

Psychiatry

TRANSFERENCE:

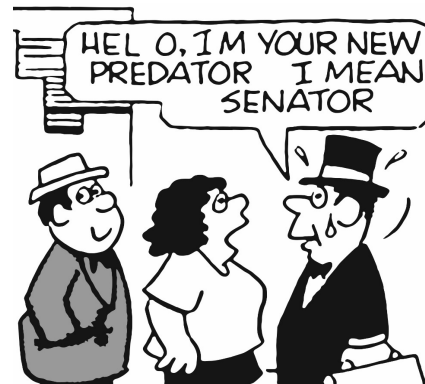
COUNTER-TRANSFERENCE:

TRANS-THEORETICAL MODEL OF CHANGE

Stage

1. Precontemplation
2. Contemplation
3. Preparation
4. Action
5. Maintenance
6. Relapse / Termination

Freud's structural theory of mind



Sensorimotor Stage



Preoperational Stage



Concrete Operational Stage



Formal Operational Stage

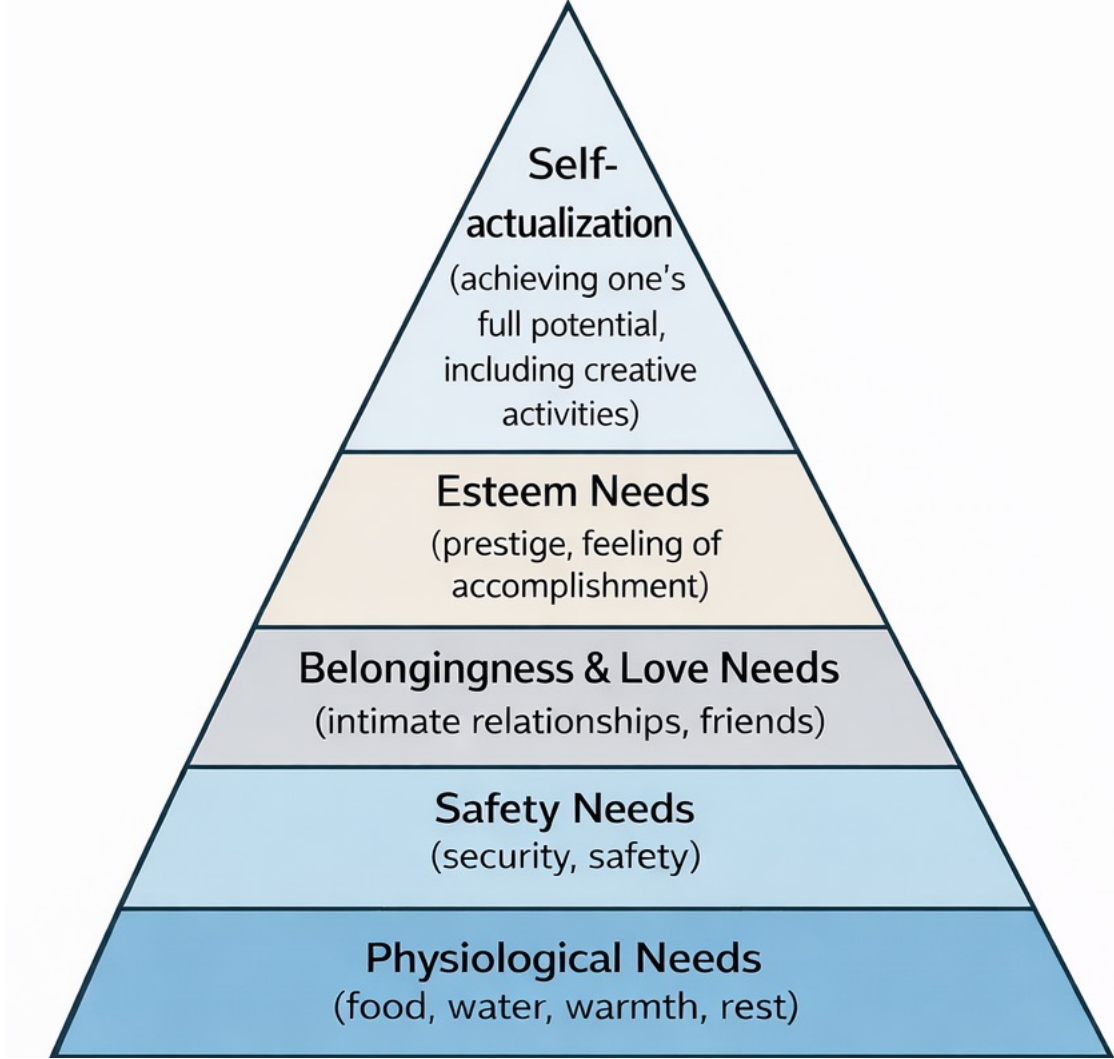


Catharsis: "venting out"

Abreaction: Abnormal reaction



Minnesota Multiphasic Personality Inventory



DEFENCE MECHANISMS

MATURE:

- An athlete focuses on other tasks to prevent worrying about an important upcoming match
- A 40 year old anxious about getting old starts planning details of his retirement
- A mafia boss makes a large donation to charity
- Two nervous medical student jokes about the viva that went horribly
- A very short-tempered person takes up kick-boxing as a hobby

NARCISSISTIC

- A mother refuses to admit the death of her child and insists he will be back in the morning.
- A man who wants to cheat on his wife accuses his wife of being unfaithful.
- A patient says that all the nurses are cold and insensitive, but the doctors are warm and friendly.

IMMATURE :

- A previously toilet-trained child begins bedwetting again following the birth of a sibling.
- A college student continues to suck her thumb when studying for stressful exams.
- Throwing a book or punching on wall after a fight
- A disgruntled employee is repeatedly late to work, but won't admit it is a way to get back at the manager

NEUROTIC

- A 20-year-old does not remember going to counselling during his parents' divorce 10 years earlier

(PRIMARY DEFENCE MECHANISM)

- A patient just diagnosed with cancer discusses the detailed pathophysiology of the disease.
- An employee who was recently fired claims that the job was not important anyway.
- After being reprimanded by her principal, a frustrated teacher returns home and criticizes her husband's cooking
- A stepmother treats a child she resents with excessive nurturing and overprotection
- Husband bringing gift for wife after fighting previous day
- A child who is a victim of physical abuse discusses the beating without any emotions
- A patient boasts about his physician and his accomplishments while ignoring any flaws.

