

1. CLASSIFICATION, HISTORY, EXAMINATION AND BASICS OF PSYCHIATRY

INTRODUCTION

- Psychiatry is a branch of medical science related with study, diagnosis, treatment and prevention of mental disorders and abnormalities. The simplest way to understand a psychiatric disorder is the disturbance or disequilibrium in any three domains of mind, i.e., Thoughts (Cognition), Behavior (Conation) and Emotions (Affect). We can say brain is the hardware and mind is the software.

As per ICD 11 and DSM 5, definition of Psychiatric Disorder is any mental, behavioral and neurodevelopmental disorder which produces clinically significant dysfunction/disturbance in an individual's thoughts (i.e., cognition), feelings/emotional regulation and behavior. This dysfunction or disturbance creates significant impairment in personal, social, familial, educational, occupational and others areas of functioning.

- Johann Weyer is known as the First Psychiatrist.
- The term **Psychiatry** was coined in 1808 by Johann Christian Reil, a German physician, anatomist and physiologist. The term means "healing of the soul" [*iatros* = healing] and [*psyche* = the mind]. The doctor who treats the illness of mind is a Psychiatrist.

CLASSIFICATION SYSTEM IN PSYCHIATRY

At present, there are three major classification systems in psychiatry namely ICD 11 (2022), DSM 5-TR (2022) and Research Domain Criteria (RDoC).

ICD

ICD is International Classification of Diseases and related health problems for all diseases (not only for mental disorders).

ICD 11 is the latest edition of ICD published by WHO in 2022. All Mental Disorders have been classified under Chapter 6 of ICD 11.

In ICD 10, Mental disorders had been covered in Chapter -'F' (Chapter- V).

DSM

DSM is the Diagnostic and Statistical Manual of mental disorders published by American Psychiatric Association. Latest edition is DSM 5 TR published in the year 2022 (originally DSM 5 was published in the year 2013).

DSM 5 has removed concept of Multi-Axial Classification system of DSM IV-TR. In DSM 5, Axis I, II, III of DSM IV were combined and for Axis IV, V separate notations were used.

Previously, DSM IV-TR (Text Revised) version in 2000 follows Multi-Axial Classification system.

There were five axes in DSM IV classification system:

- Axis I: Clinical mental disorders
- Axis II: Mental retardation/Personality disorders/Habit of using a particular defense mechanism.
- Axis III: General medical/physical condition
- Axis IV: Psychosocial/environmental stressor which is contributing in development and exacerbation of mental illness
- Axis V: Global assessment of functioning, i.e., denote level of social, occupational and psychological functioning (current and in past 1 year)

RDoC

RDoC is a research framework for investigating mental disorders. According to RDoC, each of your symptoms would be examined independently in terms of the underlying biological and neurological causes to determine the best treatment(s) for you. The current version of the RDoC matrix is constructed around six major domains of human functioning. These domains reflect contemporary knowledge about major systems of emotion, cognition, motivation, and social behavior. It is used only for **research purpose** and not for clinical purpose.

MENTAL ILLNESS

Previously, mental illness had been classified into two major groups:

- Organic Mental Disorder
- Functional Mental disorder

Differences between Organic Mental Disorder and Functional Disorder

Organic disorder	Functional disorder
• Disease/disorder arising due to disease of the brain	• Disease/disorder with no such basis
• Onset—Acute	• Onset—Gradual
• Age—Seen in old age	• Age—Seen in young age
• Consciousness—Impaired	• Consciousness—Preserved

Contd...

Organic disorder	Functional disorder
• Hallucinations— Prominent Visual hallucinations	• Hallucinations— Mainly auditory types
• Neurological deficit—Present	• Neurological Deficit—Absent/none
E.g., Delirium, Dementia, Wernicke-Korsakoff psychosis.	E.g., Schizophrenia, Bipolar mood disorder, etc.

High Yield Facts

Delirium is the most common Organic mental disorder.

- Functional mental disorders are further classified into two major types on the basis of presence or absence of **INSIGHT**: (i) Psychosis and (ii) Neurosis.

