PSYCHIATRY

PERSONALITY DISORDERS, AUTISM SPECTRUM DISORDERS,
EATING DISORDERS, DISSOCIATIVE DISORDERS

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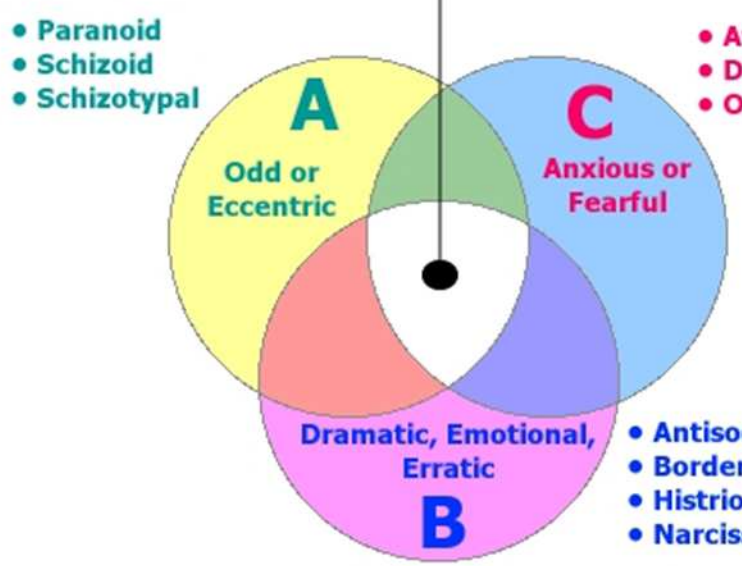
Personality Disorders

Inflexible
Maladaptive
Pervasive Across Life Activities
Functional Impairment or Subjective Distress
Chronic - Early Origin (by Adolescence)



- Paranoid
- Schizoid
- Schizotypal

- Avoidant
- Dependent
- Obsessive-Compulsive

- Antisocial
- Borderline
- Histrionic
- Narcissistic

Personality disorders

- There are 10 personality disorders categorized into 3 clusters based on similar characteristics.
- 50% of the children with conduct disorders will manifest antisocial behavior as adults.
- Cluster A (mad or weird).
- Cluster B (bad or wild).
- Cluster C (sad or worried).
- Familial association with anxiety disorders.
- Passive aggressive, sadistic, and sadomasochistic personality disorders are not otherwise classified.

Cluster A disorders

- Familial association with psychotic disorders.
- Paranoid types are distrustful, suspicious, and quick to interpret events or remarks as threatening.
- Emotionally distant.
- Have no fixed delusions and are not psychotic.
- Schizoid types are “loners” and tend to avoid personal contact.
- Flattened affect and emotional detachment prominent.
- Have no magical thinking, are not eccentric, have no fixed delusions, and are not psychotic.
- May be related to neglected parenting.

Cluster A disorders

- Schziotypal types are eccentric, engage in magical thinking, paranoid, and have inappropriate affect.
- They are not grossly psychotic
- May respond to low doses of antipsychotics.

Cluster B disorders

- Familial association with mood disorders.
- Borderline personality disorder is characterized by a pervasive pattern of instability of interpersonal relationships, self-image, and affects, and marked impulsivity
- Begins by early adulthood and present in a variety of contexts, as indicated by five or more of the following:
- 1. Frantic efforts to avoid real or imagined abandonment.

Borderline personality disorder

- 2. A pattern of unstable and intense interpersonal relationships characterized by alternating between extremes of idealization and devaluation.
- 3. identity disturbance: unstable self-image or sense of self.
- 4. impulsivity in at least two areas that are potentially self-damaging
- Spending, sex, substance abuse, reckless driving, binge eating
- 5. Recurrent suicidal behavior, gestures, or threats, or self-mutilating behavior.
- No frank psychosis.

Borderline personality disorder

- 6. Affective instability due to a marked reactivity of mood
- Intense episodic dysphoria, irritability, or anxiety usually lasting a few hours and only rarely more than a few days
- 7. Chronic feelings of emptiness.
- 8. Inappropriate, intense anger or difficulty controlling anger
- Frequent displays of temper, constant anger, recurrent physical fights
- 9. Transient, stress-related paranoid ideation or severe dissociative symptoms.

Borderline personality disorder

- Increased risk in relatives of alcoholics.
- Sexual or physical abuse may play a role in development.
- Childhood neglect and abuse may also play a role in development.
- 20% of psychiatric admissions
- Behavioral therapy is effective.
- Low dose antipsychotics or antidepressants are also effective in conjunction with behavioral therapy.
- Benzodiazepines are avoided because of abuse potential.

Antisocial disorders

- Oppositional defiant disorder.
- Pattern of defiance and hostility toward authority figures for at least 6 months
- This is often a political diagnosis
- May result in “behavioral” management.
- Boys more commonly diagnosed until adolescence; then, no sex difference
- 40% may later be diagnosed with conduct disorder
- Pharmacotherapy not useful unless have ADHD.

