

Psychiatry for Physician Assistants

Charles P. Samenow, MD, MPH

Department of Psychiatry and the Behavioral
Sciences

George Washington University
Washington, D.C.

There will be about 22 questions on Psychiatry (6% of 360 questions) on your PANCE or PANRE.

Psychiatry/Behavioral Science

Anxiety Disorders

Panic disorder

Generalized anxiety disorder

Posttraumatic stress disorder

Phobias

Attention-Deficit Disorder

Autistic Disorder

Eating Disorders

Anorexia nervosa

Bulimia nervosa

Obesity

Mood Disorders

Adjustment

Depressive

Dysthymic

Bipolar

Personality Disorders

Antisocial

Avoidant

Borderline

Histrionic

Narcissistic

Obsessive-compulsive

Paranoid

Schizoid

Schizotypal

Psychoses

Delusional disorder

Schizophrenia

Schizoaffective disorder

Somatoform Disorders

Substance Use Disorders

Alcohol abuse/dependence

Drug abuse/dependence

Tobacco use/dependence

Other Behavior/Emotional
Disorders

Acute reaction to stress

Child/elder abuse

Domestic violence

Uncomplicated bereavement

[Return to Top](#)

**PSYCHIATRIC DISORDERS
OF CHILDHOOD
AND
ADOLESCENCE**

**THREE PEVASIVE
DEVELOPMENTAL
DISORDERS
OF EARLY CHILDHOOD**

What's the diagnosis?

- 2 year old child
- minimal interest in parents, others
- speech is delayed
- fascinated by spinning top
- screams when transitions from playing to eating

Autism (4/10,000)

Onset by age 3; IQ < 70 in 2/3

IMPAIRMENTS in:

1. Social Interactions: (kids don't cuddle)
unusual gaze, posture
2. Communication: speech & language delayed
3. Behavior: hand flapping, spinning, rituals

What's the diagnosis here?

- four year old child
- little interest in social interactions
- can memorize phone numbers
- average intelligence
- behavior is odd, eccentric and clumsy
- Verbal skills are appropriate for age

ASPERGER'S DISORDER

- Milder variant of Autism
- Social and motor impairments
(intrusive with kids, clumsy)
BUT
- No language or cognitive abnormalities
(good in school)

RETT'S SYNDROME (1/10,000)

- Female infants
- Early development is normal

Followed by

- Loss of motor movement, retardation

What is the likely diagnosis?

- 6 year old boy
- **interrupts** teacher frequently
- **disturbs** other students
- **cannot sit still** in class
- **“does not think before he acts”**

ATTENTION DEFECIT (AD)/ HYPERACTIVITY DISORDER (HD)

- A. Onset before 7 (3-5% of 5-12 year olds; 5B:1G)
 - 1. **INATTENTIVE** (i.e. distracted, loses things) OR
 - 2. **HYPERACTE/IMPULSIVE** (fidgets, interrupts)
- C. 2 settings (e.g. school & home) for > 6 mos.
- D. 20-60% continue into adulthood

Treatments

- Stimulants (growth suppression, tics, appetite loss)
- Behavioral Therapy
- Also: Wellbutrin and Strattera

EATING DISORDERS

What does she have?

- 19 year old college woman
- 5'7" and weighs 95 pounds
- "I must lose 15 pounds to become a gymnast"
- Has not menstruated in a year
- Fine body hair over arms, legs, abd.

