PSYCHIATRY REVISION 1

----- Active space -----

Psychosis

00:00:28

Neurotic vs Psychotic Illness :

Neurotic illness	JIPR	Psychotic illness
+	Judgement	-/↓
	Insight	
	Personality	
	Reality contact	

Psychotic symptoms :

- Delusions.
- Hallucinations.
- Disorganized speech/behavior/thoughts.
- Aimless wandering.
- Talking/smiling/muttering to self.
- Catatonia.

Delusions :

False fixed beliefs.

Note : Ideas are false fluctuating beliefs

- Persecutory delusions (m/c).
- Grandiose delusions.
- Referential delusions.
- Othello syndrome : Delusion of infidelity, aka delusional jealousy, commonly seen in chronic alcoholics.
- Magnan syndrome : Delusion of persecution + tactile hallucinations. Aka cocaine bugs/cocaine psychosis/formication.
- De Clerambault syndrome : Delusion of love/erotomania.
- Cotard syndrome : Severe depression + nihilistic delusions.

Delusion of misidentification :

- Negative
  - Capras syndrome (Delusion of doubles)
    - E.g: Misidentifying one's spouse as a stranger.
- Positive
  - Fregoli syndrome
    - E.g: Misidentifying a stranger as one's persecutor.

----- Active space -----

Hallucinations :

Perceptions without stimuli.

- Visual : Organic conditions.
- Auditory : Schizophrenia.
- Tactile : Cocaine abuse.

True v/s Pseudo-hallucinations :

- True hallucinations : Arise from outer objective space.
- Pseudo hallucinations : Arise from inner subjective space.

Special hallucinations :

Extracampine hallucinations	Functional hallucinations	Reflex hallucinations
Hallucinations occur beyond the sensory field.	Require stimulus	
	Stimulus and hallucinations are in the same modality.	Stimulus and hallucinations are in different modalities (Synesthesia).
	E.g. Auditory stimulus producing auditory hallucinations.	E.g. Visual stimulus producing auditory hallucinations.

Timeline of psychotic disorders :

Time period	DSM	ICD
< 1 month	Brief psychotic disorder	Acute transient psychosis
1–6 months	Schizophreniform illness	Schizophrenia
> 6 months	Schizophrenia	

First rank symptoms :

Eleven symptoms described by Kurt Schneider :

- 3 auditory hallucinations : 1st, 2nd, 3rd person hallucinations.
- 3 made phenomena : Made impulse, volition, affect.
- 3 thought phenomena : Thought insertion, broadcast, withdrawal.
- Somatic passivity (Delusion of control).
- Primary delusional experience (Delusional idea/memory/mood/perception).

Active space

Negative symptoms : 6 A's

- Apathy.
- Avolition.
- Affective flattening.
- Attention deficit.
- Anhedonia : Loss of pleasure from previously pleasurable activities.
- Alogia : Poverty of thinking/speech.

Prognostic factors of Schizophrenia :

Good prognostic factors	Poor prognostic factors
• Acute onset. • Late onset. • Female sex. • Positive symptoms. • Presence of a stressor. • Affective/mood symptoms. • Family support. • Compliance with medication. • Family history of mood disorder.	• Insidious onset. • Early onset. • Male sex. • Negative symptoms. • History of perinatal trauma/ personality issues. • History of aggression/hospital admission. • Substance abuse. • Family history of schizophrenia.

Delusional disorder vs Schizophrenia :

		Delusional disorder	Schizophrenia
Duration	DSM	1 month.	6 months.
	ICD	3 months.	1 month.
Symptoms		Predominately delusions.	Delusions + multiple psychopathologies.
Delusions		Simple.	Complex/bizzare.
Vegetative symptoms		Mostly normal.	Mostly affected.
Functionality		Mostly normal.	Mostly affected.

----- Active space -----

Clozapine :

Most effective anti-psychotic drug.

Least extra-pyramidal side effects.

Used in treatment resistant schizophrenia (Persistence of symptoms despite 2 trials of anti-psychotic drugs).

Side effects :

- Sedation.
- Weight gain.
- Dyslipidemia.
- Hyperglycemia.

} Maximum among antipsychotics

- Sialorrhoea.
- Reduced seizure threshold.
- Myocarditis.
- Agranulocytosis.

} Life-threatening

Monitoring for agranulocytosis :

Blood tests are conducted as follows :

- Ist 6 months : Weekly.
- Next 6 months : Fortnightly.
- After 1 year : Monthly.

