Psychiatric Illness
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Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV)
Multiaial System

- Axis I: Clinical Syndromes
- Axis II: Developmental Disorders and Personality Disorders
- Axis III: Physical Conditions
- Axis IV: Severity of Psychosocial Stressors
- Axis V: Highest Level of Functioning

I – Depression

I. MAJOR DEPRESSION: By definition a major depressive episode must last at least 2 weeks and include at least 5 of the following symptoms (at least one must be depressed mood or loss of interest or pleasure):
   a. depressed mood most of the day nearly every day
   b. markedly diminished interest or pleasure in all or most activities nearly every day
   c. significant weight loss or gain
   d. insomnia or hypersomnia nearly every day
   e. psychomotor agitation or retardation nearly every day
   f. fatigue or loss of energy nearly every day
   g. feelings of worthlessness or inappropriate guilt nearly every day
   h. diminished ability to think or concentrate or indecisiveness nearly every day
   i. recurrent thoughts of death or suicidal ideation.

II BIPOLAR DISORDER: Episodes of both depressive episodes, and manic episodes. Manic episodes last at least 1 week and include an elevated mood with at least 3 of the following:
   a. inflated self-esteem or grandiosity
   b. decreased need for sleep
   c. more talkative than usual or pressure to keep talking
   d. flight of ideas or subjective experience that thoughts are racing
   e. distractibility
   f. increase in goal directed activity, or psychomotor agitation
   g. excessive involvement in pleasurable activities that have a high potential for painful consequences.

III DYSTHYMIC DISORDER: Depressed mood most of the time for at least 2 years. Symptoms not as intense as with major depression.

IV CYCLOTHYMIC DISORDER: Another chronic disorder with symptoms for at least 2 years, but including both depressive and hypomanic symptoms but not severe enough to be manic depressive disorder.

I. DIFFERENTIAL DIAGNOSIS: Affective disorders are by definition not the result of some other medical condition or substance. Some of the conditions that can cause depressive symptoms include:

A. Drugs: Beta-blockers and other anti-hypertensive medications, chemotherapy, benzodiazepines
B. Drug abuse: alcohol, sedatives, cocaine
C. Metabolic: hyperthyroidism, hypothyroidism, diabetes
D. Neurologic: dementia, tumors, Parkinson's, slow viruses
E. Chronic Illness: there is a very high incidence of depression with almost any type of chronic illness, and often if the depression is left untreated it leads to a worse prognosis!

II. TREATMENT: anyone at risk of suicide must be hospitalized!

A. Psychological counseling can be helpful for all patients
B. Medications
    1) Tricyclic Antidepressants: Amitryptilene and others have a lot of side effects, and are cardiotoxic in large doses. These were the only drugs available for many years, and most people went without treatment because of the bad side effects. They are effective, but sedating, and cause bad dry mouth. They are still used in some situations, in particular for chronic pain.
    2) SSRI's: These medications have revolutionized the treatment of depression, and now many more people are treated with less severe depression, because they are so much better tolerated. Examples are Prozac, Zoloft, Celexa, and Paxil. The major side effect potential of these medications is sexual dysfunction in one form or another.
    3) SRI/NRI's: These medications inhibit reuptake of both serotonin and norepiniphrine. They have similar effectiveness and tolerability as the SSRI's with much less potential for sexual side effects. Examples are Wellbutrin, and Effexor. Wellbutrin is also used for smoking cessation.
    4) The treatment of manic-depressive disorder is often a mixture of antidepressant medication, and either Lithium, or an anticonvulsant medication.
C. Electroconvulsive Therapy: This is still a valid treatment, and is sometimes used in the most resistant cases of depression
D. Key Questions: You may be the entry point for a depressed patient to get care, and you must learn to ask the following questions:
    i. Depressed feeling
    ii. Weight loss or gain
    iii. Sleep problems
    iv. Decreased concentration
    v. Suicidal thoughts or plans (MOST IMPORTANT)

II - Anxiety disorders

I. DEFINITION AND PREVALENCE

A. Disorders of anxiety affect up to 15% of the population. The key is how one defines disorder versus what is considered "normal". Anxiety is normal in some situations (midterms, meeting the girlfriend's dad, etc.) to a certain degree, but if it is interfering with normal function it may be classified as a disorder. With one exception the anxiety disorders are all more common in females than males.

B. Feelings of dread, foreboding, panic. Often accompanied by excess sympathetic adrenergic output symptoms (tremor, palpitations, sweating, GI upset, dyspepsia). The latter may outweigh the former in importance to the patient, and is often the presenting complaint.

II. PATTERNS OF PRESENTATION

A. Panic attack and Panic Disorder: Panic attacks can occur in the presence of any anxiety or other mental disorder, as well as some physical disorders. A panic attack is a discrete period of time of intense fear or discomfort in which four (or more) of the following symptoms developed abruptly and reached a peak within 10 minutes:

1) palpitations
2) sweating
3) trembling or shaking
4) sensations of shortness of breath or smothering
5) feelings of choking
6) chest pain or discomfort
7) nausea or abdominal distress
8) feeling dizzy, unsteady, lightheaded or faint
9) derealization (feelings of unreality) or depersonalization (being detached from oneself)
10) fear of losing control or going crazy
11) fear of dying
12) paresthesias (numbness or tingling sensations)
13) chills or hot flushes

A panic disorder is the presence of recurrent unexpected Panic attacks followed by at least one month of persistent concern about having another attack, or worry about the implications or consequences of the attacks, or significant behavioral changes related to the attacks.