ANOREXIA NERVOSA

- 9 girls/1 boy; 15% weight loss from ideal
- Fears obesity/diets to gain emotional control
- Less than 85% ideal body weight
- OCD like personality
- Amenorrhea, anemia, acidosis, lanugo hair
- 10% mortality
- Don't confuse binge/purge subtype

Treatments/Management

- Hospitalization
- Feeding Tube
- Monitor Electrolytes
- Psychotherapy
- Coordination with an Internist and Nutritionalist

BULIMIA NERVOSA

- Binge eating (in secret)
- Followed by vomiting, purging, exercise
- 9 girls / 1 boy; athletes vulnerable
- Normal weight, poor self-image, borderline personality traits
- Esoph. varices, enamel erosion, parotiditis

**PSYCHIATRIC
DISORDERS
USUALLY DIAGNOSED IN
ADULTHOOD**

ANXIETY DISORDERS

PANIC DISORDER

(With or Without Agoraphobia)

SOCIAL PHOBIA

OBSESSIVE-COMPULSIVE DISORDER

POST-TRAUMATIC STRESS DISORDER

Case Example

- 24-year-old PA student in E.R.
- Tachycardic, sweating and dyspneic
- Certain she is having a heart attack
- Physical exam otherwise normal

PANIC ATTACK

- Episodic, sudden onset of anxiety
- Symptoms peak in ~10 minutes
- 4 or more: palpitations, sweating, s.o.b., shaking, chest discomfort, nausea, dizziness, numbness, derealization, fear of dying, depersonalization, or chills

PANIC DISORDER

- Panic attacks for 1 month or more
- Worry about additional attacks or change in behavior.

With AGORAPHOBIA

Fear of places from which **ESCAPE** would be difficult or embarrassing (crowds; bridges; airplanes; subway; restaurants)

Your Diagnosis?

- 35 year old real estate salesman must take a client to dinner
- Afraid of making a mess and embarrassing himself while eating
- Sips water from a glass and says he is not hungry

SOCIAL PHOBIA

- Exaggerated Fear of Social or Performance Situations with unfamiliar people OR
- Fear of Scrutiny and acting in embarrassing or humiliating way
- 3% of the population; 1:1 / M:F

Case Example:

- 25-year-old woman **counts** all the tiles on her ceiling 5 times before going to sleep
- Her hands are red from **washing** them many times a day

OBSESSIVE-COMPULSIVE DISORDER (OCD)

■ OBSESSIONS

- ◆ *Intrusive Thoughts, Impulses or Images which*
- ◆ *cause anxiety and person tries to suppress OR*

■ COMPULSIONS

◆ Behaviors (e.g. checking, hand-washing) or

◆ Mental Acts (e.g. praying, counting)

◆ Which person is *driven to perform*

- More than **1 hour daily**

Case Example:

- 35-year-old woman was raped 5 years ago
- Recurrent memories of rape
- Intense anxiety when dating
- Sleep disturbed by nightmares
- Symptoms worse after friend raped three months ago

POST-TRAUMATIC STRESS DISORDER

- Traumatic Event with threatened death or injury AND
- Response of fear or helplessness AND
- Symptoms: re-experiencing, avoidance, hypervigilance
- 1 month or more (if less, Acute Stress Disorder)

Treatments for Anxiety

- SSRIs -- Prozac, Paxil, Zoloft, Celexa, Lexapro (first line) (HIGH DOSE FOR OCD)
- Benzodiazepines -- Klonopin, Xanax, Valium, Ativan (short term only)
- Buspar (not for panic)
- Beta blockers -- social phobia
- Tricyclic Antidepressants -- (OCD)
- Cognitive/Behavioral Therapy

MOOD DISORDERS

MAJOR DEPRESSIVE DISORDER

DYSTHYMIC DISORDER

BIPOLAR DISORDER

Rule Out

- Mood Disorder Secondary to General Medical Condition (Cancer, Thyroid, etc...)
- Mood Disorder Secondary to Substances (Cocaine Withdrawal, Alcohol)

What kind of depression?

- 40-year-old woman is “not depressed”
- Fun activities are no longer enjoyable
- 11 pound weight loss Wakes 2 hrs before alarm and can't fall back to sleep
- “My family would be better off without me.”