OCD:

D-Displacement

U-Undoing

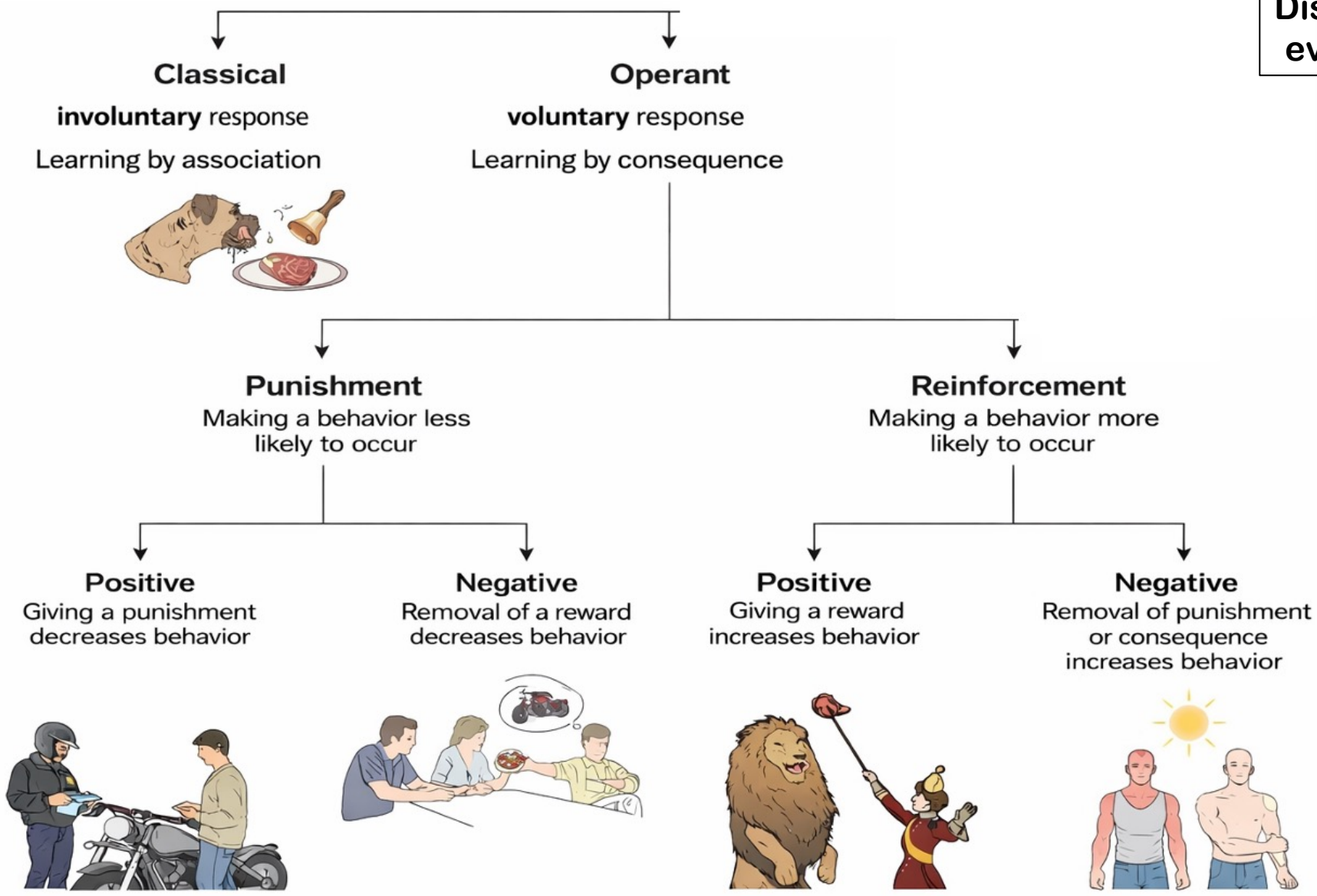
R-Reaction formation

I-Inhibition

I-Isolation of affect

BEHAVIORAL CONDITIONING

Discontinuation of reinforcement eventually eliminates behaviour



General Psychiatry- MENTAL STATE EXAMINATION

PERCEPTION

Hallucination: VS Illusion:

True Hallucinations	Pseudo-Hallucinations

- Auditory → Psychosis: schizophrenia
 - Visual → Medical illness (delirium, drugs)
 - Tactile → Cocaine abuse
 - Olfactory / gustatory → Temporal lobe epilepsy
- Reflex hallucination/ Synesthesia:
- Functional hallucination:

Mood - Over a period of time

Affect - Cross-sectional

ORIENTATION

ATTENTION

CONCENTRATION

Digit span test

Serial 7 subtraction
WORLD backwards

Immediate

MEMORY
Recent

Remote

Digit span test

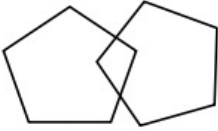
GRADES OF INSIGHT

- 1-Complete denial
- 2-Slight awareness
- 3-Awareness + Blame on others
- 4-Intellectual insight
- 5-True emotional insight - Future behaviour

Proverb testing
Similarity assessment

What to do in a fire?
Future planning
Behavior in meeting

Mini-Mental State Examination (MMSE)