Extra pyramidal side effects

00:20:55

Dopaminergic pathways :

- Mesocortical : Negative symptoms.
- Mesolimbic : Positive symptoms.
- Tuberoinfundibular : Regulates prolactin levels.
- Nigrostriatal : Extrapyramidal symptoms.

Acute EPS :

Akathesia :

- m/c EPS.
- Occurs within 1-2 weeks of anti-psychotic exposure.
- Inner restlessness.
- Lower limb movements.
- DOC : Propranolol.

Active space

Acute dystonia :

- Oculogyric crisis can occur.
- Rx : Injectable anticholinergics or antihistaminics.

Chronic EPS :

Tardive dyskinesia and dystonia

- Rx : VMAT2 inhibitors like valbenazine, tetrabenazine and deutetrabenazine.

Lethal EPS :

- Acute laryngeal dystonia.
- Neuroleptic malignant syndrome :
  - Triad : Fever, delirium and lead pipe rigidity.
  - Tests : ↑TWBC, ↑CPK, and ↑myoglobinuria (Suggests renal failure).
  - DOC : Dantrolene sodium.
  - Other Rx options : Bromocriptine, amantidine and ECT.

Mood disorders

00:26:18

Typical Depression :

Diagnosis of depression :

≥ 2 weeks of 5/9 symptoms.

Core symptoms : 2/3 should be present (EMI).

1. Reduced energy.
2. Reduced mood.
3. Reduced interest (Anhedonia).

Other symptoms :

4. Pathological guilt.
5. Sleep problems (Insomnia).
6. Concentration issues.
7. Reduced appetite.
8. Pyschomotor changes.
9. Suicidal ideas.

Beck's cognitive triad of depression :

- Hopelessness.
- Helplessness.
- Worthlessness.

----- Active space -----

Atypical depression :

- Increased sleep.
- Increased carbohydrate craving.
- Increased weight.
- Leaden paralysis.
- Interpersonal sensitivity.
- Preserved reactivity.
- Poor response to TCAs.
- Respond to MAO inhibitors/SSRIs.

Resistant depression :

Seen in 10–20% of patients with depression.

Rx :

- Combination of antidepressants (Monitor for serotonin syndrome).
- Low dose of anti-psychotics/lithium/thyroxine/folic acid (Augment the effect of anti-depressants).
- Electroconvulsive therapy (ECT).
- Repetitive transmagnetic stimulation (rTMS).
- Vagus nerve stimulation.
- Light therapy : TOC in seasonal affective disorder.
- Esketamine nasal spray.

Antidepressants for depression :

Selective serotonin reuptake inhibitors (SSRIs) :

S/E :

- GI disturbances : Nausea, vomiting, and diarrhoea.
- Sleep disturbances : Insomnia, sedation, and vivid dreams.
- Sexual dysfunction : Decreased libido, erectile dysfunction, delayed ejaculation, and anorgasmia (in women).

Drugs :

- Buproprion (NDRI : NE + dopamine reuptake inhibitor) : Least sexual S/E (D/t no 5-HT action).
- Trazadone : Priapism.
- Paroxetine : Maximum withdrawal symptoms.
- Fluoxetine : Least withdrawal symptoms.

Selective norepinephrine reuptake inhibitors (SNRIs) :

Dual acting antidepressants (↑5-HT and NE).

S/E : Hypertension d/t ↑NE.

Active space

Suicide :

m/c mode : Hanging.

Suicide rate : 11.3/1 lakh population.

Suicides/year in India: 1,60,000.

Risk factors :

- Male >> females.
- Unemployment.
- Mental illness :
    a. Mood disorders → 15%.
    b. Schizophrenia → 10–12%.
    c. Substance use disorder.
    d. Anorexia nervosa.
    e. Borderline personality disorder.
    } 10%
- Access to means + methods.
- Past attempt.
- Hopelessness.

Rx :

- ECT.
- Ketamine : Temporary relief.
- Lithium.
- Clozapine.
} Reduce suicide risk on long-term use

Note :

Drugs to be avoided in suicidal patients : TCAs.

Rx for TCA overdose : Sodium bicarbonate.

Bipolar disorder :

00:40:20

- Type I : Mania ± Depression ± Hypomania episodes.
- Type II : Hypomania + Depression.

Management of bipolar disorder :

Mania/depression :

- Lithium.
- ECT in severe disorder.

Mania :

- Valproate.
- Carbamazepine.
- Anti-psychotics : DOC in acute mania.

