# COMMON PSYCHIATRIC DISORDERS


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- Acknowledgement: organisers, teachers, patients
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- Conflict of Interest: no one offered to pay me
- Disclaimer: I’m not a morning person



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# Primer

- Current epidemiological findings suggest that, almost 50% of the population will experience at least one mental disorder in their lifetime, and at least 25% have suffered from a mental disorder during the past 12 months

**Andrade et al ’00**

- The expression of mental health problems, emotional distress, and even clear cut mental disorders vary widely in terms of presenting problems, severity, complexity, associated impairment, duration, and risks



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# Primer

## Wittchen et al ’03

- As evidenced by an international WHO study, about one third of physician’s consultations have a direct and explicit psychological component, in terms of full-blown depressive syndrome, anxiety, or somatoform disorder (However, this proportion may be considerably higher if subthreshold conditions or clinically significant psychological problems are considered)

## Sartorius et al ‘95



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# Depressive Disorders

- The point prevalence for depressive disorders has been estimated with some variation to be about 10% of all primary care attendees (Goldman et al ‘99).
- There is also fairly consistent agreement that, among patients with clinically significant depression, over 50% were not recognized by the treating primary care physician (Schulberg et al ‘96)
- Moreover, among those recognized, only a fraction appear to receive treatments that could be described as adequate according to expert guidelines (Hirschfeld et al ‘97)

# Depressive Disorders

- Prevalence of major Depressive Episodes (MDE) in India is 36 %
- Ranging from mild to extremely severe, depressive symptoms were present in 18.5% of the population, anxiety in 24.4%, and stress in 20%.
- Clinical depression was present in 12.1% and generalized anxiety disorder in 19.0%.
- Comorbid anxiety and depression was high, with about 87% of those having depression also suffering from anxiety disorder (Sahoo et al ’10)



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# Depression

If I had to define a major depression in a single sentence, I would describe it as a "genetic/neurochemical disorder requiring a strong environmental trigger whose characteristic manifestation is an inability to appreciate sunsets.

Robert M. Sapolsky

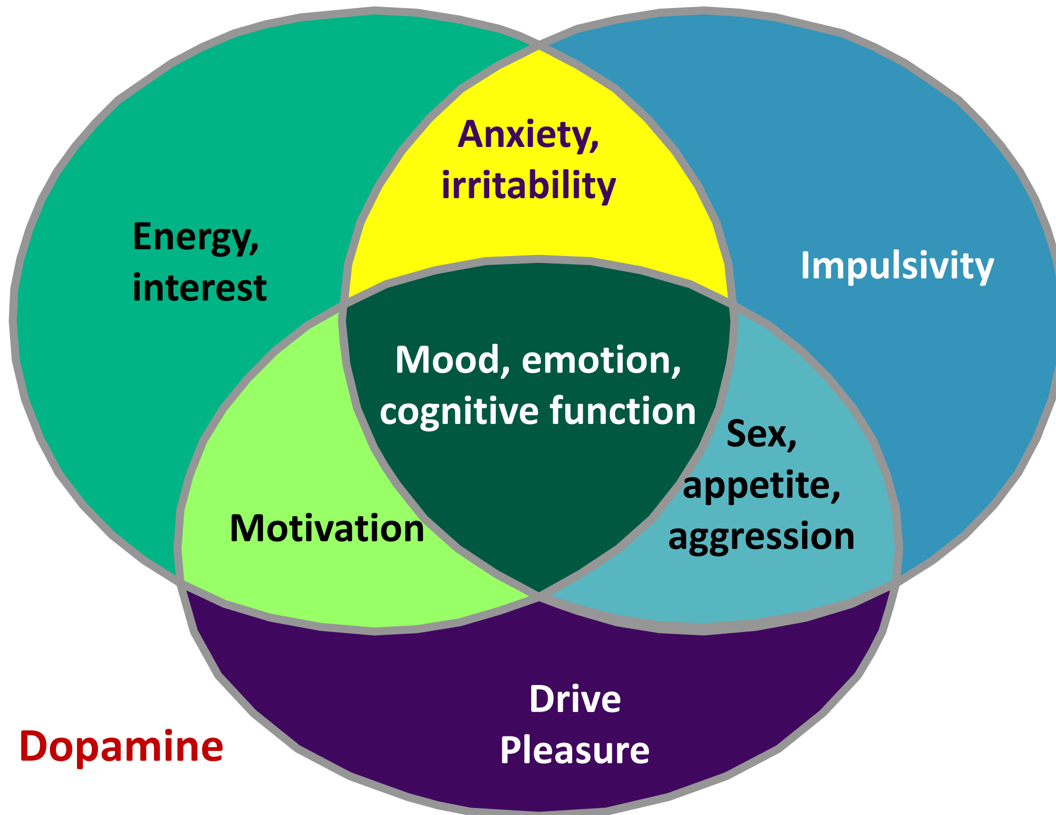
On an incredibly simplistic level, you can think of depression as occurring when your cortex thinks an abstract thought and manages to convince the rest of the brain that this is as real as a physical stressor.