B. Phobias

-simple: spiders, heights, planes, etc.
-social: public speaking, eating, etc.
-agoraphobia: This is usually a result of Panic Disorder. Fear of being somewhere where escape would be difficult or embarrassing in the event of a panic attack causes the person to restrict their activities.

C. Obsessive Compulsive Disorder (OCD): This condition is characterized by obsessions or compulsions that cause marked distress, are time consuming (1 hour or more daily), and significantly interfere with the person's normal routine, occupational functioning, or usual social activities or relationships. Obsessions are recurrent thoughts, images or impulses that are considered intrusive and inappropriate and cause marked anxiety or distress. These thoughts are not simply excessive worry about real life problems, and the person tries to ignore or suppress them. Examples include worry of becoming contaminated by shaking hands with someone, excessive need for a particular order to things, aggressive or horrific impulses (hurt a child or shout an obscenity in church) etc. Compulsions are repetitive behaviors (hand washing, checking, ordering) or mental acts (praying counting, repeating words silently) that the person feels driven to perform in response to an obsession or according to rules that must be applied rigidly. These behaviors are aimed at preventing or reducing distress or preventing some dreaded event or situation.

D. Post Traumatic Stress Disorder: Here the person experiences an extremely traumatic event involving real or perceived threat of death or serious injury (or threat to the physical integrity of self or others), and the person felt intense fear, helplessness or horror. The person then reexperiences the event in thoughts, dreams, or even hallucinations. They try to avoid the triggers, and typically have increased arousal as indicated by at least two of the following: trouble sleeping, irritability or outbursts of anger, difficulty concentrating, hypervigilance, or exaggerated startle response.

E. Generalized Anxiety Disorder (GAD): Excessive anxiety and worry occurring more days than not for a period of at least 6 months about a number of events or activities. There are at least 3 of the following 6 symptoms present: -restlessness, keyed up or edgy, -being easily fatigued, -difficulty concentrating or mind going blank, -irritability, -muscle tension, -sleep disturbance. These symptoms cause significant distress or impairment in social, occupational or other areas of functioning.

III. DIFFERENTIAL DIAGNOSIS: By definition the above conditions are not a result of other conditions. Some of the other causes of anxiety symptoms are:

A. Cardiac: angina, arrhythmia, heart attack, mitral valve prolapse
B. Dietary: excess caffeine, MSG, dyes
C. Drugs: cocaine, amphetamines, decongestants, antihistamines, caffeine, withdrawal from alcohol or benzodiazepines.
D. Metabolic: hyperthyroidism, hypothyroidism (fatigue and anxiety about what it means), menopause, hypoglycemia
E. Respiratory: COPD almost always produces anxiety.

IV. THERAPY:

A. Psychotherapy: effective for situational or reactive anxiety. It helps the patient see the connection between the cause and symptoms, and assists in planning avoidance or coping mechanisms.

B. Behavioral: Desensitizes patients to the feared object or event. This is good for phobias (flying desensitization). Biofeedback is another example.

C. Pharmacologic:

1. Benzodiazepines – Used to be the drugs of choice. Very powerful to relieve anxiety symptoms, but unfortunately have a significant potential for abuse and addiction. They all tend to produce drowsiness, and some of them are intentionally used to induce sleep. Examples are Valium, Xanax, Ativan. These are best used for situational and short-lived anxiety.
2. Beta-blockers: cardiac drugs that slow the heart rate and force of contraction. They are helpful for tremors, and palpitations.
3. Buspirone: a non-benzodiazepine anxiolytic, which doesn't have the sedation or addiction potential. It is not helpful in panic disorder, or on a PRN basis.
4. SSRI's: Selective Serotonin Reuptake Inhibitors were originally developed for treating depression, but have been found to be very effective for anxiety, and have become one of the main therapies for these conditions. Examples include Prozac, Zoloft, Paxil, Celexa.

III – Schizophrenia **a very brief overview**

Prominent psychotic features characterize this disorder. It occurs with equal frequency in males and females. Onset is between the ages of 15 and 35 years of age. The cause is unknown, and there is no race or socioeconomic class that it does not hit. There is a definite genetic predisposition. The following definitions are helpful in understanding the condition:

Delirium- A bewildered, restless confused, disoriented reaction associated with fear and hallucinations.

Delusion- A fixed false belief (e.g., aliens put an electrode in my brain)

Dementia- Organic and global deterioration of intellectual functioning without clouding of consciousness.

Hallucination- A false sensory perception not associated with real external stimuli.

Psychosis- Inability to distinguish reality from fantasy.

The diagnosis of Schizophrenia is made when someone has two or more of the following symptoms for a significant portion of time during a 1 month period:

1) delusions
2) hallucinations
3) disorganized speech
4) grossly disorganized or catatonic behavior
5) negative symptoms, i.e., affective flattening, alogia, or avolition

The duration of symptoms must be at least 6 months, and may include a prodrome or residual "prepsychotic" symptoms for a good part of the time.

Treatment includes: Hospitalization during the active phase for the protection of the patient or others. There are a variety of antipsychotic medications that help suppress the symptoms. The older ones are a class called Major Tranquillizers, and include the phenothiazines such as Thorazine. Haldol is another one of the older antipsychotic drugs. Both of these medications have potential side effects, including sedation, dry mouth, dystonia, and an uncommon, but sometimes permanent movement disorder called tardive dyskinesia. There are a few newer antipsychotic medications with fewer side effects, and these often give better results since patients are more compliant.