MAJOR DEPRESSIVE EPISODE

- 5 or more symptoms during 2 week period including:
- DEPRESSED MOOD OR
- DECREASED INTEREST/PLEASURE
in most activities

AND

- ◆ weight loss or gain (over 5% in month) without diet
- ◆ insomnia or hypersomnia
- ◆ psychomotor agitation or retardation
- ◆ fatigue
- ◆ worthlessness, inappropriate guilt
- ◆ poor concentration
- ◆ Thoughts of death or suicide; attempt, plan

MAJOR DEPRESSIVE DISORDER

10% lifetime incidence; 2:1 (F/M)

- **Single Episode vs. Recurrent**
- **With or without Psychosis**
- **Chronic:** 2 years, **Remission:** 2 mos. symptom-free
- **Catatonic:** mute or hyperactive
- **Melancholic:** anhedonia, weight loss; worse in AM
- **Atypical:** weight gain, hypersomnia
- **Postpartum:** within four weeks postpartum

- Sleep
- Interest
- Guilt
- Energy
- Concentration
- Appetite
- Psychomotor Agitation/Retardation
- Suicide

What kind of depression?

- 26-year-old woman
- Has “felt down” since college graduation four years ago
- Never really seems happy
- Refuses invitations from the few friends she has left

DYSTHYMIC DISORDER

- 6% lifetime incidence; 3:1 Women/Men
- Depressed Mood most days for at least 2 years
- Children & Adolescents – irritable OR depressed mood, 1 year
- 2 or more
 - ◆ Poor appetite or Overeating
 - ◆ Insomnia or Hypersomnia
 - ◆ Low self-esteem; hopelessness
 - ◆ Fatigue; Poor concentration

Treatments

- SSRIs
- Wellbutrin (Bupropion)
- Remeron (Mirtazapine)
- SNRI -- Effexor/Cymbalta
- Tricyclics (overdose risk)
- MAOI (dietary restrictions)
- Cognitive/Behavioral Therapy

ADJUSTMENT DISORDERS

What kind of depression?

- “I’ve been down ever since I lost my job two months ago”
- “My sleep’s OK and I’m eating alright”
- “I’m just in a funk I can’t seem to get out of”

ADJUSTMENT DISORDERS

- Within 3 months of stressor (e.g. divorce, financial setback, retirement) - Not bereavement
- 5%-20% of mental health outpatients
- Subtypes – with:
 - ◆ Depressed Mood
 - ◆ Anxiety
 - ◆ Disturbance of Conduct (e.g. failing school), or any combination

BIPOLAR DISORDER

Is the diagnosis in doubt?

- 28 y.o. man is taken to the GWER by police
- Tried to walk into the White House to talk to W about idea for world-wide telethon to end the conflict in the Middle East
- Irritable and hostile when officers' attempted to restrain him
- Had not slept in 4 days; normal PE

Manic Episode

- Elevated, Expansive, or Irritable Mood for at least 1 week AND 3 or more
 - ◆ Grandiosity
 - ◆ Decreased sleep
 - ◆ Pressured speech
 - ◆ Distractibility
 - ◆ Racing thoughts
 - ◆ Psychomotor agitation
 - ◆ Excessive spending
 - ◆ Promiscuity

AND

- Impairment, Hospitalization or
Psychosis

HYPOMANIC Episode

- Same as above for at least 4 days

WITHOUT

- Impairment, Hospitalization or
Psychosis

BIPOLAR DISORDER CLASSIFICATION

■ BIPOLAR I DISORDER

- ◆ At least one MANIC Episode

■ BIPOLAR II DISORDER

- ◆ At least 1 HYPOMANIC Episode (no Manic episodes) **AND**
- ◆ 1 or more Major Depressive Episodes

- **D**istractibility
- **I**rritability or Indiscretion
- **G**randiosity
- **F**light of Ideas
- **A**ctivity
- **S**leeplessness
- **T**houghtlessness