Name John Williams	Date Feb 21, 2023	
Instructions: Ask the questions in specified sequence and give one point for each correct response for each question or task.		
Questions	Maximum Score	Patient's Score
1. "What year is this?" "What is the current season?" "What month is this" "What's the date today?" "What day of the week it is?" (Score 1 point for each correct answer.)	5	3
2. "Which country are we in right now?" "What state/province are we in?" "What city or town are we in?" "What city or town are we in?" "What's the street address of your home / What's the name of this building?" "On which floor are we located / In which room are currently located?" (Score 1 point for each correct answer.)	5	4
3. "I'm going to name three words/objects and you need to repeat them. Then remember them because I'm going to ask you to name them again later." (EX: BALL - CAR - MAN / APPLE - PENNY - TABLE)	3	2
4. "Spell WORLD backwards" Answer: D-L-R-O-W	5	4
5. "Now, name the three objects/words I asked you to remember." (Give one point for each.)	3	3
6. "What object is this?" Show a wrist watch.	1	1
7. "What object is this?" Show a pencil.	1	0
8. "Repeat this phrase: No ifs, ands, or buts. "	1	1
9. "Read the words and then do what it says." (Give the patient/client a sheet of paper with CLOSE YOUR EYES written on it.)	1	1
10. "Take the paper in your right/left hand, fold it in half, and put it on the floor." (Give the patient/client a piece of paper and score 1 for each action taken.)	3	3
11. "Make up and write a complete sentence on a piece paper." (Sentence must contain a verb and noun.)	1	1
12. "Copy this design, please." 	1	1
TOTAL:	30	24

Levels of consciousness:

- Alert
- Lethargy = Somnolence
- Oneroid:- dream-like/
hallucinations
- Obtundation
- Stupor = Akinetic mutism
- Coma

Delirium VS Dementia

Delirium	Dementia
Hallmark is <i>impaired consciousness</i>	AMNESIA APHASIA APRAXIA AGNOSIA
<ul style="list-style-type: none"> • Acute medical illness • Autonomic dysfunction • Abnormal EEG • Carphologia/floccillation (picking at covers/clothes) • Illusion, delusion • Sundowning (worse at night) • Develops quickly • Fluctuating course with lucid intervals 	-

Thought Disorders

Stream

- Flight of ideas
 - Pressure of speech
 - Thought retardation/block
 - Circumstantiality
 - Prolivity
 - Clang
- “I’m fine, dine, shine, all the time.”
- Perseveration
- Whats your name? What do you do? What is your birthdate?
- Palilalia - word
- Logoclonia - Last syllable

Content



- ‘Someone is putting thoughts in my mind’
 - ‘Someone is taking away my thoughts’
 - ‘Thoughts escape my mind, & others can access them’
- Obsessions

Possession

Form

- Derailment
- Loosening of association
- Tangentiality
- Neologism
- Incoherence = word salad

Delusional disorder

MC delusion:
Folie a deux:
Misidentification-
Capgras-
Fregoli-



DeClerembaut syndrome-
Othello syndrome-
Cotard syndrome-
Ekblom syndrome-

A doctor asks a patient, “How old are you?” The patient replies: “You know, doctor, I grew up in a small village. Married early at 12. My husband is 5 years older. Had two children by 18. Now I take care of my grandchildren also... anyway, I am 38 years old.”

Which thought disorder is this?

- A) Tangentiality**
- B) Derailment**
- C) Circumstantiality**
- D) Flight of ideas**

Personality disorders

- Inflexible, maladaptive patterns of behaviour- Ego-syntonic
- Usually present by early adulthood

Cluster A personality disorders

Pervasive distrust, Suspiciousness

Voluntary social withdrawal, Content with social isolation (vs avoidant)

Odd beliefs or Magical thinking

Personality traits:

- Openness
- Conscientiousness
- Extroversion
- Agreeableness
- Neuroticism

Cluster B personality disorders

Criminality, Impulsivity, Hostility 18 years old

Unstable interpersonal relationships, Impulsivity, Suicidality

Females > Males

Splitting , Dialectical BT

Attention-seeking, Dramatic speech & emotions

Grandiosity, Sense of entitlement, Require excessive admiration

Animal cruelty
Fire setting
Bed wetting

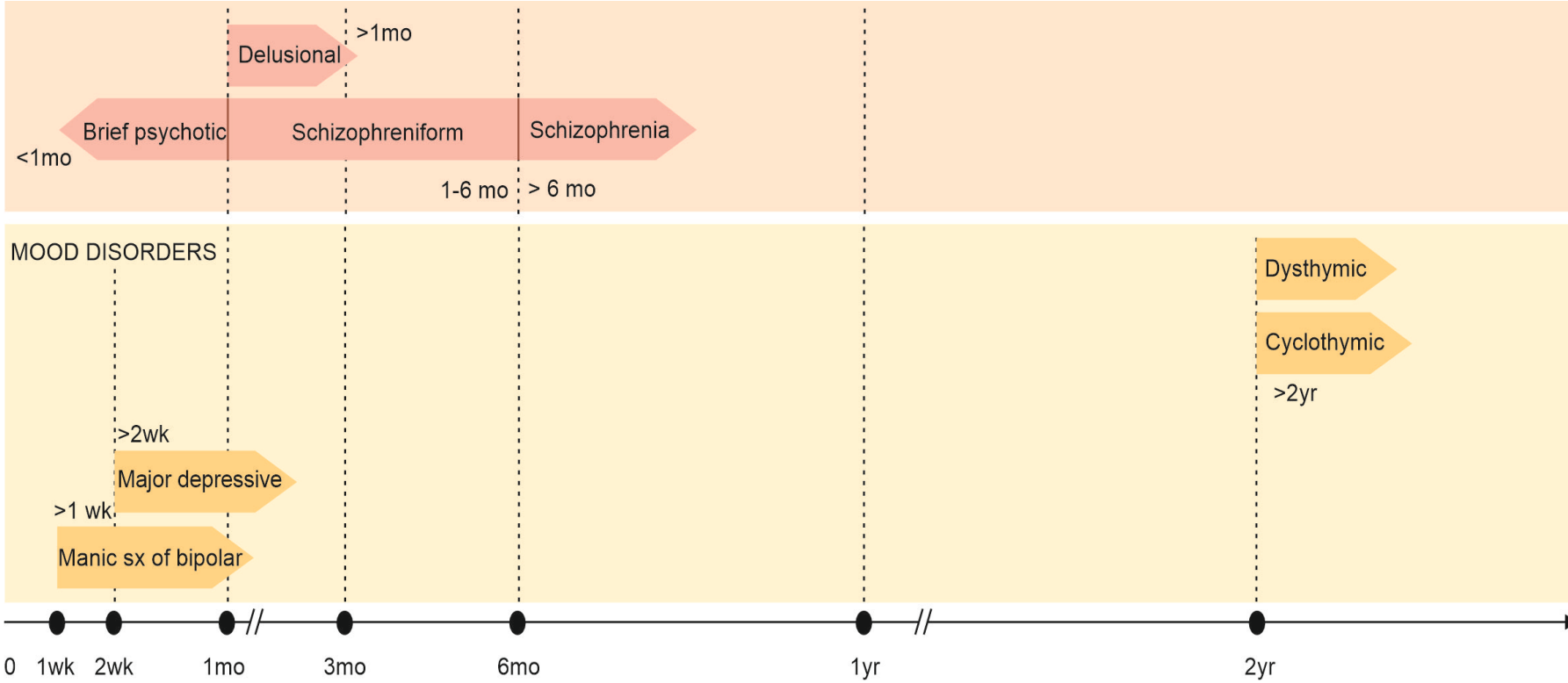
Cluster C personality disorders

Hypersensitive to rejection & criticism, Socially inhibited

Preoccupation with order, perfectionism, & control; Ego-syntonic

Excessive need for support, Low self-confidence

Psychotic disorders



Schizophrenia

DSM-5 Criteria for Schizophrenia

- ≥ 2 symptoms must be present for ≥ 1 month & at least one symptom must be either (1), (2), or (3):
 1. Hallucinations
 2. Delusions (Can be either bizarre or non-bizarre)
 3. Disorganised speech (e.g., frequent derailment or incoherence)
 4. Grossly disorganised or catatonic behaviour
 5. Negative symptoms (e.g., affective flattening, alogia or avolition)
- Continuous disturbance for 6 months
- Social or occupational dysfunction for significant portion of the time

Neuroimaging:

loss of cortical tissue
volume with ventricular
enlargement

Eugene Bleuler: 'Schizophrenia'

Autism

Ambivalence

Affective flattening

Association lost

Schneider's FRS:

3 auditory hallucinations

3 made phenomenon-Impulse, volition, affect

3 thought process

Somatic passivity

Delusional perception

<u>GOOD PROGNOSTIC FACTORS</u>	<u>BAD PROGNOSTIC FACTORS</u>
Acute onset or abrupt onset	Insidious onset
Advanced age at onset (>35 yrs) Except:	Early onset (<20 yrs)
Catatonic, paranoid subtype	Simple, disorganised, hebephrenic
Female sex	Male sex
Prominent positive symptoms	Prominent negative symptoms
Presence of affective symptoms	Absence of affective symptoms
Family history of mood disorders	Family history of schizophrenia
-	Premorbid PD/ stressor/ neurodev delay

General Prevalence:

One parent, Dizygotic twin:

Both parents:

Monozygotic twin:

DiGeorge syndrome

Heavy cannabis use

Downward drift hypothesis:

Advanced paternal age

Antipsychotics

Typical (1st gen)

Haloperidol, Fluphenazine
Thioridazine, Chlorpromazine

Atypical (2nd gen)

Clozapine (D4 >> D2), Olanzapine, Quetiapine, Risperidone, Ziprasidone

3rd gen. (Aripiprazole/ Cariprazine)

Extra-Pyramidal Symptoms		Treatment
	Sudden, sustained contraction Torticollis, Trismus, Oculogyric crisis	Benztropine/ Promethazine/ diphenhydramine/ Trihexyphenidyl
	Subjective restlessness, Inability to sit still Most common	
	<u>Gradual-onset</u> tremor, rigidity, bradykinesia	
	Dyskinesia of mouth, face, trunk, extremities Rabbit syndrome	
	Fever, muscle rigidity, CPK high	

Antipsychotics

- Max EPS :
 - Min EPS, DOC for refractory psychoses:
 - Max metabolic S/E, Sialorrhea, Seizure, Myocarditis, Agranulocytosis:
 - QT prolongation:
 - Min weight gain:
 - Retinal pigmentation:
 - Vortex keratopathy, Cholestatic jaundice:
 - Cataract:
 - PD induced psychosis DOC:
 - Technique for depot injections:
 - Longest acting:
 - TOC/ Depression + suicide / stupor :
- [Anaesthetic agent of choice: _____]

Duration of treatment:

- 1 episode: 2 years.
- 2 episodes: 5 years.
- 3 episodes: life-long.

Monitoring of clozapine:

WBC <3000, ANC<1500

Once / week: 6mon

Once/2 weeks: 6mon

Once/ month: >1yr

CATATONIA

Stupor

Waxy flexibility

Negativism

Automatic obedience

Catalepsy

Posturing

Mannerism

Stereotypy

Echolalia

Exchopraxia

Grimacing

Ambitendency

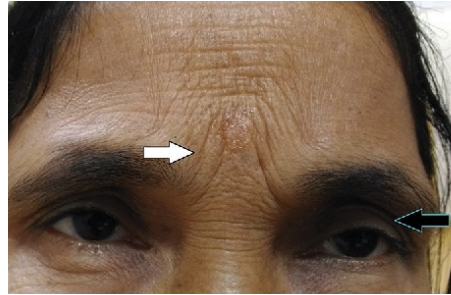
-DOC:

-TOC:



Mood disorders

Depressed mood,
Sleep
Interest deficit
Guilt
Energy deficit
Concentration deficit
Appetite
Psychomotor retardation
Suicidality



Mood reactivity, Hypersomnia, Hyperphagia
Leadens paralysis
Avoid TCA

Schizoaffective disorder

Concurrent mood episode, active-phase symptoms of schizophr. +
at least 2-week lifetime h/o delusions or hallucinations in the
absence of prominent mood symptoms
MDD with Psychotic Features

Dysthymia/ chronic depression:
Double depression:

Distractibility
Irresponsibility
Grandiosity
Flight of ideas
Activity increased
Sleep decreased
Talkativeness