Differences between Psychosis and Neurosis

Psychosis	Neurosis
• Insight—Absent ^Q	• Insight—Preserved
• Judgment and reality testing—Impaired	• Judgment and reality testing—Preserved
• Delusions and hallucinations—Always present	• Delusions and hallucinations—Absent
• Personality and behavior—Impaired	• Personality and behavior—Relatively preserved
E.g., Mania, Schizophrenia, Acute and transient psychotic disorder, etc.	E.g., Panic disorder, Agoraphobia, PTSD, OCD, GAD, Personality disorder, etc.

PSYCHIATRIC HISTORY

Psychiatric history and interview—History is the information which is obtained from patient and their relatives regarding patient's psychiatric illness/disorder.

Elements of Psychiatric History

- Sociodemographic/Identification data:** Interview is started by taking identification data like Name, Age, Sex, Education, Marital history, Occupation history, Religion, Address, Socioeconomic status and two identification marks should be noted in MLC cases.
- Source and Reliability of information:** Psychiatrist should crosscheck the source, reasons of referral

and whether information about the patient is reliable or not.

- Informants:** It is necessary to take history from relatives or friends because due to absent insight or uncooperativeness, patient may not provide relevant adequate information. Whether the information provided by relatives is reliable or not, can be checked by:
 - Concern of relative for the patient
 - Relation with patient
 - Intellectual and observational ability of relative
 - Duration of stay with the patient
- Chief (presenting) complaints:** The complaints due to which patient or relatives come to psychiatrist for consultation. Chief complaints are asked from patient as well as from relatives and are noted separately in their own words.
- History of presenting illness:** Here psychiatrist would elaborate chief complaints and its chronological order which provides fine details as well as severity of sign/symptoms and guides toward the diagnosis. It includes:
 - Patient's version:** Psychiatrist, on the basis of consistency, coherence and concordance of history given by patient and relatives, notes patient's verbatim, e.g., my wife has had relationship with my boss for 10 years, or alien of planet Mars wants to harm me, etc.
 - Mode of onset of present illness:** It is the duration from appearance of 1st sign/symptoms till the development of complete mental disorder, i.e., from 'no disease' to 'full disorder'. Abrupt onset - within 48 hours, Acute - 2 weeks, Subacute - between 2 weeks and 4 weeks, Insidious/Gradual - >4 weeks.
 - Precipitating factor:** Psychiatrist should carefully ask the patient that whether they consider any physical factor (i.e., trauma, seizures, substance abuse, etc.) or psychological factor (i.e., break up, loss of job, death of loved one, etc.) related to onset of illness or not.
- Treatment history:** Details have to be explored about past psychiatric treatment, its nature and duration, h/o of ECT, any hospitalization if any and response to that treatment to be noted. Psychiatrist can get details from previous prescriptions.
- Past history:**
 - Psychiatric illness:** Any past history of mental illness should be enquired. Any history of



Pseudoparkinsonism

- Stooped posture
- Shuffling gait
- Rigidity
- Bradykinesia
- Tremors at rest
- Pill-rolling motion of the hand



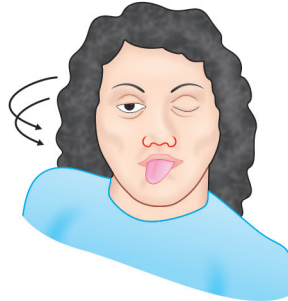
Acute dystonia

- Facial grimacing
- Involuntary upward eye movement
- Muscle spasms of the tongue, face, neck, and back (back muscle spasms cause trunk to arch forward)
- Laryngeal spasms



Akathisia

- Restless
- Trouble standing still
- Paces the floor
- Feet in constant motion, rocking back and forth



Tardive dyskinesia

- Protrusion and rolling of the tongue
- Sucking and smacking movements of the lips
- Chewing motion
- Facial dyskinesia
- Involuntary movements of the body and extremities

Clozapine

Clozapine is category B antipsychotic not approved by FDA for use in pregnancy. Clozapine has maximum risk for the development of OCD [Mnemonic = CLOzapine >> Olanzapine Clozapine has both O of obsession and C of compulsion Olanzapine has only O].

