

PSYCHIATRY

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

Diagnosis?

- A) Autistic Disorder
- B) Asperger's Disorder
- C) Rett's Syndrome
- D) ADHD

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.

Diagnosis?

- A) Binge Eating Disorder
- B) Anorexia Nervosa
- C) Bulimia Nervosa
- D) Normal Teenage Behavior

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
- Stopped going to class for fear of having the attacks

Diagnosis?

- A) Generalized Anxiety Disorder
- B) PTSD
- C) Panic Disorder
- D) Obsessive Compulsive Disorder

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)

Treatment (first line)?

- A) Benzodiazepine (e.g. Alprazolam)
- B) Antipsychotic (e.g. Risperidone)
- C) Antihypertensive (e.g. Propranolol)
- D) SSRI (e.g. fluoxetine)

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 “sad”
- 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.”
- Lasted more than 2 weeks

Diagnosis?

- Dysthymia
- Major Depressive Disorder
- Adjustment Disorder w/ Depressed Mood
- Bipolar Disorder

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

Most common side effects of first line treatment?

- A) Dry mouth
- B) Sedation
- C) Headache
- D) Sexual dysfunction

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

Treatment	Use	Side Effect/ Contraindications
SSRI	First Line	Sexual, GI
Wellbutrin		Bulimia
Remeron	Elderly, Medically Ill	Sedation, Weight Gain
Tricyclic		Overdose
MAOI	Atypical Depression	Dietary Restrictions
ECT	Pregnancy, Psychotic Depression	Memory Loss Brain Pathology
Psychotherapy	Mild-Moderate Depression	

Never use MAOI + Tricyclic due to
Serotonin Syndrome

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

- Distractibility
- Irritability or Indiscretion
- Grandiosity
- Flight of Ideas
- Activity
- Sleeplessness
- Thoughtlessness

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?

- 28-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
- Symptoms began at age 19

Diagnosis?

- A) Schizophrenia, paranoid type
- B) Schizoaffective Disorder
- C) Schizophreniform Disorder
- D) Brief Psychosis

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”

Patient presents with stiff, rigid neck muscles... side effect...

- A) Akisthesia
- B) Parkinsonism
- C) Dystonia
- D) Tardive Dyskinesia

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*”

Patient presents with increased heart rate, high blood pressure, tremor, and hallucinations? Best management?

- A) Antipsychotic
- B) Long acting benzodiazepine
- C) Naltrexone
- D) Antabuse

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!