

DIAGNOSIS OF PSYCHIATRIC DISORDERS

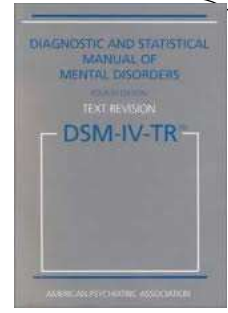
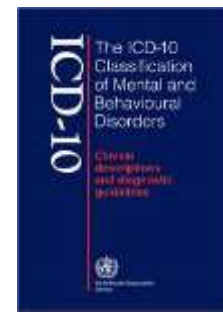
ALAKANANDA DUTT

MD Psychiatry (PGIMER Chandigarh)

Aspirations Arati Clinic

Consultant AMRI Mukundapur & Dhakuria

Diagnostic tools



- History, history and more history – index patient, close acquaintances
- Mental state examination
- Disorder: clinically recognizable symptoms/ behaviour associated with distress &/or personal dysfunction
- Internationally acceptable & reliable systems of diagnosis
- Reliable questionnaires – self reporting/ interviewer based

Scope of Psychiatry



Minor emotional disturbances – understandable reaction to stress

- 34yr old executive – long working hours/ criticism by boss over an assignment – irritable, fatigued, difficulty in concentration, disturbed sleep – improved once the assignment was over
- 15yr old student - Sudden death of parent – Refusing to talk/eat/study, crying spells, episodes of unresponsiveness – improved over next 6months



Adjustment disorder

Scope of Psychiatry



Profound change in behavior/mood/thoughts unheralded by meaningful stress

- 20 yr student – Hearing voices of unseen strangers abusing her whenever she is awake –not heard by others. Fearful, refusing to go out, eat or change clothes – cannot be coaxed/cajoled

Schizophrenia

- 35yr old homemaker – Cries most of the time, does not listen to music/favourite songs, claims life is hopeless and she should die

Major Depressive Disorder



Scope of Psychiatry



**Profound change in behavior/mood/thoughts
unheralded by meaningful stress**

- 25yr old officer – Laughing & talking a lot, claiming to be CM, distributing money indiscriminately, full of energy despite lack of sleep

Manic episode

- 38yr old homemaker spending most of the day washing/ checking her hands, clothes for dirt – claims that her doubts of contamination are absurd but cannot control herself

Obsessive Compulsive Disorder



Scope of Psychiatry

**Disturbances of personality- pervasive influence on behaviour
– distress to self/others**

- 20yr old lady –
Unpredictable mood fluctuations
Several broken relationships
Threatens suicide at minimal provocation

**Emotionally unstable personality
Disorder**



Scope of Psychiatry

**Psychological/behavioural change – due to substances
(alcohol/cannabis/nicotine/opium)**

- Craving
- Difficulty in controlling substance taking behaviour
- Withdrawal symptoms
- Tolerance
- Neglect of alternative pleasures
- Persistent use despite overt harmful consequences



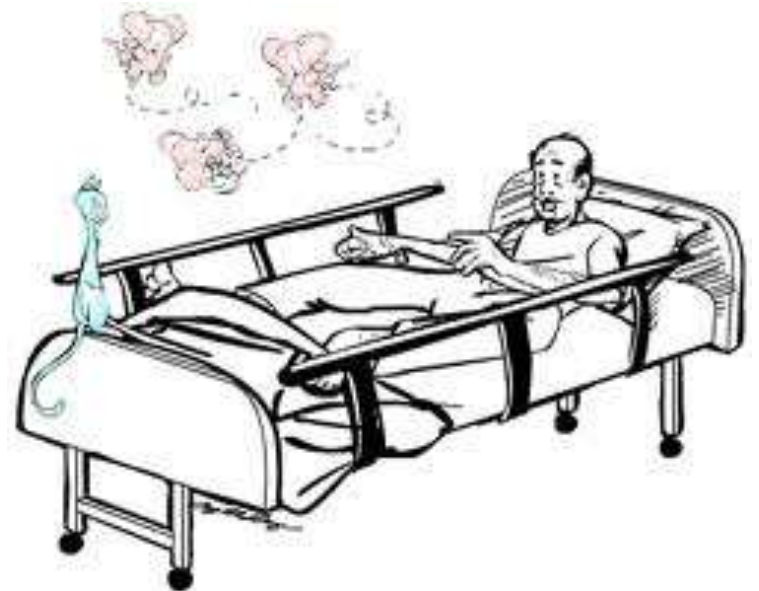
Dependence Syndrome

Scope of Psychiatry

Psychological changes as direct consequence of systemic disorders

- 62 yr old – fever, cough - hospitalisation – inability to recognise surroundings, sees & talks to animals in hospital ward, restless, trying to remove iv lines

Delirium



Scope of Psychiatry

Psychological changes as direct consequence of systemic disorders



- 56 yr old – On treatment for Parkinson’s Disease – decreased interest in surroundings, crying spells suicidal ideas, decreased sleep

Take Home Messages.....



- They can be treated like any other medical disorder
- Early recognition & treatment improves outcome
- Medicines do not produce addiction
- Modified Electro-convulsive treatment or “shock therapy” is not a barbaric treatment but treatment of choice in some life threatening cases of severe mental disorders