Indications of Clozapine:

- DOC for treatment resistant Schizophrenia.
- Pt. with Tardive dyskinesia.
- FDA approved Antisuiicidal DRUG.
- Effective in negative symptoms.
- Least risk of EPS among all antipsychotics

Side Effects:

- Sialorrhea or **wet pillow syndrome** (most common side effect seen in 33%)
- Second common side effect is sedation.
- **Agranulocytosis (neutropenia and thrombocytopenia):** It is IDEOSYNCRATIC side effect, i.e., dose independent side effect of Clozapine. Risk is highest in the 1st year of treatment, so do CBC count every week for first 6 months and then biweekly for next 6 months.
- Cardiac side effect: Myocarditis, tachycardia, T wave inversion.
- Seizures: It is dose-related side effect that occurs at dose >600 mg.
- Clozapine-induced fever: It is the tolerable s/e of clozapine.

Schizo-Affective Disorder

Both mood and schizophrenic symptoms are prominent, and present simultaneously within the same episode.

DELUSIONAL DISORDER/PERSISTENT DELUSIONAL DISORDER

Presence of single delusion or single set of delusions for long period of time.

Diagnostic Criteria

"Presence of only nonbizarre delusions for >3 or more months according to ICD 11 [for at least 1 month according to DSM 5]."

Nonbizarre means socially and culturally acceptable, i.e., which can be possible in real life, e.g., my neighbor/boss wants to kill me, my wife has affair with anyone else whereas bizarre means implausible, e.g., suppose patient says he will be killed by an alien coming from other planet like Mars.

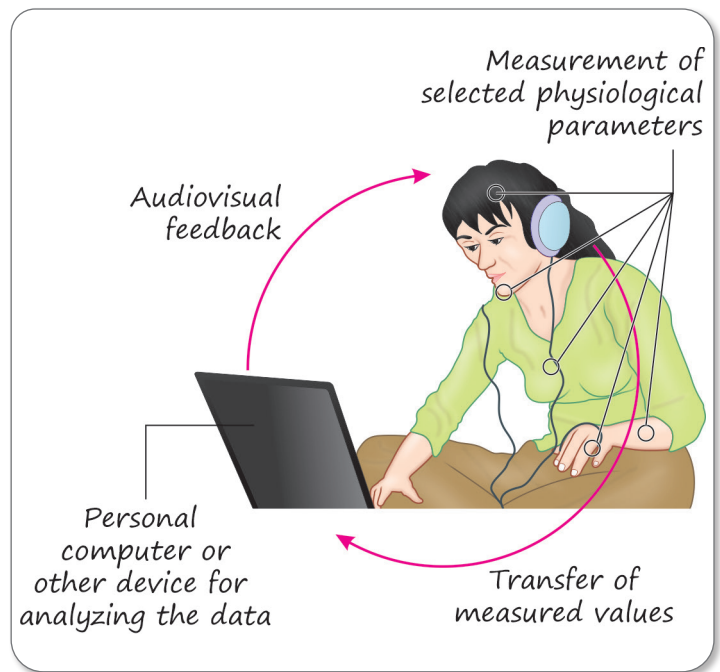
- Delusion of persecution is most common type of delusional disorder
- Absence of hallucinations
- Emotions, personality, work, sleep do not get affected, i.e., patient is able to carry out normal occupational and social life.

status like brain waves, blood pressure or heart rate is displayed on the monitor. The person sees his/her heart rate decrease when he/she relaxes, so that he/she can learn about the physiological states that allow the body to relax.

- Thus, the person can learn which behavior relaxes the heart rate and lowers the blood pressure; and over a period of time, the person learns to reproduce the behaviors which control the heart rate or blood pressure.
- Biofeedback uses electronic equipment to measure physiological/physical responses like EEG or muscle tension activity which allows the person to learn to control the responses.

Use of Biofeedback

Biofeedback technique is used in patients with chronic migraine headaches (highest benefit seen in migraine), back pain, high BP and/or muscle tension problem.