Robert M. Sapolsky

# Several Neurotransmitters Are Involved in Regulating Mood

Norepinephrine

Serotonin




Dopamine


Stahl SM. Essential Psychopharmacology: Neuroscientific Basis and Practical Applications. 2nd ed. Cambridge, UK: Cambridge University Press; 2000:152.



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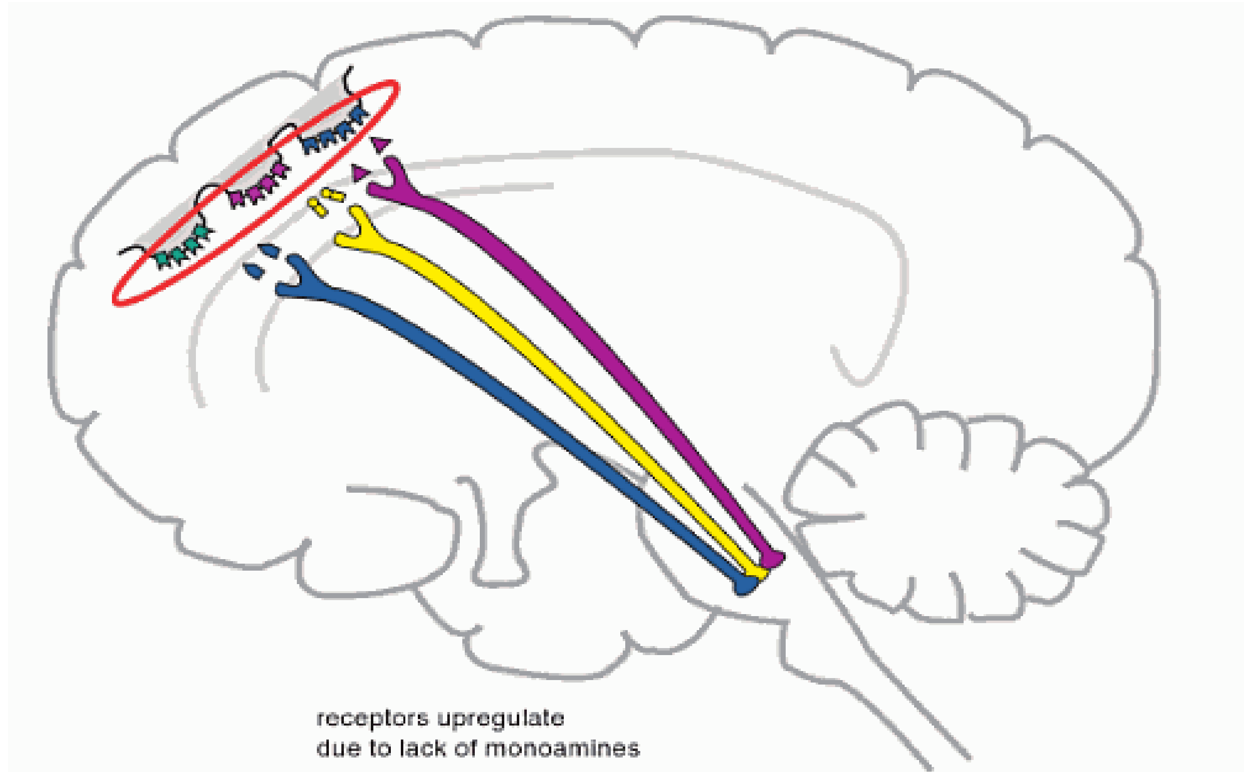
# Monoamine Receptor Hypothesis of Depression