----- Active space -----

Depression :

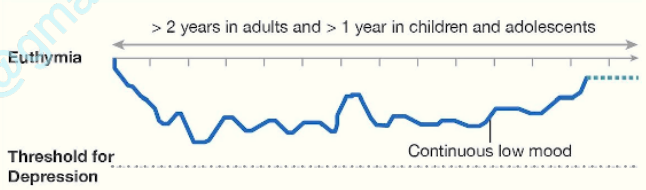
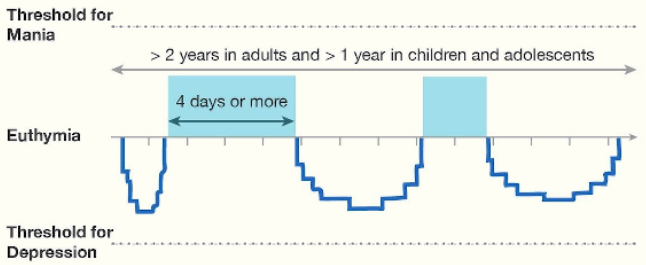
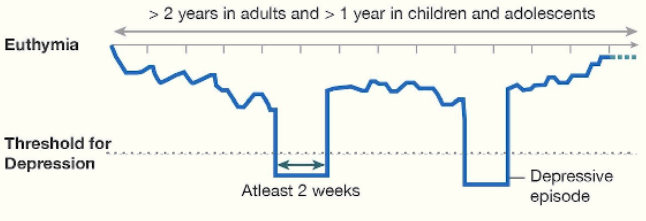
- Lamotrigine.
- Antidepressants under cover of mood-stabilizers.
- Antipsychotics :
    a. Quetiapine (m/c used).
    b. Lurasidone.
    c. Lumateperone.
    d. Cariprazine.
    e. Olanzapine + Fluoxetine.

Mood-stabilizers : given as maintenance drugs.

- Lithium.
- Lamotrigine : Safest mood-stabilizer in pregnancy.
- Valproate.
- Carbamazepine.

Persistent mood disorders :

Duration of symptoms > 2 years.

Disorder	Pattern
Dysthymia : Continuous low mood	
Cyclothymia : Hypomania + Low mood	
Double depression : Depressive episodes on top of dysthymia.	

Active space

Rapid cycling disorders :

Bipolar disorder with ≥ 4 episodes/year.

Risk factors :

- Female gender.
- Hypothyroidism.
- Substance use disorder.
- Use of antidepressants without cover of mood-stabilizers .
- Bipolar disorder type II.
- Cylothymia.
- Hyperthymic personality.

DOC : Valproate/divalproate.

Post partum mental illnesses

00:48:00

Post-partum period :

Duration following delivery :

- ICD : 6 weeks.
- DSM : 4 weeks.

Types :

	Post partum blues	Post partum psychosis	Post partum depression
Onset	Within 2-3 days and resolves within 2 weeks.	Around 2 weeks after delivery.	Around 2-4 weeks after delivery.
Incidence	50 %	0.1 %	5-15 %
Remarks	Benign/self-limiting	• Abrupt. • Acting out (+). • Thoughts of harming baby (+).	Symptoms of depression (+).

Rx :

- SSRI of choice : Sertraline.
- SSRIs to be avoided : Fluoxetine, paroxetine.
- Brexenalone :
  Specific for post-partum depression.
  Route of administration : I/V infusion over 60 hours.

----- Active space -----

PSYCHIATRY REVISION 2

Stress, trauma & anxiety disorders

00:00:18

Stress	Burnout	Life event
• Test of resources/skill sets (E.g. : Exams). • Forces a reaction/response. • Based on the intensity, duration & nature : Normal or abnormal.	• D : Detachment. • I : Ineffectiveness. • E : Exhaustion.	• Changes the course of life. • Needs a causative factor : 1. Grief reaction. 2. Adjustment disorder. 3. Acute stress disorder. 4. PTSD (Post-traumatic stress disorder).

Grief reaction :

Different stages of grief reaction given by Kubler Ross : DABDA.

Can occur in any order.

D : Denial.

A : Anger.

B : Bargaining.

D : Depression.

A : Acceptance.

Pathological grief reaction :

Types	Features
Absent grief	No reaction.
Hypertrophic grief	Too much emotion.
Chronic grief	Persistence of grief for > 6 months (ICD) or > 1 year (DSM)
Traumatic grief	Hypertrophic grief + Chronic grief.
Delayed grief	Reaction after 2 weeks.
Anniversary grief	Remember the person on every anniversary of an event.