Mania + /- Depression

Depression + Hypomania

Rapid cycling disorder

R/F: Female, Hypothyroid, Substance abuse, BPD 2

Postpartum disorders

<u>Onset</u>	2-3 days (resolves within 10 days)	Within 4 weeks	Variable
<u>Symptoms</u>	Mild depression, tearfulness, irritability	SIGE CAPS	Delusions, hallucinations, thought disorganization
<u>Treatment</u>	Reassurance & monitoring	Antidepressants, psychotherapy	- Antipsychotics, Antidepressants - Do not leave mother alone with infant

FDA approved:

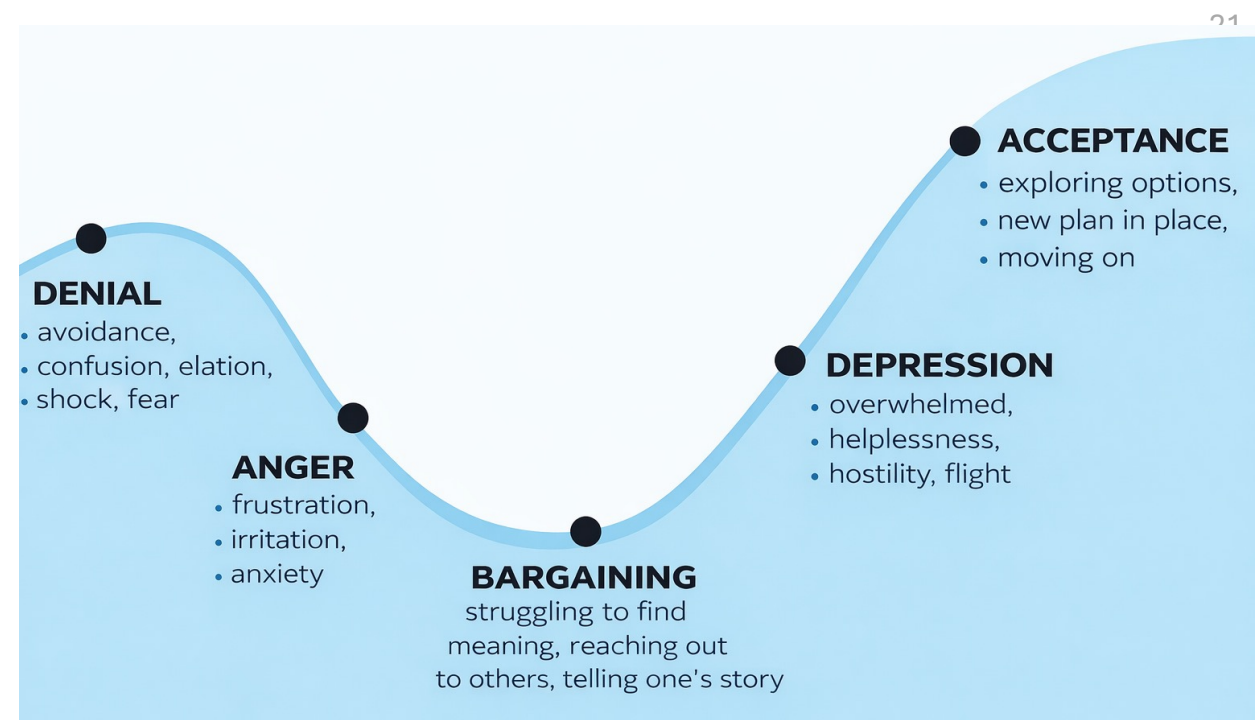
Grief: Sadness, Guilt, Visual & auditory hallucinations, Suicidal ideation absent

Delayed grief: >2 weeks after triggering event

Grief > 12 months: Chronic grief/ Persistent complex bereavement disorder

Stress: Test of resource → forces a reaction/response

Burnout: Detachment / Ineffectiveness/ Exhaustion



Suicide

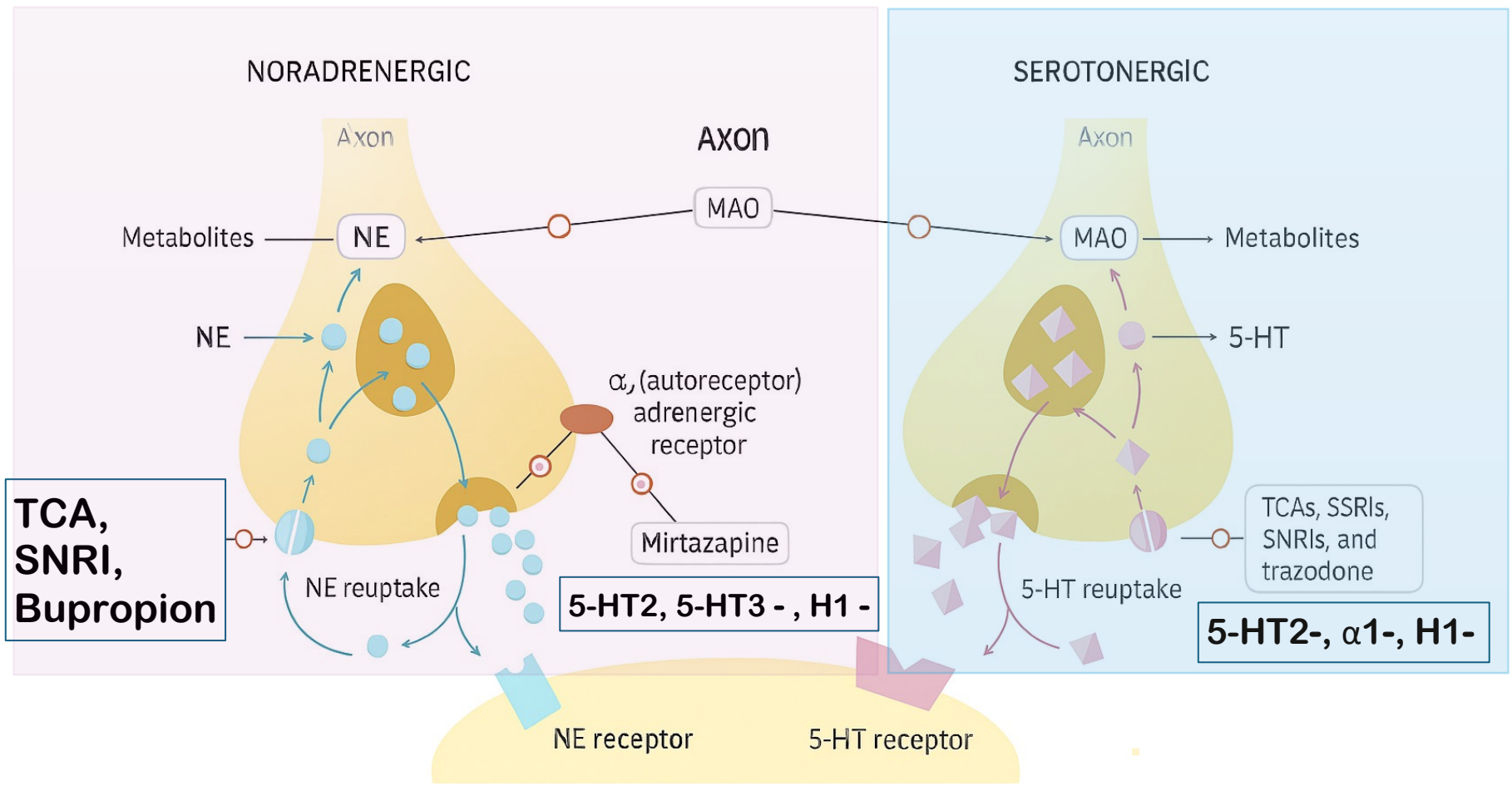
- Sex (male, LGBTQ)
- Age
- Depression
- **Previous attempt (highest risk factor)**
- Ethanol or drug use
- Rational thinking loss (psychosis)
- Sickness (medical illness)
- Organised plan
- Stated future intent
- No spouse or other social support

