

Block Q psychiatry

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Source: Boards and beyond, First Aid

PTSD

- Follows traumatic event - Rape, physical assault
- Thoughts, nightmares, flashbacks
- Avoidance of reminders
- Hypervigilance (anxious, alert, scanning)
- Sleep problems (restless, can't fall or stay asleep)
- Leads to social dysfunction
- Negative thoughts or feelings after trauma
- Trauma-related arousal and reactivity
- Symptoms last for more than 1 month
- Experiencing, witnessing, or discovering that a loved one has experienced a life-threatening situation (eg, serious injury, sexual assault)
- persistent Hyperarousal, Avoidance of associated stimuli, intrusive Re-experiencing of the event (eg, nightmares, flashbacks),
- changes in cognition or mood (eg, fear, horror, Distress) (having PTSD is HARD).
- Disturbance lasts > 1 month with significant distress or impaired functioning.
- Treatment: CBT, SSRIs, and venlafaxine are first line.
- Prazosin can reduce nightmares.
- Acute stress disorder—lasts between 3 days and 1 month. Treatment: CBT; pharmacotherapy is usually not indicated
- Preferred drugs: SSRIs, venlafaxine, prazosin (for nightmares)

OCD

- Obsessions (recurring intrusive thoughts, feelings, or sensations) that cause severe distress, relieved in part by compulsions (performance of repetitive, often time-consuming actions).
- Ego-dystonic: behavior inconsistent with one's beliefs and attitudes (vs obsessive-compulsive personality disorder, ego-syntonic).
- Associated with Tourette syndrome.
- Treatment: CBT and SSRIs; clomipramine and venlafaxine are second line.
- Preferred drugs: SSRIs, venlafaxine, clomipramine

Somatic Symptoms Disorder

- Somatization - Physical symptoms not explained by medical disease
- Somatic symptoms that cause distress
- Persistent thoughts about seriousness of symptoms
- Anxiety about symptoms
- Excessive time and energy devoted to symptoms
- Persistent (usually more than six months)

Autism Spectrum Disorder

- Onset in early childhood.
- Social and communication deficits, repetitive/ritualized behaviors, restricted interests. May be accompanied by intellectual disability and/or above average abilities in specific skills (eg, music).
- More common in males.
- Associated with increased head and/or brain size.
- Neurodevelopmental disorder
- Exact cause unknown
- Abnormal social skills (communication/interaction)
- Repetitive behavior patterns
- Limited interests and activities
- Clinical diagnosis
- Deficits in social interaction in multiple settings
 - Failure of back-and-forth conversation
 - Reduced sharing of interests, emotions
 - Abnormal eye contact or body language
 - Difficulty making friends
 - Lack of interest in peers
- Restricted, repetitive patterns
- Symptoms must impair function
- Symptoms must be present in early development
 - Often diagnosed about 2 years of age
 - Symptoms sometimes present earlier but unnoticed
- Intellectual impairment
 - Variable
 - Some skills weak (i.e. verbal communication, reasoning)
- Savants
 - Some patients have special skills in one area
 - Memory, music, art, math
 - Classic example: determining day of week for given date
- Issues with behavior, language, socialization
- Failure to reach developmental milestones
- More common among males
- Increased head circumference
- Associated Disorders
 - Fragile X syndrome
 - Double Y males (XYY)
- Early intervention
 - Behavioral management
 - Occupational therapy (teaching skills for daily activity)
 - Speech therapy
- No specific effective medical therapy

- Medications only for symptoms - Hyperactivity, Depression

Substance Abuse

Dystonia (Drug Induced)

- Cause: Typical antipsychotics, anticonvulsants (eg, carbamazepine), metoclopramide
- Sudden onset of muscle spasms, stiffness, and/or oculogyric crisis occurring hours to days after medication use; can lead to laryngospasm requiring intubation
- Treatment: Benztropine or diphenhydramine