The monoamine receptor hypothesis of Depression shows that deficient activity of Monoamine Neurotransmitters causes up-regulation of post synaptic monoamine neurotransmitter receptors and this leads to Depression

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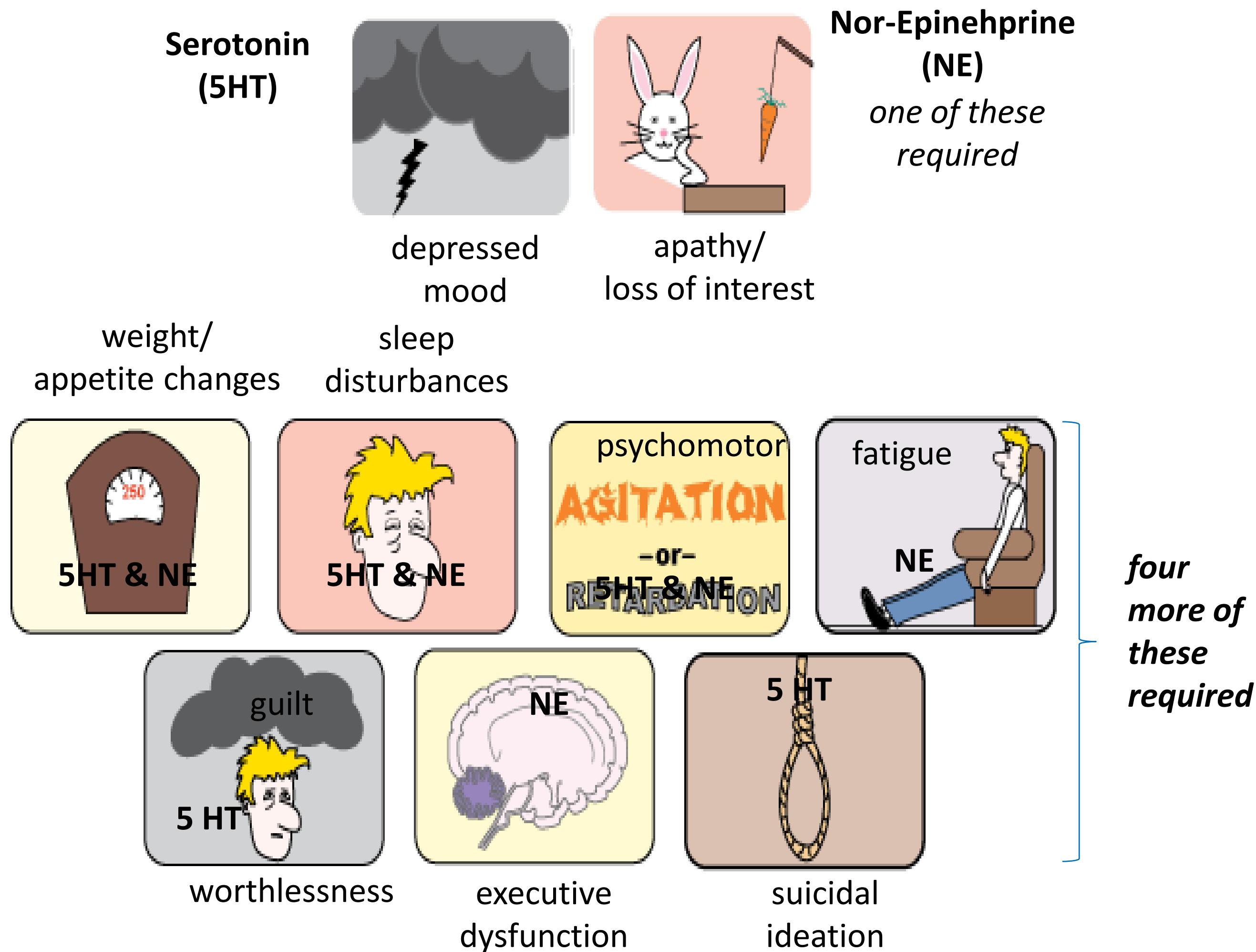
# Constructing a Diagnosis: The Categorical Approach