- MCC of suicide overall:
- MC mode:
- 5-HIAA CSF:
- PARASUICIDE (NSSI):

- COPYCAT SUICIDE:
- Paradoxical suicide/
- Black box warning for anti-depressants:

Antidepressants

- Takes 4–8 weeks for antidepressants to show effect
- **Continuation-phase treatment:** 6 months
- **Maintenance for 1-3 years:** high risk of recurrence or persistent residual depressive symptoms
- **Maintenance treatment indefinitely:** 3 or more lifetime episodes, chronic episodes for 2 or more years, strong family history, or severe episodes (suicidal attempts)



Fluoxetine, Fluvoxamine, Paroxetine, Sertraline, Escitalopram, Citalopram.

Venlafaxine, Duloxetine, Milnacipran

Amitriptyline (3), Nortriptyline (2), Imipramine, Desipramine, Clomipramine, Doxepin, Amoxapine.

Tranylcypromine, Phenelzine, Selegiline (selective MAO-B inhibitor)

Inhibit serotonin reuptake, Partial agonist at 5HT₁ α : + antagonist at 5HT₃ :

Antidepressants

-MC S/E of SSRI:

-SIADH, Vivid dreams, Dry mouth, Sweating:

-S/E: Hypertension, Discontinuation syndrome, Use in fibromyalgia/neuropathy

-Min sexual S/E:

-Min weight gain, sedation, sexual s/e, can cause seizures in Bulimia/ Alcoholics, Anti-smoking:

vs Buspirone:

-Priapism, Sedation:

-Respiratory depression, hyperpyrexia, prolonged QT, convulsions, cardiotoxicity

DOC:

Hemodialysis:

-Antidepressant of choice in pregnancy:

Most teratogenic:

-Drugs with anti-suicide ability

-Clonus, Diarrhea, Altered Mental Status on antidepressants St. John's wort, Opioids, Linezolid

DOC:

-MAO - + tyramine

DOC:

Mood stabilisers

DOC in bipolar disorders:

Affects neurotransmission & second messenger systems, neuroprotection

DOC in rapid cyclers-

DOC in pregnancy-

Levels:

Prophylaxis-

Acute Mania-

Toxicity-

Dialysis-

$T_{1/2}$:

Measurement :

Adverse Effects of Lithium

- Tremors
- Nephrogenic diabetes insipidus

DOC:

- Thyroid dysfunction
- Hyperparathyroidism
- Acne, Psoriasis
- Weight gain
- Leukocytosis
- Teratogenic:

Li TOXICITY

R/F:

- Volume loss/ AKI
- Nausea, vomiting
- ACE inhibitors
- Thiazides
- NSAIDs

CF:

- Slurred speech
- Hyperreflexia
- Seizures, Ataxia

A 28-year-old female patient diagnosed with depression was started on Imipramine. After 2 weeks, the relatives notice new symptoms: the patient has become excessively cheerful, overly excited, wearing colourful clothes, and talking excessively.

What is the most appropriate next step in management?

- A. Continue imipramine and add benzodiazepines**
- B. Stop imipramine and start an antipsychotic**
- C. Continue imipramine and add an antipsychotic**
- D. Stop imipramine and add sodium valproate**

Anxiety-related disorder

DSM-5 Criteria for Generalized Anxiety Disorder

Excessive anxiety & worry, occurring more days than not for ≥ 6 months, about a number of events or activities

Anxiety & Worry are associated with ≥ 3 of the following symptoms:

- Restlessness or feeling keyed up or on edge
- Being easily fatigued
- Difficulty concentrating or mind going blank
- Irritability
- Muscle tension
- Sleep disturbance

Social Anxiety Disorder:

- Fear of embarrassment or poor performance in social or work settings for ≥ 6 months
- Social setting type:- Parties, dating, public restrooms
- Performance type:- Work meetings, presentations, speeches

Panic disorder and Phobia

DSM-5 Criteria for Panic Disorder

- Recurrent unexpected panic attacks
 - At least one of the attacks has been followed by at least 1 month of one or more of the following:
 1. Persistent concern about having additional panic attacks
 2. Worry about the implications of the attack or its consequences
 3. A significant change in behaviour related to the attacks
 4. Presence or absence of agoraphobia
- The panic attacks are **not** due to the direct physiologic effects of a substance (e.g., medication or drug of abuse) or a general medical condition (e.g., hyperthyroidism).*