Antisocial disorders

- Conduct disorder.
- Voluntarily causing harm to others (or animals).
- Violence is a required component for this diagnosis
- 40% will progress to antisocial personality disorders.
- The rest remit.
- Again, this can be a political diagnosis
- ADHD may be a comorbid condition.
- Pharmacotherapy to control behavior.

Antisocial behavior

- Smaller frontal cortex and basolateral nucleus (amygdala).
- Lack of fear conditioning demonstrated at very early age.
- May also be associated with open septum pellucidum
- Does not conform to usual societal rules.
- Disregards rights of others.
- Deceitful, aggressive, impulsive, reckless.
- No remorse.

Antisocial behavior

- Arson, animal cruelty may be presenting signs.
- Seeks subjugation of others.
- High addiction potential in these patients.
- Behavior control is an important element in patient treatment.

Narcissistic personality

- Exaggerated sense of self-worth and entitlement.
- Willing to exploit others for personal gain.
- Lacks empathy.
- Arrogant.
- Demands attention.
- Low self-esteem underlies outward inflated sense of self
- Unless raised as one of social elite
- Seeks status.

Histrionic personality

- Genetic association with antisocial personality and somatization disorder.
- Need to be center of attention.
- Inappropriately seductive.
- Assumes an intimacy which may not exist.
- Unable to maintain close relationships.
- Regression as defense mechanism.

Cluster C disorders

- Avoidant types have an extreme fear of humiliation and rejection.
- Feel inferior to others.
- Avoid interpersonal contact.
- Cognitive therapy useful.
- May respond to desensitization in combination with β-blockers to control symptoms of anxiety.
- Dependent types have poor self-confidence, are unable to make their own decisions, and have a fear of being left alone.
- May tolerate abuse to avoid rejection.
- May benefit from assertiveness training.

Obsessive-compulsive personality disorder

- Perfectionists.
- Attend to detail.
- Hinders ability to complete tasks.
- “Work-aholics”
- Inflexible, hoard.
- Cold and rigid in close relationships.
- Have recurrent obsessions or compulsions and their response is exaggerated (ego dystonic).
- May benefit from cognitive and behavioral therapy.

Somatiform disorders

- Characterized by physical symptoms for which there is no medical explanation.
- Patients do not consciously seek gain for their symptoms.
- Symptoms are thought to be unconscious expressions of unacceptable thoughts or feelings.
- More common in women.
- Somatization disorder shows 30% concordance in monozygotic twins.
- 80% are depressed

Somatiform disorders

- Types of disorders include:
- Somatization
- Pain
- Nausea and vomiting
- Dysphagia
- Dyspnea
- Menstruation and pregnancy
- Antidepressant effective
- Conversion
- Neurologic symptoms with a level of concern inappropriately low (“la belle indifference”)
- Cognitive therapy

Somatiform disorders

- Body dysmorphic
- Perceived physical flaw
- Not improving with plastic surgery
- Cause of shame
- Muscle dysmorphia in men
- Bulimia in women
- Major depression
- Suicidal ideation in 80%
- Bupoprion with SSRI

Somatiform disorders

- Hypochondriasis
- Focus on a serious illness
- Pain
- Unexplained

Attention deficit hyperactivity disorder

- Related to acetaminophen use in pregnancy.

  Triad of inattention, hyperactivity, and impulsivity that occurs in multiple settings.
- Onset before age 7, and of longer duration than 6 months.
- Persist throughout childhood
- 30% retain some features throughout adulthood.
- May develop other disorders.

Attention deficit hyperactivity disorder

- Stimulant medications of use (methylphenidate, amphetamines) increase dopamine and norepinephrine transmission in nucleus accumbens. Atomoxetine is norepinephrine uptake inhibitor; not a stimulant.
- May cause insomnia, growth retardation, anorexia.
- Tricyclic antidepressants treat hyperactivity well.
- Behavioral management an adjunct.
- Mindfulness training useful
- Prefrontal transcranial stimulation in adult disease

Autism spectrum disorder

- More common in premature infants
- May be diagnosed as early as 18 months of age
- No babbling or pointing by age 1
- No single words by age 16 months or two-word phrases by age 2
- No response to name
- Loss of language or social skills previously acquired
- Poor eye contact
- Excessive lining up of toys or objects
- No smiling or social responsiveness
- Related to acetaminophen use in pregnancy

Autism spectrum disorder

- Later presentation
- Impaired ability to make friends with peers
- Impaired ability to initiate or sustain a conversation with others
- Absence or impairment of imaginative and social play
- Repetitive or unusual use of language
- Abnormally intense or focused interest
- Preoccupation with certain objects or subjects
- Inflexible adherence to specific routines or rituals

Autism spectrum disorder

- Pervasive development disorder is no longer recognized as an entity
- Asperger's syndrome no longer recognized as separate entity
- Intact language and cognitive functioning
- Difficulty with social interactions
- Restricted interests

Autism spectrum disorder

- Rett syndrome
- MECP deletion at Xq28 primarily affects girls
- Mental retardation and hand wringing noted
- Failure to reach language milestone.
- Have poor social skills and poor communication skills but do not have delusions or hallucinations.
- Not diagnosed generally until after 3 years of age.
- Visual awareness increased (static images) as well as demonstrate reactions to motion significantly more rapid than do control patients.
- Behavioral therapy.