----- Active space -----

Other life events :

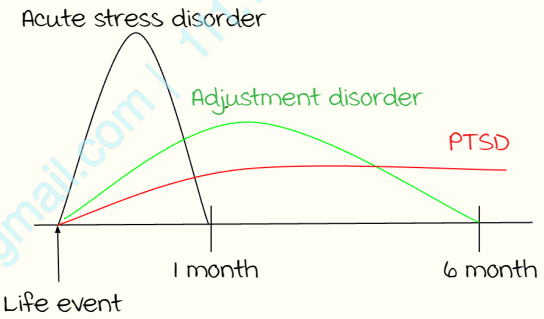
	Acute stress disorder.	Adjustment disorder.	PTSD (Post traumatic stress disorder)
Duration.	< 1 month.	Starts within 3 months of the life event & lasts a maximum of up to 6 months.	≥ 4 weeks. Late onset PTSD : Starts after 6 months of life event.
Symptoms	Stress reaction : a. Hyperarousal. b. ↑ autonomic activity. c. ↑ vigilance.	• Mild depression & anxiety. • Conduct behaviors (Stealing, telling lies). • Aka situational depression.	• Hyperarousal. • Nightmares. • Flashbacks. • Avoidance behavior.

Complex PTSD :

Seen in continuous/repetitive trauma.

Features :

1. Negative self-concept.
2. Interpersonal issues.
3. Emotional dysregulation.



Rx of PTSD :

Specific : EMDR (Eye movement desensitization & reprocessing therapy).

Best : CBT (Cognitive behavioral therapy).

Anxiety disorders :

GAD (Generalized anxiety disorder)	Panic disorder	Phobia
• Free floating anxiety. • Constant worrying.	• Recurrent denovo panic attacks. • Impending doom : Present in an emergency room (Extreme fear of dying, collapsing).	2 types : • Generalized : Social anxiety, social phobia. • Specific : Blood injection/ Animal/Natural environmental/Situational/Others.

----- Active space -----

Rx :

- Pharmacotherapy :
  a. Low dose SSRIs.
  b. Benzodiazepines (Cautious use).
  c. Buspirone :
     5-HT$_1$A partial agonist.
     Anxiolytic.
     No sedation & addictive effect.
- Behavioral therapy :
  a. JPMR (Jacobson progressive muscle relaxation technique).
  b. MBSRT (Mindfulness based stress reduction technique).
  c. Deep breathing (Diaphragmatic breathing).
  d. Specific for phobia :
     1. Flooding : One shot exposure of the stimuli for hours.
     2. Systematic desensitization : Graded exposure to the avulsive stimuli.

Somatic symptoms, OCD & dissociation disorders 00:16:04

Alexithymia : Inability to label one's own emotions.

Defense mechanisms in stress :

1. Somatization.
2. Dissociation.
3. Conversion.

Somatic symptom disorder (DSM)/bodily distress disorder (ICD) :
Aka somatoform/somatization disorder/briquet syndrome.
Duration : > 6 months.
Predisposing factor : Many stressors.
Presentation :

- Multiple complaints (Eg : Body pains).
- Multi-system involvement (CVS, GIT, neurological complaints, etc).
- Multiple investigations (Usually normal).
- Multiple consultations.

Rx :

- Reattribution therapy,
- Antidepressants + anxiolytics.

----- Active space -----

Factitious disorder (munchausen syndrome/doctor shoppers) :
Deliberately create symptoms for no apparent reason (No secondary gain).
Pseudologica fantastica : Excessive lies.
Peregrination : Travel long distances for medical attention.
Grid abdomen : multiple scars on the abdomen d/t multiple Surgeries.
Munchausen syndrome/factitious disorder by proxy : An adult brings a child or a dependant person.
Note : Malingering is conscious production of symptoms for secondary gain (like leave compensation etc).

Illness anxiety disorder/hypochondriasis :
Previously called medical student syndrome.
Duration : > 6 months.
C/F :

- Preoccupation about having a serious illness like cancer, TB, etc.
- Exaggerated fear.

Body dysmorphic disorder/dysmorphophobia : Preoccupied with body shape, size, & color.

Obsessive-compulsive & related disorders :
These include : $O^3B^3H^3$ (mnemonic).
O : OCD.
O : Olfactory reference syndrome.
B : Body dysmorphic disorder.
B : Bodily focused repetitive behavior disorder.
H : Hoarding disorder.
H : Hypochondriasis.