Stahl's essential psycopharmacology: neuroscientific basis and practical applications, 3rd edition, Cambridge University Press, 2008

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# Screening Tool for Depression

## PATIENT HEALTH QUESTIONNAIRE-9 (PHQ-9)

| Over the **last 2 weeks**, how often have you been bothered by any of the following problems? *(Use "✔" to indicate your answer)* | Not at all | Several days | More than half the days | Nearly every day |
|---|---|---|---|---|
| 1. Little interest or pleasure in doing things | 0 | 1 | 2 | 3 |
| 2. Feeling down, depressed, or hopeless | 0 | 1 | 2 | 3 |
| 3. Trouble falling or staying asleep, or sleeping too much | 0 | 1 | 2 | 3 |
| 4. Feeling tired or having little energy | 0 | 1 | 2 | 3 |
| 5. Poor appetite or overeating | 0 | 1 | 2 | 3 |
| 6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down | 0 | 1 | 2 | 3 |
| 7. Trouble concentrating on things, such as reading the newspaper or watching television | 0 | 1 | 2 | 3 |
| 8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual | 0 | 1 | 2 | 3 |
| 9. Thoughts that you would be better off dead or of hurting yourself in some way | 0 | 1 | 2 | 3 |

TABLE 1

**PHQ-9 Scores and Proposed Treatment Actions**

| PHQ-9 Score | Depression Severity | Proposed Treatment Actions |
|---|---|---|
| 1 to 4 | None | None |
| 5 to 9 | Mild | Watchful waiting; repeat PHQ-9 at follow-up |
| 10 to 14 | Moderate | Treatment plan, considering counseling, follow-up and/or pharmacotherapy |
| 15 to 19 | Moderately Severe | Immediate initiation of pharmacotherapy and/or psychotherapy |
| 20 to 27 | Severe | Immediate initiation of pharmacotherapy and, if severe impairment or poor response to therapy, expedited referral to a mental health specialist for psychotherapy and/or collaborative management |



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Our 'New' Roadmap

Full Functionality

Stop 4

Sustained Remission

Stop 3

Remission

Stop 2

Response

Stop 1

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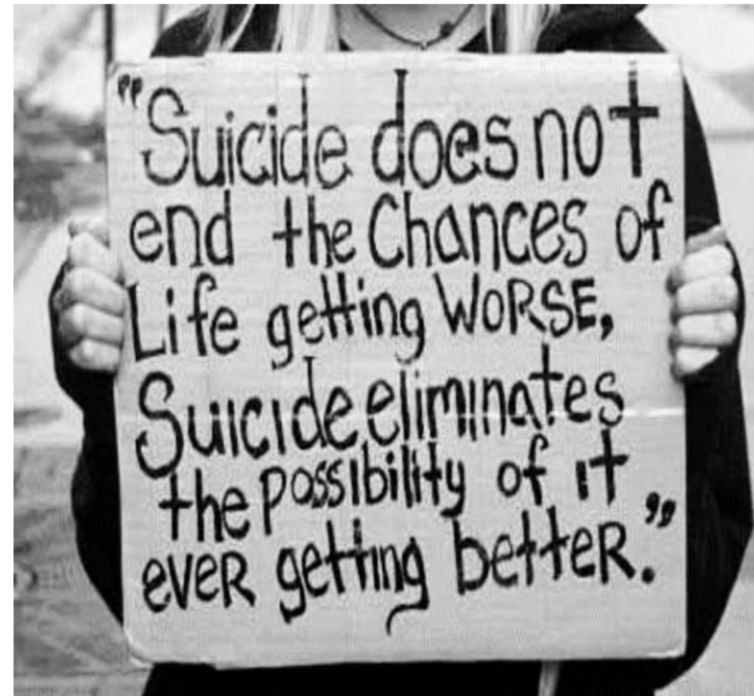
# Suicidality