Eating disorders

- Pica disorder
- Persistent eating of non-nutritive, non-food substances
- Inappropriate to developmental age
- Rumination disorder
- Repeated regurgitation soon after ingestion
- Not deliberate purging
- Effortless
- More common in children
- Does not respond to gastroesophageal reflux therapy

Eating disorders

- Avoidant or restrictive food intake disorder
- Uninterested in food or eating
- Repulsion to certain foods
- Fears about aversive effects (e.g., poisoning)
- Major nutritional deficiency
- Impaired psychosocial functioning
- No body image disturbance
- May occur in context of other disorder

Anorexia nervosa

- Presents in late adolescence
- 15% below ideal body weight with distorted body image and morbid fear of obesity.
- Present with amenorrhea (girls), lanugo, cold intolerance, lethargy, emaciation
- Obsession with weight gain
- May be associated with excessive exercise
- May be associated with excessive laxative use
- may be associated with amphetamine use
- May be associated with purging (vomiting)
- Damage dental enamel

Anorexia nervosa

- 5% die within 4 years of onset of disorder
- Sudden cardiac death or suicide
- SSRI may decrease anxiety with atypical neuroleptics to decrease compulsivity.
- 70% respond to pharmacotherapy
- Long term-recovery rates up to 75%
- May require up to 60 months to respond

Bulimia nervosa

- Weight fluctuation with self-evaluation unduly affected by weight (may be of normal weight).
- Onset in adolescence
- Binge and purge (at least twice a week for 3 months).
- Present with menstrual irregularities (girls), dental enamel erosion, enlarged parotid glands.
- May see laxative dependence.
- 90% are purging disorders
- 10% related to excessive exercise and dieting

Bulimia nervosa

- 1% died within 6 years of onset of disorder.
- SSRI may decrease anxiety with atypical neuroleptics to decrease compulsivity.
- 70% respond to pharmacotherapy

  Up to 50% relapse at 6 months

Binge eating disorder

- Generally overweight
- Consume large quantity of food in short time
- Eating much faster than normal
- Eating until uncomfortably full
- Eating large amounts when not hungry
- Eating alone due to embarrassment
- Feelings of disgust, depression, and/or guilt
- Sense of lack of control
- No purging

Binge eating disorder

- Twice as common in women
- Most common eating disorder in adults
- Lixdesamfetamine therapy effective

Dissociative disorders

- Detachment from physical and emotional experiences
- Breakdown between memory, identity, perception, behavior, and emotions
- Dissociative amnesia
- Associated with stress
- Block out autobiographical information
- Rare to lose semantic or procedural memory
- May have fugue state
- Flashbacks reported
- Suicide risk if overwhelmed by traumatic memory

Dissociative disorders

- Depersonalization
- Feeling that one is outside the body (as an observer)
- May feel one is both observer and actor
- Distorted sense of time
- Emotionally numb
- Derealization
- Feeling as one is in a dream

Dissociative identity disorder

- Fragmentation into two or more distinct identities
- Alternately take control of an individual
- Memory loss when not in control
- Strongly linked to very severe childhood trauma
- Each identity has its own enduring pattern of perceiving and relating to and thinking about the environment and self
- Recurring gaps in recall

Factitious disorder

- Falsifying medical or psychological signs and symptoms
- No evidence of economic gain or avoiding legal responsibilities
- Motivation for the behavior is to assume the “sick role”
- Deception can apply to
- Ganser syndrome
- Acts out physical and mental illness
- More common in men
- May have echolalia and echopraxia
- Fugue state
- Hallucinations

Factitious disorder

- Munchausen syndrome
- Mimicking or producing illness to gain attention or sympathy
- Onset in early adulthood
- Associated with dysfunctional personality
- Munchausen by proxy
- Inflicted upon another
- Malingering
- Intentional false or exaggerated physical or psychological symptoms
- Not a mental disorder

Intellectual development disability

- Trisomy 21, Fragile X syndrome, Fetal alcohol syndrome the most common causes of intellectual development disability
- 85-90% of the intellectual development disability population are mildly impaired
- IQ 50-70
- 6th grade level
- May live independently and be self-supporting

Intellectual development disability

- 5-10% of the intellectual development disability population are moderately impaired
- IQ 30-50
- 1st-2nd grade level
- Work and live in sheltered setting with supervision
- 3-4% of the intellectual development disability population are severely impaired
- IQ 20-30
- Less than 1st grade level
- Basic self care but require constant supervision

Intellectual development disability

- 1% of the intellectual development disability population are profoundly impaired
- IQ <20
- Totally dependent

Delirium

- May present with severe confusion and disorientation
- May present with sudden withdrawal from any external interaction
- May see post-surgery
- May see with dehydration and infection in the elderly
- Substance abuse
- Treat the underlying cause
- May use risperidone, olanzapine, or haloperidol
- Benzodiazepines used if alcohol withdrawal