OCD (Obsessive-compulsive disorder) :
Egodystonic obsessions & compulsions : Repeated unwanted thoughts & actions.
m/c obsession : mysophobia (Fear of contamination by dirt/germs).
m/c compulsions : Hand washing.
Rx :

- Pharmacotherapy :
  a. Two trials of SSRIs.
  b. When SSRIs fail → Clomipramine (Tricyclic antidepressant/TCA).
  S/E of Clomipramine : TCA toxicity .

----- Active space -----

Rx of TCA toxicity : NaHCO3.

- Behavior strategy :
  Exposure & response prevention → Desensitization & habituation to high levels of stress & anxiety.

Bodily focused repetitive behavior disorder :

Trichotillomania	Dermatotillomania
Compulsive hair pulling (m/c : Scalp hair). m/c in females. Trichophagia → trichobezoar.	Compulsive skin picking.
Rx : Habit reversal technique (HRT).	

Dissociative disorders :

Defense mechanism : Disassociation/dissociation.

Types :

1. Dissociative Amnesia : Circumscribed loss of traumatic memory (Forgets a particular component of memory).
2. Dissociative Fugue :
   a. Primary identity lost.
   b. Purposeful wandering.
3. Dissociative Identity disorder : Previously called as multiple personality disorder.
4. Dissociative neurological symptom disorder :
   a. Known as conversion disorder (ICD).
   b. Known as functional neurological symptom disorder (DSM5 : type of somatic symptom disorder).
   c. Present with bizarre unexplainable neurological symptoms : Can be motor, sensory or gait disturbances (Astasia abasia).

Labelle indifference :

- Mood is indifferent to the level of presentation.
- Seen in dissociative disorders.

Eating disorders

00:30:41

----- Active space -----

	Anorexia nervosa	Bulimia nervosa	Binge eating disorder
Age group.	Early adolescence.	Late adolescence.	Young adults.
Presentation.	Fear of weight gain. Distorted body image. < 15% of ideal body weight. 2 types : 1. Restrictive. 2. Binge purge.	Binge eating & purging. No fear of eating food.	m/c eating disorder. Binge eating : Beyond fullness. Isolation. Not hungry. Guilty. Eating rapidly.
BMI	Low (< 18.5).	Normal.	High.

Complications of Anorexia nervosa :

1. Medical comorbidities (CVS/endocrinological).
2. Lanugo hair.
3. Hyperprolactinemia → Amenorrhea.
4. 10% risk of suicide.
5. Refeeding syndrome → ↑sed calorie intake during Rx → $\downarrow PO_4^{3-}$, $\downarrow K^+$, $\downarrow Mg^{2+}$.

Complications of Bulimia nervosa :

1. Mallory weiss syndrome (Lower esophageal tear).
2. Retching.
3. Russell's sign : Calluses & pigmentation on the dorsum of the hand d/t purging.

Sleep & sleep related disorders

00:35:56

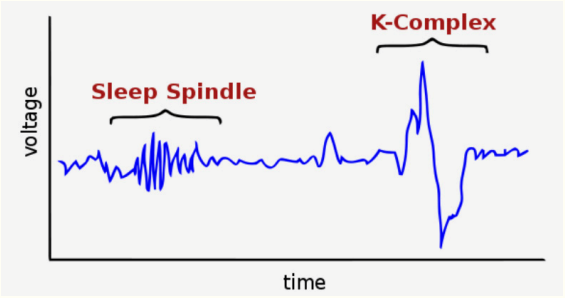
Stages of sleep :

Stages	Duration	Features
N1	5% (Least duration)	• Theta waves in EEG. • Microsleep. • Hypnic (myoclonic) jerks seen.
N2	45% (Maximum)	• K-complexes : a. Biphasic b. Low frequency & high voltage waves. • Sleep spindles : a. Burst of alpha rhythm (7 to 14 Hz). b. High frequency & low voltage.
N3	25%	• Delta waves. • Maximum threshold to awake. • Delta/restorative sleep.
REM sleep	25%	• Saw-tooth appearance in EEG. • Paradoxical sleep.

----- Active space -----

Beta waves in EEG : When eyes are open.

Alpha waves in EEG : Closed eyes & focussed.



