop emotions for doctor. during therapy
- **Countertransference:** dr develop " " pt " "

### 3 components of mind:

- ① **Id** - unconscious mind [pleasureable principle] e.g. I want to enjoy.
- ② **Ego** - both conscious & unconscious mind [reality principle] e.g. <sup>study for 4 hrs</sup> watch movie for 1hr.
- ③ **Superego** - mostly conscious [moral principle] e.g. No! you have to study



all desire even in children  
 psychosocial development

	Age	Fixation	Features
Oral	0-1.5 yrs	Schizophrenia, Depression	biting, chewing, sucking
anal	1.5-3 yrs	OD after 9 yrs can develop	toilet trained time
Phallic	3-5 yrs	Dystonia if fixation occurs	sons have sexual feeling for mother ↳ oedipus complex (castration anxiety) daughters have sexual feeling for father ↳ electra complex (penis envy)
Latent	5-12 yrs	→ sexually inactive	
Genital	>12 yrs	→ genital orgasm ↳ fixation can occur Neurotic illness	

**Acute delirium:** Sudden onset of symptoms, after that insomnia, acute sensation, Irritation, Agitation, Hallucination (visual).

**(Causes)** → Long term hospitalization, major surgeries, alcohol abuse  
**(Rx)** Treat the root cause.

**Dementia:** old age decline in cognition, progressively without any problem in consciousness slowly, no clouding of consciousness, no fluctuation of symptoms

Delirium + Dementia = **Beclouded dementia.**

critical      subcritical  
 e.g. Alzheimer's      Parkinson, Huntington

- **Autism:** problem in social behaviour, learning, language, IQ
- Autism + Microcephaly + loss of acquired skills + breath holding spells ⇒ **Pett's syndrome**
- Autism + regression of learned skills + loss of bowel/bladder control ⇒ **Heller syndrome**
- Social interaction abnormal + IQ & Language normal. ⇒ **Asperger syndrome**
- SI, IQ, L ⇒ all normal, but learning disability ⇒ **dyslexia**
- Inability to write ⇒ **dysgraphia**



ADHD = Attention deficit, Hyperactive, Impulsivity  $\Rightarrow$  emergency  
will develop antisocial or depression if untreated.

(Rx)  $\Rightarrow$  CNS  $\rightarrow$  stimulant - methylphenidate  $\Rightarrow$  C/I in seizure + drug depend  
 $\rightarrow$  non-stimulant - Atomoxetine

## SUBSTANCE Abuse

m/c Nicotine, Cannabis, Coffee, Alcohol, BZD.

### Methods:

- Vaping
- Smoking
- snorting/sniffing
- chasing the dragon
- bagging
- huffing
- main lining  $\Rightarrow$  skin popping.

### Alcohol usage

- antidote of methanol  $\rightarrow$  ethanol + fomepizole

### Cessation of Alcohol

>6 hrs

>12 hrs

>24 hrs

>48 hrs

### Withdrawal symptoms

Tremors + GIT + CNS

Hallucinations (auditory) - noises of small insects

Seizures, GTCs, Rum Fit

Delirium Tremens + visual Hallucinations

Emergency (Rx) inj BZD + vit B1  
(thymine)

(Rx)

1- Detoxify [inj BZD + vit B1]

if LFT normal - diazepam

if LFT abnormal - lorazepam / oxazepam

### CAGE Questionnaire

- 1- Have you ever felt you have to cut down your habit
- 2- Have you ever got annoyed of this habit
- 3- " " " " guilt " " "
- 4- Eye opener -



depression

Weinicki  
acute  
global confusion  
ophthalmoplegia  
ataxia

Kussakoff  
chronic  
contabulation [neurological problem]

## Heroin Abuse:

Diacetylmorphine (opioid)

C - coma

P - pinpoint pupil

R - respiratory depression

Antidote → naloxone

Withdrawal (Rx) → methadone. Withdrawal symptoms → flu-like syndrome.

## Cannabis Abuse:

• Flashback phenomena ⇒ even if you don't abuse, you will enjoy effect.

• Running amok

• Amotivational syndrome

(Rx) BDD + Psychotherapy

Red eyes, ↑ appetite, bad trip.

## Cocaine abuse:

2. • vasoconstrictor (local anaesthetic)

3. • basal septum perforation.

4. • gangrene of tongue

• myocardial infarction

5. • seizure. • suicidal tendency

## Tobacco Abuse:

• gives kick by ↑ dopamine and choline

(Rx) - Bupropion

- Varenicline  $\alpha_4 \beta_2$



# Operant Conditioning

Positive reinforcement = e.g. child studies more with chocolate.

Negative reinforcement = e.g. child cleans room in fear / avoid mother scolding

Punishment = e.g. child stops foul language after getting slap.

Extinction = e.g. a hardworking intern becomes inefficient because he was never appreciated.