CYCLOTHYMIC DISORDER

- <1% lifetime incidence
- 2 or more years of Hypomanic & Depressive symptoms
- No Major Depressive or Manic episodes

Treatments

- Mood Stabilizers (do not use in pregnancy)
 - ◆ Lithium
 - ◆ Depakote (rapid cycling)
 - ◆ Tegretol
 - ◆ Lamictal
- Atypical Antipsychotics

PSYCHOTIC DISORDERS

SCHIZOPHRENIA

SCHIZOPHRENIFORM DISORDER

SCHIZOAFFECTIVE DISORDER

BRIEF PSYCHOTIC DISORDER

DELUSIONAL DISORDER

Rule Out

- Psychotic Disorder Secondary to General Medical Condition (Cancer, Thyroid, etc...)
- Psychotic Disorder Secondary to Substances (Cocaine Intoxication, Alcohol Withdrawal)

What do you think?

- 22-year-old man lives in supervised group home
- Roommates “hear him” through TV set
- “Receives instructions in his head”
- In 3 group homes over past 5 years
- Poor grooming, dresses oddly

SCHIZOPHRENIA

Chronic, debilitating mental illness with

- **Work, interpersonal, or self-care deficits for 6 months or more** (often prodromal phase), then 2 or more:
 - ◆ **Delusions** (false beliefs)
 - ◆ **Hallucinations** (false sensory perceptions)
 - ◆ **Disorganized Speech** (thought disorder)
 - ◆ **Disorganized Behavior** (e.g. catatonia)
 - ◆ **Negative Symptoms** (blunted affect, isolation)

Schizophrenia subtypes:

- **Paranoid** – mostly delusions and hallucinations (**best prognosis**)
- **Catatonic** – waxy flexibility, excessive activity
- **Disorganized**
- **Undifferentiated** – negative symptoms only
(**worst prognosis**)

SCHIZOPHRENIFORM DISORDER

- Meets criteria for Schizophrenia **EXCEPT**
- Duration is **1 to 6 months**

SCHIZOAFFECTIVE DISORDER

- Major Depressive, Manic or Mixed Mood Episode **AND**
- 2 of 5 symptoms of Schizophrenia

BRIEF PSYCHOTIC DISORDER

- 1 day to 1 month
- Delusions, Hallucinations, OR
- Disorganized Speech or Behavior

DELUSIONAL DISORDER

Non-bizarre Delusions (e.g. being followed or poisoned) without other psychiatric problems

68-year-old woman says “my neighbor has been trying to get me evicted by lying to the landlord about me”

Treatment

- Typical Antipsychotics (Haldol)
 - ◆ Extrapyramidal Effects (Parkinsonism, dystonias, involuntary movements)
 - ◆ Akathisia -- feeling like must move
 - ◆ Tardive Dyskinesia
- Atypical Antipsychotics: Risperdal, Seroquel, Zyprexa, Abilify, Geodon
 - ◆ Metabolic Side Effects (glucose/lipids): Zyprexa (worst) and Abilify (best)
- Clozaril -- suicide

Suicide

SUICIDE IDEATION AND RISK

- Associated with
 - ◆ Depressive Disorders (80%)
 - ◆ Schizophrenia
 - ◆ Borderline and Antisocial Personality Disorders
 - ◆ Alcohol Dependence (25%)

■ Demographic Suicide Risk Factors

- ◆ Male
- ◆ Guns
- ◆ Older
- ◆ White+ / -
- ◆ Non-Catholic
- ◆ Unmarried
- ◆ Fall in Social Status
- ◆ Recent illness
- ◆ Family History

Clinical Suicide Risk Factors

- Anxiety
- Impulsiveness
- Mood Lability
- Anhedonia
- Hopelessness
- Excessive self-expectations
- Suicidal ideation
- Past suicide attempts

■ Protective Factors Against Suicide

- ◆ Opposite of risk factors: married, younger, etc.
- ◆ Lithium Carbonate in Bipolar Disorder
- ◆ Clozaril in Psychosis