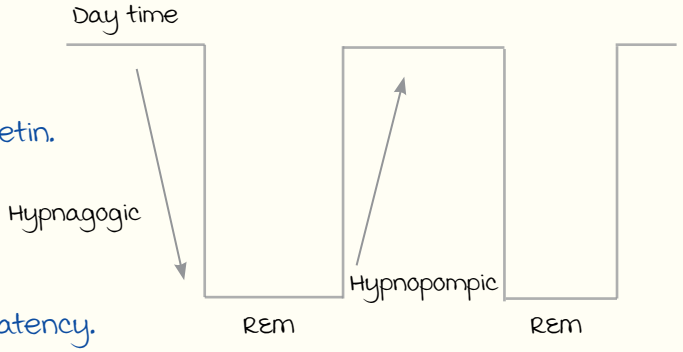
Night terrors Vs nightmares :

Both are examples of parasomnia.

Night terrors/pavor nocturnus.	Nightmares.
Adolescents & young children	Any age.
N3 stage of sleep	REM sleep.
Amnesia	Remembered.
Autonomic arousal (tachycardia, tremors) Post-arousal confusion	Not seen.

Narcolepsy :

Type of dyssomnia.



Pathology : ↓sed orexin/hypocretin.

C/F :

- Daytime sleep attacks.
- ↓sed sleep latency & REM latency.
- SOREM can also occur (Sleep onset REM).
- Hypnogogic & hypnopompic hallucinations.
- Cataplexy : Loss of muscle tone in emotional situations & collapse on the floor.

Note : Catalepsy is seen in catatonia.

Rx : Modafinil (Dopamine reuptake inhibitor)

Active space

Rx of insomnia :

1. Benzodiazepines.	Smallest doses & the shortest duration Clonazepam >> alprazolam (Short acting → rebound anxiety & insomnia).
2. Z-class drugs.	Site of action : α_1 subunit of $GABA_A$ receptors (Preferred over BZDs). Drugs : Zolpidem. Zaleplon (Shortest acting). Zopiclone (Longest acting).
3. Melatonin (m_1/m_2) agonists :	Melatonin released by pineal gland Maintains circadian rhythm. Drugs : Ramelteon (Shorter). Tasimelteon.
4. DORAs (Dual acting orexin receptor antagonists).	Drugs : Suvorexant. Doridorexant.

Sexual cycle & related disorders. 00:46:07

Sexual response cycle : DEOR.

Desire → Excitement → Plateau → Orgasm → Resolution.

Erectile dysfunction & premature ejaculation :

	Erectile dysfunction.	Premature ejaculation.
Phase	Excitement phase.	Orgasm phase.
Rx	• PDE 5 inhibitors : a. Tadalafil b. Vardenafil c. Sildenafil. • PGE analogue : Alprostadil.	• SSRIs (Delays ejaculation) : Paroxetine & dapoxetine. • 3S : Squeeze technique (master's & Johnson's). Start stop technique. Sensate focusing.

----- Active space -----

Sexual paraphilias :

Disorder	Feature
Fetishism	Sexual arousal by touching inanimate objects.
Frotteurism	Touching/rubbing one's genitalia to nonconsenting individuals.
Exhibitionism	Expose oneself/undress.
Voyeurism	Peeping tom (Diagnosed only after 18 years of age).
Pedophilia	Sexual activity with prepubescent children.
Transvestic fetishism	Cross dressing for sexual arousal.
Nymphomaniac	↑sed sexual desire in females
Satyriasis	↑sed sexual desire in males

Note : Cross dressing In gender dysphoria/gender incongruence :

a. To align with the gender they identify with.

b. Not for sexual arousal purposes.

Culture bound syndromes :

Dhat syndrome : Preoccupation with semen discharge.

Koro syndrome : Preoccupation with shrinking/disappearing penis.

PSYCHIATRY REVISION 3

----- Active space -----

Neurocognitive disorders

00:00:15

Old name : Organic mental illness.

m/c type of hallucinations in neurocognitive disorders : Visual.

Delirium :

m/c type of neurocognitive disorder.

Features (Mnemonic : AAASSS)
Acute (Emergency).
Altered sensorium.
Autonomic dysfunction.
Sleep reversal.
Sundowning.
Slowing of waves in EEG (Generalized slowing).

MMSE : Mini Mental State Examination (For delirium & dementia).

≤24/30 : Significant brain dysfunction.

Dementia :

Major neurocognitive disorder (Activities of daily living impaired).

Chronic, progressive and degenerative condition.

For diagnosis : Symptoms ≥6 months.

Alzheimer's disease :

Cortical type of dementia.

Temporoparietal areas are affected.

Visuospatial deficits are common.

Sex : Females > Males.

Risk factors for Alzheimer's disease :

- Age ≥65 years.
- Diabetes.
- Hypertension.
- Dyslipidemia.
- Lower education status.
- Down's syndrome.
- Apolipoprotein E4.
- Presenilin 1 and 2 (Familial autosomal dominant alzheimers, ≥50 yrs).