DSM-5 Criteria for Phobia

- Marked and out of proportion fear within an environmental or situational context to the presence or anticipation of a specific object or situation.
- The avoidance, anxious anticipation, or distress in the feared situation(s) interferes significantly with the child's normal routine, academic functioning, or social relationships.
- The symptoms must have a duration of at least 6 months.
- Acrophobia:
- Ailurophobia:
- Cynophobia:
- Trypanophobia
- Mysophobia:

OCD related disorders

DSM-5 Criteria for OCD

Obsessions are:

Recurrent & persistent thoughts, urges, images that are experienced as *intrusive & unwanted*, & that in most individuals cause marked anxiety or distress

Compulsions are:

Repetitive behaviours or mental acts that the individual feels driven to perform in response to an obsession
 • The obsessions & compulsions are time-consuming or cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

OCD-Related Disorders

- Hoarding disorder
- Body dysmorphic d/o
- Olfactory reference d/o
- Body focused repetitive behavior d/o:

Trichotillomania

Excoriation d/o

Impulse-control disorders:

- Pyromania
- Kleptomania
- Satyriasis/nymphomania
- Intermittent explosive disorders

Stressor-related disorders

Adjustment Disorder:

- Distress, sadness, outbursts
- Symptoms begin within 3 months of stressor but subside before 6 months

Acute Stress Disorder:

Symptoms lasting <1 month after event

Post Traumatic Stress Disorder (PTSD):

- Life threatening or intense trauma
- Sense of threat – Persistent feelings of danger, hypervigilance, exaggerated startle response
- Avoidance – Efforts to avoid distressing memories, thoughts, or external reminders
- Re-experiencing – Intrusive memories, flashbacks, nightmares

Symptoms lasting >1 month after event

Eating disorders

MC eating disorder:

3 or more months	Anorexia (Purging/Restrictive)	Bulimia Recurrent bingeing - purging
BMI		
Distorted body image		
Amenorrhea Osteoporosis Suicide		
Parotitis, Tooth decay Hypo Cl ⁻ , K ⁺ Metabolic alkalosis Mallory Weiss syndrome		



Refeeding syndrome:

Dissociative disorders

Stressor +

Dissociative Amnesia

Reversible, patient aware and distressed by memory loss

Dissociative fugue

Amnesia for personal identity, not confused

Depersonalisation: Feeling detached from oneself

Derealisation: Feeling detached from the surroundings

Reality testing intact

Dissociative Identity Disorder:

Having two or more distinct personalities each with distinct Personality traits, Memories, Behaviour

Ganser syndrome-

AUTISM SPECTRUM DISORDER

- Onset <3yrs
- Social interaction impaired
- Repetitive behaviours, Narrow interests
- +/- Language delay
- Speech preserved:
- **Regression in girl >6 mon-3yrs:**
Gene: **Rx:**
- Regression in any gender >2yrs:

ADHD (Previous: Minimal brain dysfunction)

More in boys; R/o conduct disorder/ substance abuse
6 X 2=12

- <6yrs: Behavioural therapy
- >6yrs: Stimulants : methylphenidate, amphetamines
- Non-stimulants: : Atomoxetine, raboxetine (NRI), alpha-2 agonist

Separation Anxiety Disorder:

- Intense fear of separation from home / caretaker
- > 4 y/o
- Symptoms >4 wks children, >6 mo adults

Tourette's Syndrome:

- Presents before age of 18 → persists for > 1 yr
- Recurrent motor/vocal tics
- Associated with ADHD/ OCD

Rx intractable tics:

Gender identity begins to form at age 3 y/o

- Preference for dress & play activities of opposite gender
- Discomfort with anatomical organs of own sex
- “trapped in another sex’s body”

Conduct Disorder (CD)

Persistent violation of societal norms or rights of others

Oppositional Defiant Disorder (ODD)

Defiant, argumentative, and vindictive behaviour **toward authority figures** >6months

Disruptive Mood Dysregulation Disorder (DMDD)

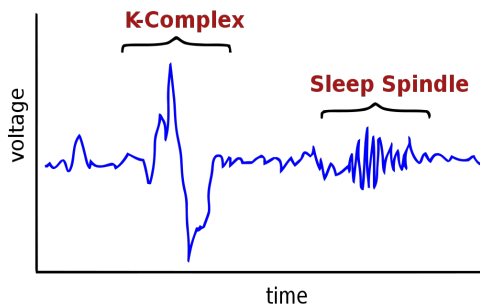
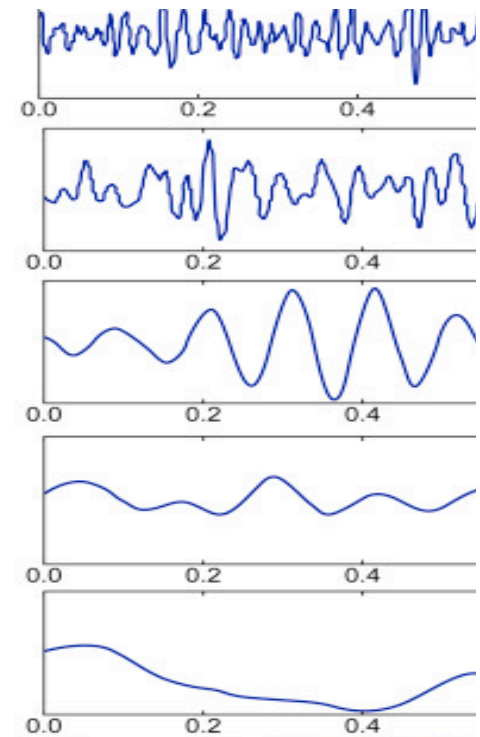
- After 6yrs, Before 10yrs
- Severe irritability + frequent temper outbursts
- Between outbursts: mood is **persistently irritable**/ angry

Intermittent Explosive Disorder

- After 6yrs
- Sudden recurrent episodes of outbursts, out of proportion to provocation, provide relief, followed by remorse.
- Between outbursts: mood is **normal**