- Self Harm
- Suicide



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# Adjustment Disorders

- Diagnosing a chronic illness
- Breaking bad news

- Adjustment disorder is an abnormal and excessive reaction to an identifiable life stressor. The reaction is more severe than would normally be expected and can result in significant impairment in social, occupational, or academic functioning.



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# Anxiety Disorders

- About a quarter of the general population is or has been affected at some point in their lives by an anxiety disorder
- Chronic nature of anxiety disorders
- Early onset of most forms of anxiety disorders
- High probability that primary anxiety might be a powerful risk factor for secondary depression and substance abuse
- Substantial evidence that psycho-educative efforts and brief interventions might be very effective in uncomplicated cases and in the early stages of anxiety disorders, even if applied in primary care
- Misconception of anxiety disorders as belonging to the less severe morbidity spectrum, with no explicit need for immediate intervention



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# Genralised Anxiety Disorder

- GAD is a severe and chronic anxiety disorder
- Lifetime prevalence of GAD in the general population has been estimated to be 5% to 6% (Carter et al '01)
- Patients are also frequently described as high health care users
- Highly disabling condition that results in significant impairments in terms of work productivity, performance of everyday activities, quality of life, and well-being (Wittchen et al "02). This can be equivalent to, or even greater than, those associated with other chronic physical or mental disorders (Kessler et al '01)
- Often present with somatic, pain, or sleeping complaints, rather than anxiety or worry.

## DSM 5 Criteria
## Generalized Anxiety Disorder

- A. Excessive anxiety and worry (apprehensive expectation), occurring more days than not for at least 6 months, about a number of events or activities (such as work or school performance).
- B. The person finds it difficult to control the worry.
- C. The anxiety and worry are associated with three (or more) of the following six symptoms (with at least some symptoms present for more days than not for the past 6 months).

  **Note: Only one item is required in children.**

  (1) restlessness or feeling keyed up or on edge
  (2) being easily fatigued
  (3) difficulty concentrating or mind going blank
  (4)irritability
  (5)muscle tension
  (6) sleep disturbance (difficulty falling or staying asleep, or restless unsatisfying sleep)



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# Panic Disorder

## Table 1. Symptoms of an Acute Panic Attack

- Palpitations, pounding heart, or accelerated heart rate
- Sweating
- Trembling or shaking
- Sensations of shortness of breath or smothering
- Feelings of choking
- Chest pain or discomfort
- Fear of dying
- Nausea or abdominal distress
- Feeling dizzy, unsteady, light-headed, or faint
- Chills or heat sensations
- Paresthesia (numbness or tingling sensations)
- Derealization (feelings of unreality) or depersonalization (being detached from oneself)
- Fear of losing control or "going crazy"

*Source: Reference 17.*

## Table 2. DSM-5 Criteria for Panic Disorder

Recurrent unexpected panic attacks

At least one of the attacks has been followed by at least 1 month of one or more of the following:

- Persistent concern about having additional panic attacks
- Worry about the implications of the attack or its consequences
- A significant change in behavior related to the attacks

Presence or absence of agoraphobia

- In the DSM-5, PD and agoraphobia are now unlinked; this is a change from the previous edition

The panic attacks are not due to the direct physiologic effects of a substance (e.g., medication or drug of abuse) or a general medical condition (e.g., hyperthyroidism)

The panic attacks are not better accounted for by another mental disorder

*DSM-5:* Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition.
*Source: Reference 17.*