----- Active space -----

Low acetylcholine levels in the nucleus of meynert and nucleus basalis.
Extracellular accumulation : Beta-amyloids.
Intracellular accumulation : Phosphorylated tau proteins.

Management :
Acetylcholine esterase inhibitors :

- Galantamine.
- Rivastigmine.
- Donepezil.

NMDA antagonist : Memantine.
Monoclonal antibodies : Aducanumab, Lecanemab (Remove amyloid deposits).

Frontotemporal dementia/Pick's disease :

Frontal and temporal lobes affected.
Frontal lobe symptoms :

- Echolalia.
- Echopraxia.
- Perseveration.
- Personality changes.
- Social incontinence.

Lewy body dementia :

Caused due to intracellular accumulation of alpha-synuclein.
Fluctuating course of symptoms.
Prominent visual hallucinations.
Extreme sensitivity to anti psychotics.

Huntington's chorea :

Autosomal dominant.
CAG trinucleotide repeats.
Chromosome 4 is affected.
GABAergic neurons are affected in the caudate nucleus.
Seen in the 4th decade.
Dementia is seen.

Normal pressure hydrocephalus :

Triad of dementia + urinary incontinence + magnetic/apraxic gait.

Dependence and alcohol withdrawal

00:11:00

Active space

- Craving.
- Control is lost.
- Tolerance.
- Withdrawal.
- Salience.
- Knowledge of harmful use.

Reverse tolerance : Also known as sensitization/hypersensitization.

Genetic vulnerability : Even a small dose of substance induce psychosis.

E.g : Cocaine.

Alcohol withdrawal :

Simple withdrawal	Complex withdrawal
Seen within 12-24 hours. Features : • Tremors. • Tachycardia. • Increased sweating. • Insomnia. • Night tremors. Rebound REM phenomenon : Alcohol : REM suppressant. On stopping alcohol → Rebound REM.	Within 48 hours : Seizures (GTCS, clusters of seizures). Within 72 hours : Delirium tremens. • Prominent visual hallucinations. • Lilliputian hallucinations (seeing all things small). • Altered sensorium. • Tremors.

Treatment :

DOC : Benzodiazepines.

Safe in liver dysfunction (mnemonic → LOT) : Lorazepam, Oxazepam, Temazepam.

Alcohol related psychosis :

1. Delirium tremens.
2. Alcoholic hallucinosis :
   - Occurs in clear sensorium.
   - Auditory hallucinations (common).
3. Korsakoff's psychosis (mnemonic → CCA) :
   - Chronic.
   - Confabulation (filling of gaps in memory).
   - Anterograde amnesia.

Areas affected in Korsakoff's psychosis : Mammillary nuclei, anterior thalamic nuclei.

----- Active space -----

Wernicke's encephalopathy (mnemonic → GOA) :
Acute (Emergency) condition.
Petechial hemorrhages in the mammillary bodies and periaquedectal grey matter areas.

- Global confusion.
- Ophthalmoplegia.
- Ataxia.

Aversive drugs :
Disulfiram :

- Irreversible aldehyde dehydrogenase inhibitor.
- Increases the levels of aldehydes, serotonin, dopamine and histamine.
- If taken with alcohol, it causes disulfiram ethanol reaction.
- It should be given 12-24 hours after stopping alcohol.
- Indicated only for patients who are willing to quit and have good motivation.
- It is avoided in peripheral neuropathy and psychosis.

Anti craving drugs for alcohol cessation :

- Acamprosate.
- Naltrexone.
- Topiramate.
- SSRIs.
- Ondansetron.
- Baclofen.

Anti craving drugs for nicotine cessation :

- Varenicline ($\alpha 4\ \beta 2$ partial agonist) : Best drug.
  Avoided in neuropsychiatric symptoms (suicidal ideas, severe depression, etc).
- Bupropion.

Opioid poisoning and dependence 00:20:35

C/F : Unconsciousness + respiratory depression + pinpoint pupils.
DOC of opioid poisoning : Naloxone (i.v/nasal spray).

Management of opioid dependence :
Methadone : Long acting agonist, has abuse potential.
Buprenorphine : Partial agonist, has less abuse potential.
Naltrexone : Opioid antagonist, can be used for long term maintenance (oral form & depot preparation).

Personality disorders

00:23:10

----- Active space -----

Big 5 personality factors : OCEAN.