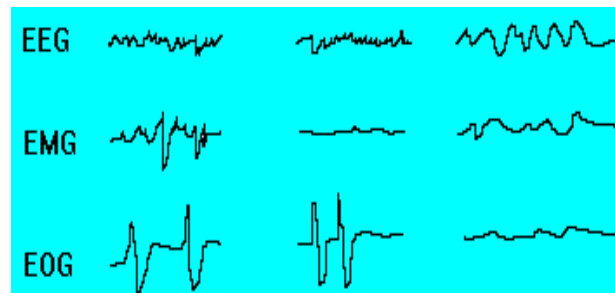
Sleep and related disorders

Good B A T Dance



Photosensitive SCN → NE → Pineal Gland → ↑ Melatonin → Sleep

Awake (eyes open)	Beta	
Awake (eyes closed)	Alpha	
Stage N1 (5%)	Theta	
Stage N2 (45%)	Sleep spindles, K-complexes	Bruxism
Stage N3 (25%) [Restorative sleep]	Delta	<ul style="list-style-type: none"> • Bedwetting • Sleepwalking • Night terrors
REM sleep (25%)	Beta, PGO, Sawtooth waves	<ul style="list-style-type: none"> - Memory processing - No motor tone, ↑ Genital blood flow • Nightmares • PTSD (DOC-Prazosin)



	REM	NREM
ACh		
5-HT, NE		
GH		
PRL		

Reduced REM Latency:

Alcohol, BZD, Elderly : ↓ REM, ↓ N3

- Rapid-onset profound episodes of sleepiness
- ≥ 3 times per week for ≥ 3 months
- ↓↓ REM latency – sawtooth waves
- Hypnagogic/ -pompic hallucinations, Cataplexy
- ↓↓ Hypocretin / orexin from lateral hypothalamus

Rx:

- New: Pitolisant (H3 antagonist)
- Solriamfetol (NDRI)

Leg movement during sleep

DOC:

Restlessness during sleep, relieved on moving

DOC:

INSOMNIA :

≥ 3 nights a week for ≥ 3 months

Mx: - Eliminate cause

-Zolpidem, Zaleplon, Zopiclone

-Melatonin, Ramelteon

-Suvorexant, Daridorexant

Hypersomnia, Hyperphagia, Hypersexuality

Erectile dysfunction

Nocturnal intumescence + :

MCC:

Mx:

Premature ejaculation

Mx: SSRI, Squeeze technique/ Stop-start technique/Sensate focussing

Nocturnal enuresis

Urinary incontinence during sleep ≥ 2 times per week for ≥ 3 months in ≥ 5 years old

Mx:

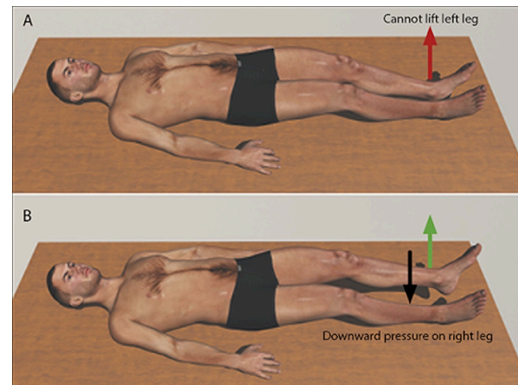
Somatization disorders

UNINTENTIONAL

<ul style="list-style-type: none"> • Preoccupation of having DIAGNOSIS of serious illness • No/ mild symptoms • Consistently negative Ix 	<ul style="list-style-type: none"> • Excessive preoccupation with 1 or more symptoms • Stressor + 	<ul style="list-style-type: none"> • Unexplainable neurological d/o • Stressor + • La Belle Indifference • Astasia abasia

INTENTIONAL

	Secondary gain	Stressor
	+	-
	-	-



Psychotherapy

Type	Goals	Indication
Cognitive Behavioral Therapy (CBT) Aaron Beck	<ul style="list-style-type: none"> - Beck's cognitive triad Automatic negative thought, Dysfunctional beliefs, Cognitive distortions 	<ul style="list-style-type: none"> - Depressive disorders - Anger disorders - Anxiety disorders - Trauma disorders
Interpersonal Therapy	<ul style="list-style-type: none"> - Helps with relationship building 	<ul style="list-style-type: none"> - Disorders of Early Development
Motivational Interviewing	<ul style="list-style-type: none"> - Employs transtheoretical model of change 	<ul style="list-style-type: none"> - Substance misuse - Weight loss - Medication adherence
Supportive Therapy	<ul style="list-style-type: none"> - Provides emotional support & empathy - Employed during stressful life events 	<ul style="list-style-type: none"> - Grief - Brief hardship/ crises - Low motivation - Low IQ

MISCELLANEOUS

NEUROIMAGING IN PSYCHIATRY

- **Autism**: ↑ ↑ Total Brain volume
- **Schizophrenia**: ↑ ↑ Cerebral Ventricles
- **Obsessive-Compulsive disorder**: Abnormalities in Orbito-Frontal Cortex & Striatum
- **Panic disorder**: ↓ ↓ volume of Amygdala & Left Temporal lobe
- **PTSD**: ↓ ↓ Hippocampal volume

CAGE, AUDIT:

SCOFF:

PANSS:

Confusion assessment method (CAM):

SPIKES:

HEADSS:

PEARLS:

PANDAS:

TIMELINES in a Nutshell !

Brief psychotic disorder

Schizophreniform

Schizophrenia

Schizoaffective

Delusional disorder

Depression

Bipolar disorder / Mania

Hypomania

Persistent depressive disorder (Dysthymia , Cylothymia)

OCD

Panic disorder

GAD

Phobia

Acute stress reaction

PTSD

Adjustment disorder

Eating disorder

Narcolepsy

Insomnia

Nocturnal enuresis

Selective mutism

Separation anxiety

Oppositional defiant disorder

Specific learning disability

ADHD

Tourette disorder

Disruptive mood regulation disorder

Gender summary

Rett
Rapid cycling bipolar
Depression
BPD 2
GAD
Panic disorder
Borderline PD
Conversion D
OCD

Autism
Antisocial PD
ADHD

Schizophrenia
BPD 1