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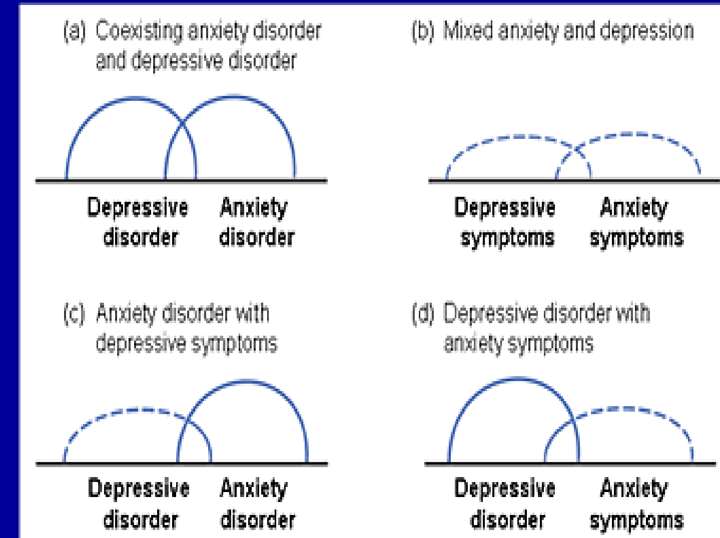
# Mixed Anxiety & Depression

| Depression | Overlap | Anxiety |
|---|---|---|
| Depressed mood, anhedonia | Irritability, apprehension/ panic | Hypervigilance, startle response |
| Ruminations about past/ guilt/dying | Negative rumination/ worry | Worried about future |
| Loss of interest | Social withdrawal, distress, dysfunction | Agoraphobia |
| Retardation | Agitation | Muscle tension |
| Hypersomnia | Insomnia | |
| Weight gain/loss | Gastrointestinal complaints | |
| | Chronic pain, decreased concentration, fatigue | |



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# Substance Abuse Dependence

- Nicotine
- Alcohol
- *Benzodiazepines*
- Cannabis
- Opiates
- NSAIDs
- Laxatives
- Antacids…

- **Use**
  - Medical
  - Recreational
- **Abuse**
  - Binge
  - Excessive
- **Dependence**
  - Tolerance & Withdrawal
  - Physical & Psychological



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## Impaired control

- Substance is often taken in larger amounts or over a longer period than was intended
- There is a persistent desire or unsuccessful efforts to cut down or control substance use
- A great deal of time is spent in activities necessary to obtain the substance, use the substance, or recover from its effects.
- Craving, or a strong desire or urge to use the substance.

## Social impairment

- Recurrent substance use resulting in a failure to fulfil major role obligations at work, school, or home.
- Continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance.
- Important social, occupational, or recreational activities are given up or reduced because of substance use.

## Risky use of substance

- Recurrent substance use in situations in which it is physically hazardous.
- Substance use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance

## Pharmacological criteria

- Tolerance, as defined by either: a need for markedly increased amounts of the substance to achieve intoxication or desired effect OR markedly diminished effect with continued use of the same amount of the substance.
- Withdrawal, as manifested by either: the characteristic withdrawal syndrome for the substance OR the substance (or a closely related substance) is taken to relieve or avoid withdrawal symptoms.

**Table S1** Fagerstrom test for nicotine dependence

| | Points |
|---|---|
| 1. How soon after you wake up do you smoke your first cigarette? | |
| a) Within 5 minutes | 3 |
| b) 6–30 minutes | 2 |
| c) 31–60 minutes | 1 |
| d) After 60 minutes | 0 |
| 2. Do you find it difficult to refrain from smoking in places where it is forbidden, eg, in church, at the library, in the cinema, etc? | |
| a) Yes | 1 |
| b) No | 0 |
| 3. Which cigarette would you hate most to give up? | |
| a) The first one in the morning | 1 |
| b) All others | 0 |
| 4. How many cigarettes/day do you smoke? | |
| a) 31 or more | 3 |
| b) 21–30 | 2 |
| c) 11–20 | 1 |
| d) 10 or less | 0 |
| 5. Do you smoke more frequently during the first hours after waking up than during the rest of the day? | |
| a) Yes | 1 |
| b) No | 0 |
| 6. Do you smoke if you are so ill that you are in bed most of the day? | |
| a) Yes | 1 |
| b) No | 0 |
| Total score | ______ |
| Low dependence (0 to 3 points) | |
| Moderate dependence (4 to 6 points) | |
| High dependence (7 to 10 points) | |