Biofeedback

5. DISSOCIATIVE DISORDERS

INTRODUCTION

- In ICD 11, dissociative disorders are characterized by involuntary disruption or discontinuity in the normal integration of one or more of the following: identity, sensations, perceptions, affects, thoughts, memories, control over bodily movements, or behavior.
- In psychiatry; dissociation is defined as a **pathological unconscious defense** mechanism which causes the separation of one or more mental or behavioral activities from rest of the person's psychic activity.
- The disturbance may be sudden or gradual; transient or chronic; and the signs and symptoms of the disorder are mainly caused by psychological trauma.

DISSOCIATIVE/PSYCHOLOGICAL AMNESIA

Dissociative/psychological amnesia is the “**most common**” type of **Dissociative Hysteria**. Dissociative amnesia is characterized by an inability to recall important autobiographical memories, typically of recent traumatic or stressful events, that are inconsistent with ordinary forgetting.

Diagnostic Criteria

Note:

It is a type of retrograde amnesia, not anterograde amnesia)

Inability to recall events related to a specific period.

Trauma

Trauma

↓

↓

Not recalled

Not recalled

Patch

Patch

(patchy memory loss)

Treatment

- Cognitive therapy
- Hypnosis
- Somatic therapy

DISSOCIATIVE FUGUE

- In DSM 5, dissociative fugue has been removed as a separate identity and now, it is diagnosed as a subtype of dissociative amnesia.

- A dissociative fugue may be present when a person impulsively travels or wanders away from



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NEET PG 2023

1. Patient with chronic alcohol use now presented with acute confusion, 6th nerve palsy, ataxia of gait. Likely diagnosis is:
- Delirium
 - Korsakoff's syndrome
 - Wernicke's syndrome
 - Alcohol withdrawal

Ans. c. Wernicke's syndrome

2. A middle-aged woman presented with episodes of sudden breathlessness, palpitations, tremors, sweating, fear of developing heart attack for 6 months. Patient has had 5 episodes per month. No triggers for such episode. Each lasts for 30 minutes. All investigations are within normal limit. What is the diagnosis?
- Epilepsy
 - Depression
 - Panic disorder
 - Generalized Anxiety Disorder

Ans. c. Panic disorder

3. Patient of Schizophrenia was first started on Haloperidol and Thioridazine, but was not responding to that medication, so was switched to another drug; but after switching he developed salivation, hyperglycemia and dyslipidemia. What could be the offending drug?
- Olanzapine
 - Clozapine
 - Aripiprazole
 - Risperidone

Ans. b. Clozapine

4. Clinical history of premature ejaculation is seen in a male patient. He also has relationship issue with wife. Best nonpharmacological management advised in this patient is:
- Sensate focus technique
 - CBT
 - ERP
 - Squeeze technique

Ans. d. Squeeze technique

5. A patient with chronic alcohol use develops confusion, ataxia and ophthalmoplegia. Which vitamin deficiency is responsible?
- Vitamin B₁₂
 - Vitamin B₁
 - Vitamin C
 - Vitamin D

Ans. b. Vitamin B₁

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6. Patient with h/o opioid intoxication presented to emergency with respiratory depression. DOC for management is:
- Oral naltrexone
 - Buprenorphine
 - Flumazenil
 - IV Naloxone

Ans. d. IV Naloxone

7. A 17-year-old girl has intense craving for food. She eats large amount of food which is followed by recurrent vomiting. Most probable diagnosis is:
- Bulimia nervosa
 - Anorexia nervosa
 - Binge eating disorder
 - Atypical depression

Ans. a. Bulimia nervosa

8. A woman after 5 days of delivery presented with mood lability, tearfulness and insomnia. What is the diagnosis?
- Postpartum depression
 - Postpartum blues
 - Postpartum psychosis
 - Postpartum anxiety

Ans. b. Postpartum blues

NEET PG 2021

9. While therapy session, a therapist developed unconscious and conscious feelings toward the patient. It is known as:
- Free association
 - Transference
 - Countertransference
 - Abreaction

Ans. c. Countertransference

10. A man sits naked in his balcony in evening time when there is rush in the park. This disorder is known as:
- Exhibitionism
 - Masochism
 - Fetichism
 - Voyeurism

Ans. a. Exhibitionism

11. Disorder of form of thought is known as:
- Obsession
 - Delusion
 - Derailment
 - Thought block

Ans. c. Derailment