

Port Said University

Faculty of nursing

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4 th year psychiatry examination (recent)

All questions should be answered

1. Schizophrenia: etiology, diagnosis, prognosis and treatment. (20)
2. Bipolar disorders: types, clinical pictures and treatment. (20)
4. Anxiety disorders: types and treatment. (15)
5. Cannabis: clinical picture of intoxication and withdrawal. (15)
6. Definition of hallucination and its types. (5)
7. Insight : definition, types. (5)

Good luck

schizophrenia

Etiology *

(Biopsychosocial Model)

1) Genetics

Positive family history

schizophrenic father, mother → The child has 40% chance for developing schiz

First degree relatives 10-12%

Second degree relatives 6%

2) Anatomical changes

abnormal function in the limbic system, Frontal Cortex, basal ganglia

3) Brain imaging

* Reduced cerebellar volume

* Enlarged ventricles

* Frontal hypofunction

* Cerebral Asymmetry

4) Neurotransmitters

* Dopamine : increase in d_2 Receptor ^{Antagonist} activation lead to positive symptoms :
delusions, hallucinations, disorganized speech.

* decrease in d_1 Receptor antagonist lead to negative symptoms
Poverty of speech, Avolition, impaired Hygiene, Anhedonia

- * Non-epinephrine hyperactivity
- * Glutamate hypofunction (The most excitatory "abundant" neurotransmitter)
- * GABA hypofunction (The most inhibitory neurotransmitters)
- * Serotonin hyperactivity lead to negative symptoms

⑤ viral infection : influenza

⑥ Toxoplasma Causes schizophrenia

⑦ born in winter more likely to develop schizophrenia

⑧ low socioeconomic status

⑨ Emotionally expressed Family : overprotected Family.

⑩ Psychosocial Factors : immigrant and industrialization

Diagnosis

Duration : 1-3 Months

Positive symptoms : * delusions - * hallucinations - * disorganized or Catatonic behavior.

Negative symptoms : Avolition, Poverty of speech, Anhedonia, impaired

Hygiene * Functional impairment

Exclude : * Another Medical Condition

* substance Abuse

* if The patient came after one week of symptoms and less than months
↓
(Brief Psychotic disorder)

* Symptoms after 1 month (schizophreniform disorder)

* schizoaffective disorder



⊕ schizophrenic symptoms

Prognosis

Good

- onset at older age
- Family history of mood disorders
- immediate stressor
- few Relapse
- positive symptoms
- symptoms of mood disorders
- Acute onset
- Married
- strong relationships

Poor

- onset at younger age
- family history of schizophrenia
- not immediate stressor
- Frequent Relapse
- Negative symptoms
- autistic behavior, emotional flattening
- insidious onset
- single
- few or no friends

* one third Completely Recovered, one third show improvement overtime, one third not show any improvement

* life expectancy is less than normal by 20 years because of :-

- ① suicide (10% Commit, 50% attempt)
- ② side effects of psychotic medications

Treatment

① Hospitalization

indication →

- * homicidal
- * suicidal
- * Not improve
- * substance abuse
- * Refuse medication

② Antipsychotic

* Typical (first generation) → work of dopamine and serotonin, have many side effects: constipation, blurred vision, ↑ ICP, dry mouth.
such as: haloperidol - chlorpromazine

* Atypical (second generation) → work on positive and negative symptoms
- less side effects
- such as: olanzapine - clonazapine

Psychokinz
Tab

- Other psychotic drugs: Quetiapine such as: Quetiaziac, QuitCool

③ Psychotherapy

* behavioral therapy

✿ Cognitive therapy

Supportive therapy

Family therapy

① ECT

Indication: For Acute cases, suicidal patients, prominent delusions & hallucinations

Safe in pregnancy * Performed under Anesthesia

(3-8) up to 16 sessions, (2-3) Per week

② Contraindications: Paraplegia, brain lesions

Bipolar disorders

Types

- * Bipolar I : ~~Major~~ depressive-manic disorder,
- * Bipolar II : ~~Major~~ depressive-hypomanic disorder or mixed episode
- * Cyclothymic disorder : Mild depression with intermittent hypomanic episode.
- * Bipolar due to another medical condition or substance abuse.

Bipolar I



onset : 21s , Prevalence : 1 , Male : Female = 1:1

- * To diagnosis it, it require lasting of symptoms for 1 week or more (3 symptoms or more).
- * Function impairment not due to substance Abuse or another medical condition.