**Note:** Copyright © 1989. Springer. Reproduced from *Journal of Behavioral Medicine*, 12, 1989, 159–182, Measuring nicotine dependence: a review of the Fagerstrom Tolerance Questionnaire, Fagerstrom KO, Schneider NG, Table 3, with kind permission from Springer Science and Business Media.[1]

# Dual Diagnosis

# Older Adults

- Depression
- Sleep Disorders
- Anxiety Disorders
- Parkinson's Disease (Neuropsychiatric, non-motor symptoms)
- Dementias
- Post Stroke Depression

## Geriatric Depression Scale: Short Form

Choose the best answer for how you have felt over the past week:

1. Are you basically satisfied with your life? YES / **NO**
2. Have you dropped many of your activities and interests? **YES** / NO
3. Do you feel that your life is empty? **YES** / NO
4. Do you often get bored? **YES** / NO
5. Are you in good spirits most of the time? YES / **NO**
6. Are you afraid that something bad is going to happen to you? **YES** / NO
7. Do you feel happy most of the time? YES / **NO**
8. Do you often feel helpless? **YES** / NO
9. Do you prefer to stay at home, rather than going out and doing new things? **YES** / NO
10. Do you feel you have more problems with memory than most? **YES** / NO
11. Do you think it is wonderful to be alive now? YES / **NO**
12. Do you feel pretty worthless the way you are now? **YES** / NO
13. Do you feel full of energy? YES / **NO**
14. Do you feel that your situation is hopeless? **YES** / NO
15. Do you think that most people are better off than you are? **YES** / NO

Answers in **bold** indicate depression. Score 1 point for each bolded answer.

A score > 5 points is suggestive of depression.
A score ≥ 10 points is almost always indicative of depression.
A score > 5 points should warrant a follow-up comprehensive assessment.

Source: http://www.stanford.edu/~yesavage/GDS.html
This scale is in the public domain.

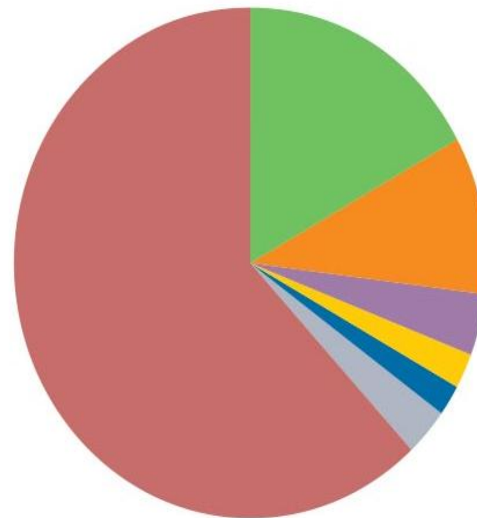
*The Hartford Institute for Geriatric Nursing would like to acknowledge the original author of this Try This, Lenore Kurlowicz, PhD, RN, CS, FAAN, who made significant contributions to the field of geropsychiatric nursing and passed away in 2007.*

# The different kinds of dementia

Dementia is not one thing. There are several routes to similar symptoms

**ALZHEIMER'S 62%**
Causes problems with memory, language and reasoning. 5% of cases start before age 65

**VASCULAR DEMENTIA 17%**
Impaired judgement, difficulty with motor skills and balance. Heart disease and strokes increase its likelihood



**DEMENTIA WITH LEWY BODIES 4%**
Caused by Lewy body proteins. Symptoms can include hallucinations, disordered sleep

**FRONTOTEMPORAL DEMENTIA 2%**
Personality changes and language problems. Most common onset between the ages of 45 and 60