- Openness.
- Conscientiousness.
- Extraversion.
- Agreeableness.
- Neuroticism.

Clusters of personality disorders (PD) :

Cluster A Odd & eccentric.	Cluster B Emotional, dramatic & erratic.	Cluster C Anxious and fearful.
• Paranoid PD. • Schizoid PD. • Schizotypal PD.	• Borderline PD. • Histrionic PD. • Narcissistic PD. • Antisocial PD.	• OCPD (obsessive compulsive PD) /Anankastic PD. • Dependant PD. • Anxious avoidant PD.

Borderline personality disorder :

- Also known as emotionally unstable personality disorder.
- Thoughts : See things as extreme → Splitting/Black & white thinking/ All or none thinking/Dichotomous thinking.
- Parasuicide/deliberate self harm/non suicidal self injurious behavior (NSSI) +.
- m/c type of NSSI : Slashing the wrist.
- more prone to develop bipolar disorder.
- Rx : Dialectical Behavioral Therapy (DBT).

Mind and Defense Mechanisms

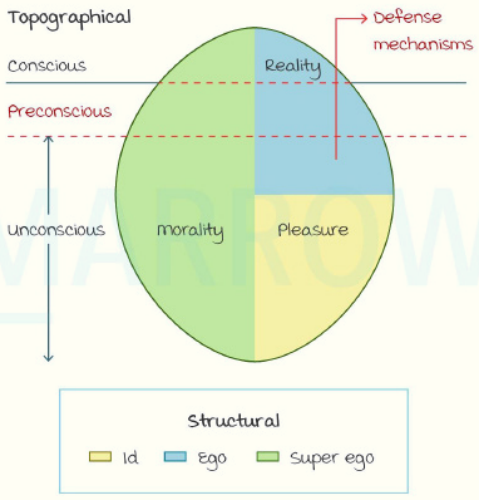
00:28:00

Defense mechanisms are produced by ego.

mature defense mechanisms :

(mnemonic → HAAASS)

- Humor.
- Anticipation.
- Altruism.
- Ascetism.
- Suppression (Conscious defense mechanism).
- Sublimation.



----- Active space -----

Topographical theory	Structural theory
Mind is divided into : • Conscious. • Preconscious. • Unconscious.	Mind is divided into : • Id : completely in unconscious part of mind. • Ego. • Super ego. } In all 3 aspects of mind

Defense mechanisms in some disorders :

Disorder	Defense mechanisms
1. Obsessive compulsive disorder	• Undoing. • Reaction formation. • Isolation.
2. Phobia	• Projection. • Avoidance. • Displacement.
3. Psychotic defenses	• Projection. • Denial. • Distortion.

List of therapies and their uses

00:33:08

Disorder	Therapies
Depression	CBT (Cognitive behavioral therapy). IBT (Interpersonal psychotherapy). SFT (Solution focussed therapy).
Bipolar disorder	IPSRT (Interpersonal social rhythm therapy).
Stress/ Anxiety	Relaxation techniques : JPMR (Jacobson progressive muscle relaxation technique). MBSRT (Mindfulness based stress reduction technique). Deep breathing/diaphragmatic breathing. Guided imagery.
Phobia	Systematic desensitization. Flooding.
OCD	ERP (Exposure response prevention).
Trichotillomania/ dermatotillomania	HRT (Habit reversal technique).
PTSD	EMDR (Eye movement desensitization therapy).

Important concepts in doctor-patient relationship 00:35:10

----- Active space -----

Transference :

Feelings of patient towards the professional.

It can be positive or negative.

Counter transference :

Feelings of professional towards the patient.

It can be positive or negative.

Catharsis :

Patient ventilates/share/process when talking in therapy sessions.

Patient feels comfortable and safer when sharing.

Abreaction :

Unexpected emotional outburst.

Mental Health Care Act, 2017 00:37:15

1. Decriminalization of suicide by section 115 of mental health care act.
2. Advanced directive : Registered document with the Mental Health Review Board (MHRB) which contains three components :
   a. How you want to be treated?
   b. How you don't want to be treated?
   c. Who is your nominated representative ? (An adult who is nominated on behalf of the patient to take decisions for him/her when capacity of thinking is lost).

   The directive is activated only when the thinking capacity of patient is lost.
3. All admissions in mental health establishment (MHE) should be informed to the MHRB within 72 hours if the patient is a minor or female and within 7 days if patient is a male.
4. Emergency Rx : Any hospital, which is not a mental health establishment can admit and treat a psychiatric patient maximum upto 72 hours.