Bipolar II



- * hypomanic ~~episode~~ episode lasts for 4 days, so the episode is not observable
- * in the hypomanic episode, there's no functional impairment.

* Cyclothymic disorder *

onset: adulthood.

Clinical pictures

increased activity, can't stay in the place.

increase energy

irritability

Spend more money

Talkative

- Not appropriate dressing (Bizarre, colorful)

- loss of concentration

- Flight of Ideas

- Restlessness

- Psychomotor agitation

- his speech is sexual explicit and always talk about his sexual

power

- insomnia

- sexual hyperfunction

- Appetite Disturbance

- Aggressive behavior

- Elated mood

Treatment

Hospitalization:

* For those who can harm themselves or others

② Mood stabilizers

- Antiepileptic
- lithium → * Take Care of Toxicity.
- Valproic acid → such as: depakine chrono
- Carbamazepine

③ ~~Anti~~ Drug therapy

- * High potency: haloperidol.
- * low potency: chlorpromazine.
- * Quetiapine: Quital, Quetiatic Tabs
- * olanzapine: psycholanz Tabs

④ Psychotherapy

- Cognitive therapy
- behavioral therapy
- Family therapy
- supportive therapy

- * **N.B** if the patient has depressive episode: Avoid antidepressant, To prevent shifting in cycling of ~~the~~ manic episode.
- * prophylactic mood stabilizers are essential
- * Family counseling.

⑤ ECT → For Resistant Cases

[3]

Anxiety disorders

Types

- According to DSM-V, There are (11) Types of Anxiety:-

- ① Generalized Anxiety disorder (GAD)
- ② Panic disorder
- ③ Agoraphobia
- ④ Specific Phobia
- ⑤ Social Anxiety disorder
- ⑥ Separation Anxiety disorder
- ⑦ Selective Mutism
- ⑧ Substance Abuse induced Anxiety disorder
- ⑨ Anxiety disorder due to Another Medical Conditions
- ⑩ other specified Anxiety disorder
- ⑪ Non specified Anxiety disorder

Pharmacotherapy

Treatment

- ① Anxiolytics :- Benzodiazepines (Alprazolam, Diazepam)
↳ For ~~long~~ short term therapy as long term lead to physical dependence
- ② Buspar
- ③ SSRI (Selective serotonin Reuptake inhibitor)
↳ less side effects and expensive
* such as :-
 - ① Fluvoxamine such as :- Faverin Tab.
 - ② Vilazodone such as :- vilaphoria Tab
 - ③ Sertraline
- ④ Tricyclic Antidepressant
↳ More side effect and inexpensive
* such as :- clomipramine, Imipramine
- ⑤ Beta blockers (Propranolol)
- ⑥ MAOI (Monoamine oxidase Inhibitors)

Psychotherapy

① behavioral therapy

* Exposure Technique

* Relaxation Technique

② Cognitive behavioral therapy

③ Psychoanalytic (insight-oriented) therapy

④ Supportive Therapy

⑤ Family therapy

Clinical Pictures of intoxications

- impaired judgement
- grandiosity
- inappropriate laugh
- Red eye
- labile mood
- Drowsiness
- Fainting
- Hypotension
- Dry mouth
- Coma
- headache
- nausea
- vomiting

Clinical Pictures of withdrawal

- insomnia
- Restlessness
- Agitation
- irritability
- Fatigue
- decrease of concentration
- Cold sweats
- Nausea
- Vomiting
- diarrhea
- intense craving

(5)

hallucinations

Definition

- False perception in the absence of any external stimuli

Types

(A) sensory modalities

- auditory
- visual
- olfactory (smell)
- Gustatory (taste)
- Tactile
- Somatic

(B) Complexity

- Elementary (noise, flashes of light)
- Complex (voices, music, faces, scenes)

* auditory hallucinations \Rightarrow The most common type of hallucinations. occurs in psychotic disorders such as: schizophrenia

* visual hallucinations \Rightarrow mainly organic (Dementia, brain tumor, Alcohol)

* olfactory, Gustatory \Rightarrow Common in Temporal lobe epilepsy.

* Tactile \Rightarrow False sensation in touch (crawling sensation on or under the skin in cocaine intoxication and withdrawal).

* Somatic hallucinations \Rightarrow False perception in things of body (visceral is) Common

insight

Definition

- it's the awareness and perception of the one (patients) about his Medical Condition.

* The insight is lost in psychotic disorders.

Types

- Partial → The patient is partly aware about his medical condition.

- Complete → The patient is fully aware about his medical condition.