
Refresher in Psychiatry

PMIT

Diagnostic categories

- Organic Brain Syndromes:
 - Delirium
 - Dementia
 - Amnesic Disorders
 - Substance Related Disorders:
 - Intoxication syndromes
 - Withdrawal syndromes
 - Dependence syndromes
-

Diagnostic categories (contd)

- **Psychotic Disorders:**
 - **Acute psychoses:**
 - Acute schizophreniform psychosis
 - Brief psychotic disorder
 - **Chronic:**
 - Schizophrenia
 - Schizoaffective disorder
 - Delusional disorder
-

Diagnostic categories (contd)

- Affective (mood) Disorders:
 - Depressive disorders:
 - Major depression
 - Minor depression
 - Recurrent depression
 - Bipolar disorders:
 - Unipolar mania
 - Bipolar Type I and II
 - Mixed affective states:
 - Chronic mood states:
 - Dysthymia
 - Cyclothymia
-

Diagnostic categories (contd)

- Anxiety Disorders:
 - Generalized Anxiety Disorder
 - Panic Disorder
 - Phobic Disorder
 - Obsessive Compulsive Disorder
 - Post Traumatic Disorder
-

Diagnostic categories (contd)

- Somatoform Disorders (MUPS):
 - Somatoform Pain
 - Somatisation disorder
 - Hypochondriasis
 - Body dysmorphic disorder
 - Conversion disorder
-

Diagnostic categories (contd)

- Disorders of Eating, Sleep and Sexual functioning:
 - Eating Disorders:
 - Anorexia nervosa
 - Bulimia nervosa
 - ED NOS
 - Binge eating disorder
-

Diagnostic categories (contd)

- Personality Disorders:
 - Cluster A:
 - Paranoid, Schizoid, Schizotypal
 - Cluster B:
 - Antisocial, Narcissistic, Histrionic, Borderline
 - Cluster C:
 - Anxious, Dependant, Obsessive
-

Case scenario: 1.

- **58 year old lady was brought in by her husband with a history of inappropriate laughter with episodes of agitation and talking to self, of two days duration. She was staying awake at night but got some sleep through the day. That morning she had disappeared from the house and was found in a neighbours backyard “looking for food”. She was aggressive to him when he took her back to their house.**
- **He says she has never been like this before. She had a motor vehicle accident 9 years ago and suffered fractures and head injuries. She had been on Valproate to prevent seizures after the head injury, but this had been discontinued after five years and she has had no seizures since. She is on Opiates for chronic pain. She had a fall at home two weeks ago the dose of opiates had been just increased. She has been on Sertraline 200 mgs a day for PTSD and depression.**

The DEM RMO has contacted you, the Psychiatry RMO, to assess the patient and take over.

Discussion (in 10 minutes):

- Questions you want to ask.
 - Differentials that cross your mind.
 - Management plan.
 - Considerations:
 - Delirium
 - MMSE, symptomatic management and evaluate for underlying cause.
 - Is it psychosis?
 - Is it a mood episode?
 - Is it a stress reaction?
-

Case scenario: 2

- **23 year old waitress presented to the DEM reporting anxiety and being unable to sleep. She wants “sleepers” to be able to sleep so that she can go to work the next day. She denies any physical problems and says she is upset about “yet another breakup” but “will get over it”. She has been using 2-3 stubbies 3 times a week since the breakup four weeks ago and been “sleeping around”. Medical notes indicates that she had been seen by the MHS twice in the last 10 months following overdoses on Paroxetine.**
- **As the DEM RMO, Triage has allocated her to you. She is dressed in black, but appropriately, wearing a full sleeved jumper and curled up in the chair in the interview room. She answers your questions cursorily and is pressing you to “just give me some Valium for the next few nights, I need to work tomorrow”.**

Discussion (in 10 minutes):

- Questions you want to ask.
 - Differentials that cross your mind.
 - Management plan.
 - Considerations:
 - Borderline personality disorder in crisis
 - Risk assessment
 - Risk management.
 - Is it Depression? BPAD? Psychosis?
-