PERSONALITY DISORDERS

- *An enduring pattern of behavior and inner experience that:*
- Deviates from the expectations of the person's culture
- Inflexible, pervasive, stable and long-standing

3 CLUSTERS of PERSONALITY DISORDERS

■ Cluster A

- ◆ **Paranoid** – mistrustful, suspicious
- ◆ **Schizoid** - detached, solitary, asexual
- ◆ **Schizotypal** – eccentric, few friends

■ Cluster B

- ◆ **Antisocial** – fights, lies, impulsive
- ◆ **Borderline** – unstable relationships, self-image and affects; fear of abandonment; impulsive; often suicidal; sometimes dissociative
- ◆ **Histrionic** – emotional, attention seeking
- ◆ **Narcissistic** – grandiose, excessive need for admiration, lack of empathy

■ Cluster C

- ◆ **Avoidant** – inhibited, feels inadequate, hypersensitive
- ◆ **Dependent** – needs excessive reassurance; fears being left alone
- ◆ **Obsessive-Compulsive** – “all work and no play,” preoccupied with orderliness, control and perfectionism

Substance- Related Disorders

SUBSTANCE USE DISORDERS

- **SUBSTANCE ABUSE** – “*Maladaptive pattern of substance use leading to impairment or distress*”
 - ◆ Failure to fulfill major role obligations
 - ◆ Use in hazardous situations (e.g. driving)
 - ◆ Legal problems OR
 - ◆ Social or Interpersonal problems

- **SUBST. DEPENDENCE** – “Maladaptive pattern...” with 3 symptoms in 12 months
 - ◆ Tolerance
 - ◆ Withdrawal
 - ◆ Uses more than intended
 - ◆ Desires to stop
 - ◆ Excessive time spent obtaining substance
 - ◆ Interferes with activities
 - ◆ Uses despite problems
 - ◆ With/without physiological dependence

SUBSTANCE INDUCED DISORDERS

- **INTOXICATION** — “A reversible substance-specific syndrome due to recent ingestion of a substance with maladaptive behavioral or psychological changes”
- **WITHDRAWAL** — “A substance-specific syndrome due to the cessation of heavy and prolonged substance use and causing impairment”

Delirium And Dementia

DELIRIUM

- **Clouded Level of Consciousness** – poor attention span, reduced clarity and awareness of the environment
- **Impaired Cognition** – with memory, orientation, OR language disturbance
- **Rapid onset** (hours to days) AND
- **Fluctuating Course**

- Delirium due to altered brain structure, physiology or chemistry
 - ◆ **General Medical Conditions** - e.g. post-coronary bypass, hepatic encephalopathy; up to 1/3 of patients in coronary and medical ICUs
 - ◆ **Substance Induced** - e.g. alcohol, amphetamine, cannabis, cocaine
 - ◆ **Substance Withdrawal** - e.g. alcohol, sedative hypnotics, anxiolytics

What does she have?

- 72 year-old retired legal secretary
- **Alert** but has **memory disturbance**
- Does not know day of week or name of woman next to her (her daughter)

DEMENTIA OF THE ALZHEIMER'S TYPE

- GRADUAL LOSS OF MEMORY (SHORT-TERM INITIALLY) AND INTELLECTUAL IMPAIRMENT WITH
 - ◆ **Aphasia** (language disturbance)
 - ◆ **Apraxia** (motor disturbance)
 - ◆ **Amnesia** (recognition disturbance)
 - ◆ **Executive disturbance** (planning, organization)
- SOCIAL OR OCCUPATIONAL IMPAIRMENT
- NORMAL LEVEL OF AROUSAL

VASCULAR (MULTI-INFARCT) DEMENTIA

- Same symptoms as above for AD

AND

- Focal Neurological Signs & Symptoms

OR

- Imaging evidence of CV Disease

Good Luck

PA's!