Anorexia Nervosa

- Diet and exercise that leads to low body weight
- Intense fear of gaining weight
- Distorted perception of body weight
- Increased mortality from malnutrition
- Intense fear of weight gain, overvaluation of thinness, and body image distortion leading to calorie restriction and severe weight loss resulting in inappropriately low body weight (BMI < 18.5 kg/m² for adults).
- May present with hypothyroidism, amenorrhea, osteoporosis, lanugo.
- Binge-eating/purging type—recurring purging behaviors (eg, laxative or diuretic abuse, self-induced vomiting) or binge eating over the last 3 months.
- Restricting type—primary disordered behaviors include dieting, fasting, and/or over-exercising. No recurring purging behaviors or binge eating over the last 3 months.
- Refeeding syndrome—often occurs in significantly malnourished patients with sudden increased calorie intake, leading to increased insulin, hence decreased PO₄³⁻, K⁺, Mg²⁺ - - > cardiac complications, rhabdomyolysis, seizures.
- Treatment: nutritional rehabilitation, psychotherapy, olanzapine (antipsychotic)

Bulimia Nervosa

- Binge eating
- Inappropriate compensation to avoid weight gain
 - Vomiting (purging)
 - Laxatives, diuretics, enemas
 - Excessive exercise
 - Fasting
 - Severely restrictive diets
- Occurs at least once a week for three months
- Weight usually normal (contrast with anorexia)
- Commonly coexists with other disorders
 - Anxiety
 - Depression
 - Posttraumatic stress disorder

- Substance abuse
- Russell's Sign - Scars on knuckles from induced-vomiting
- Purging Complications
 - Contraction alkalosis
 - Loss of K⁺
 - Urinary chloride is low (<20)
 - Parotid swelling
 - Erosion of dental enamel
- Preferred drugs: SSRIs

Panic Attack

- Sudden onset of intense fear
 - Often occur with no trigger
 - Sometimes triggered by stressful event
- Brief: lasts for minutes to an hour
- Physical symptoms caused by panic
 - Palpitations, racing heart
 - Sweating
 - Trembling or shaking
 - Chest pain or discomfort
- Four or more of the following:
 - Palpitations, pounding heart, or accelerated heart rate
 - Sweating
 - Trembling or shaking
 - Sensations of shortness of breath or smothering
 - Feelings of choking
 - Chest pain or discomfort
 - Nausea or abdominal distress
 - Feeling dizzy, unsteady, light-headed, or faint
 - Chills or heat sensations
 - Paresthesias (numbness or tingling sensations)
 - Fear of losing control or "going crazy"
 - Fear of dying
 - Derealization
 - Depersonalization
- Derealization
 - Items in room look foggy, unreal
 - Feel like in a foreign place despite being at home
 - Often intensely scary
- Depersonalization
 - "Out of body" experience
 - Detached, looking at self from above
- Recurrent unexpected panic attacks
- Attacks followed by 1 month or more:

- Persistent concern or worry about panic attacks
- Change in behavior to avoid attacks
- Median age: 24 years
- Twice as common in women vs. men
- Risk factors
 - Genetic component: 1st degree relative with PD: ↑ risk
 - History of physical or sexual abuse
 - Life stress
- Treatments:
 - CBT
 - Antidepressants (SSRIs)
 - Benzodiazepines

Generalized Anxiety Disorder

- Chronic, persistent anxiety
- About many different events/activities
- Lasts > 6 months
 - More days than not for at least six months
- Three or more of the following:
 - Restlessness
 - Fatigue
 - Difficulty concentrating
 - Irritability
 - Muscle tension
 - Sleep disturbance

Major Depressive Disorder

- At least 5 symptoms (of 9) for 2 weeks - SIG E CAPS
- Sleep disturbance
- Lack of Interest
- Guilt
- Energy loss and fatigue
- Concentration problems
- Appetite/weight changes
- Psychomotor symptoms
- Suicidal ideation
- No evidence of mania
- Treatment: antidepressants