Case scenario: 3

- You are the Medical RMO assessing this new admission. She is a pretty, well presented 24 year old lady who was brought in by her partner to the DEM the previous night after he found her collapsed in the toilet after apparently “having been sick”. Today she is feeling “tired but better” and cannot recall what had happened the evening before.
- Her partner of 18 months, tells you that she has become less communicative and isolative for about four months, since they began to have “relationship problems” when he started “talking about having children”. He notices that she is “tearful and tired out, mostly in bed with covers drawn even when its warm”. She does not have meals with him and has called in sick at work for the last week. However she continues her daily 3 km run which she has religiously adhered to ever since he has known her. Her parents told him that she has had previous similar behaviour. Her FBC shows anaemia. U&E reveals: hypokalemia, normal Na and alkalosis.

How do you proceed?

Discussion (in 10 minutes):

- Questions you want to ask.
 - Differentials that cross your mind.
 - Management plan.
 - Considerations:
 - Eating Disorder
 - Assess physical functioning and manage
 - Assess risk and address
 - Referral to psychiatric service/GP with consent
 - Worried about Depression? Pregnancy?
-

Case scenario: 4

- **A 73 year old Professor emeritus at a University was believed to be in good health when he entered the hospital for an elective hernia repair. The pre-surgical work up was not significant except for raised ALT and GGT. FBC was normal with MCV = 99 fL. Eight hours post operatively he experienced a brief grand mal convulsion. Staff noted his HR = 110, BP = 150/100 and diaphoresis. He became agitated and was noted to be talking to his son who was not in the room. He was looking for his car “to go to the office”, to “get those useless juniors who were talking badly about me”.**

You are the surgical RMO called to assess him that night while his distressed wife is attending to him.

Discussion (in 10 minutes):

- Questions you want to ask.
 - Differentials that cross your mind.
 - Management plan.
 - Considerations:
 - Delirium, in given scenario DT
 - MMSE, AWAS, benzodiazepines +/- AED
 - Worried about Dementia? Schizophrenia?
-

Case scenario: 5.

- **As the O&G RMO you have been called into DEM on a Sunday, to assess this 32 year old mother of 2 (both wards of the state) who is concerned that she is pregnant as she has “missed two periods”. She is being treated for Bipolar Affective Disorder by the local Mental Health Service “but went off my tablets 3 months ago”. She says she is feeling fine but is also noticed to be tearful and anxious. She says she will be fine if she can restart her Lithium and wants a script until she can go back to her GP.**

What do you do?

Discussion (in 10 minutes):

- Questions you want to ask.
 - Differentials that cross your mind.
 - Management plan.
 - Considerations:
 - Assess mood state - ? Discontinuation related relapse.
 - Risk assessment
 - Pregnant?
 - Discussion on potential side effects of mood stabilizers in pregnancy
-

Special issues:

- Suicide risk assessment:
 - Violence risk assessment:
 - Competence assessment:
-

Medication related issues:

- Antidepressants:
 - SSRI, SNRI: Serotonergic syndrome, bleeding diathesis, induction of metabolism of other drugs.
 - TCA: overdose, cardiotoxicity
 - Mirtazapine: epileptogenic, weight gain
- Antipsychotics:
 - Atypicals: Olanzapine, Risperidone, Quetiapine: dyslipidemia, glucose intolerance and weight gain, metabolic syndrome
 - Typical: EPSE, Dystonia, Neuroleptic Malignant Syndrome, Dyskinesia.

Medication related issues:

- Sedative hypnotics:

- Benzodiazepines: addictive, overdose, effect on foetus

- Mood stabilizers:

- Lithium: monitoring, side effects, toxicity, teratogenicity
 - Valproate: drug interactions, teratogenicity
 - Carbamazepine: drug interactions, skin side effects, teratogenicity.
-

Medication related issues:

- Serotonin syndrome:
 - Neuroleptic Malignant Syndrome:
 - Anticholinergic syndrome:
-