**MIXED DEMENTIA 10%**
Several types of dementia contribute to symptoms. Most common in people over 85

**OTHER 3%**
Conditions such as Creutzfeld-Jacob disease; depression; multiple sclerosis

**PARKINSON'S DISEASE 2%**
Can give rise to dementia symptoms as the condition progresses

SOURCE: ALZHEIMERS.ORG.UK

# Depression, Anxiety and Apathy Associated with Parkinson's

**Depression**

- The prevalence is estimated at between 30 and 40%

In Parkinson's patients with depression there is a higher frequency of

- Dysphoria
- Sadness
- Irritability
- Pessimism about the future

**Anxiety**

- Genralised anxiety, agitation, panic attacks and phobic disorders can occur in up to 40% of people with PD

**Apathy**

- more likely to be a direct consequence of disease related physiological changes than a psychological reaction or adaptation to disability



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# Non-Motor Symptoms of Parkinson's Disease (1)

**Neuropsychiatric symptoms**
Depression, apathy, anxiety
Anhedonia
Attention deficit
Hallucinations, illusions, delusions
Dementia
Obsessional behaviour (can be drug-induced) and repetitive behaviour
Confusion
Delirium (could be drug-induced)
Panic attacks

**Sleep disorders**
Restless legs and periodic limb movements
Rapid eye movement (REM) sleep behaviour disorder and REM loss of atonia
Non-REM sleep-related movement disorders
Excessive daytime somnolence
Vivid dreaming
Insomnia
Sleep-disordered breathing

**Autonomic symptoms**
Bladder disturbances
- Urgency
- Nocturia
- Frequency

Sweating
Orthostatic hypotension
Falls related to orthostatic hypotension
Coat-hanger pain
Sexual dysfunction
Hypersexuality (likely to be drug-induced)
Erectile impotence
Dry eyes



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# Post Stroke Depression

- 1/3rd of patients develop PSD
- More in females
- Impacts recovery (Paolucci et al '08)

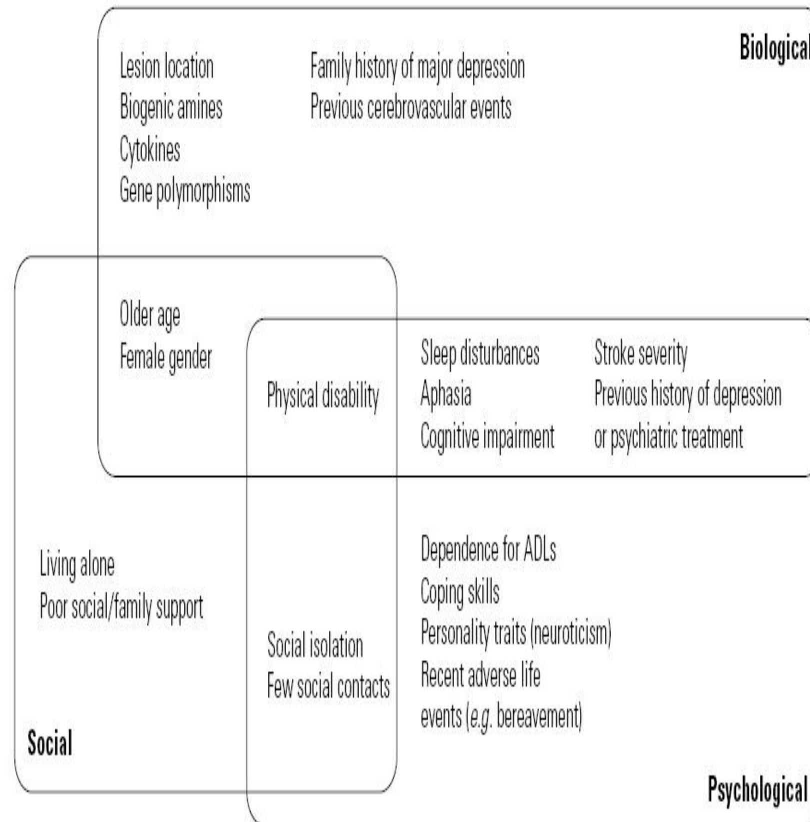


**Figure 1.** An integrative model of factors involved in post stroke depression pathogenesis. ADLs: activities of daily living.



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# Thank you for your kind audience

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