

ORGANIC PSYCHIATRY

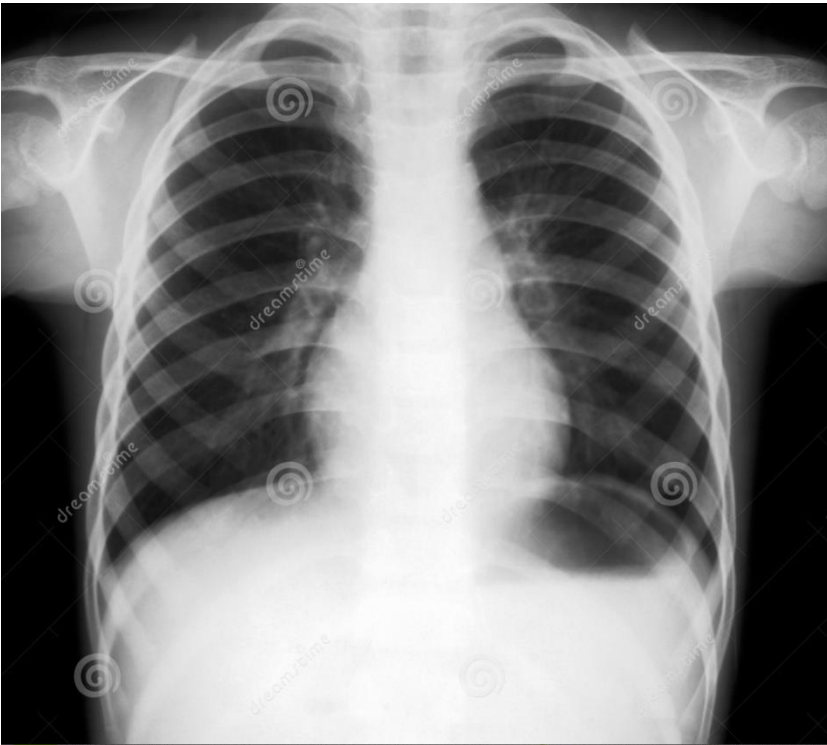
organic



functional



Organic..

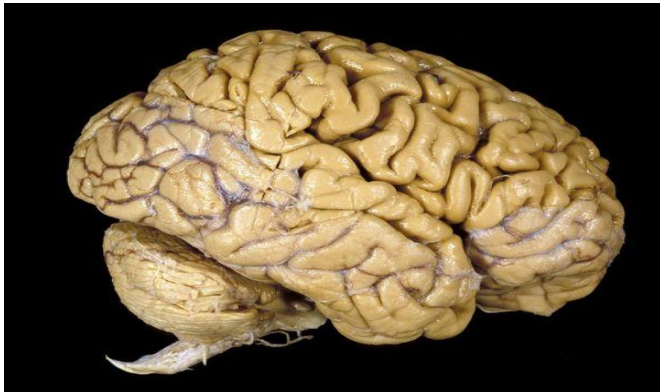


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Functional..





W = 597 L = 360

aroused



relaxed



sleepy



asleep



deep sleep



1 sec

50 μ V

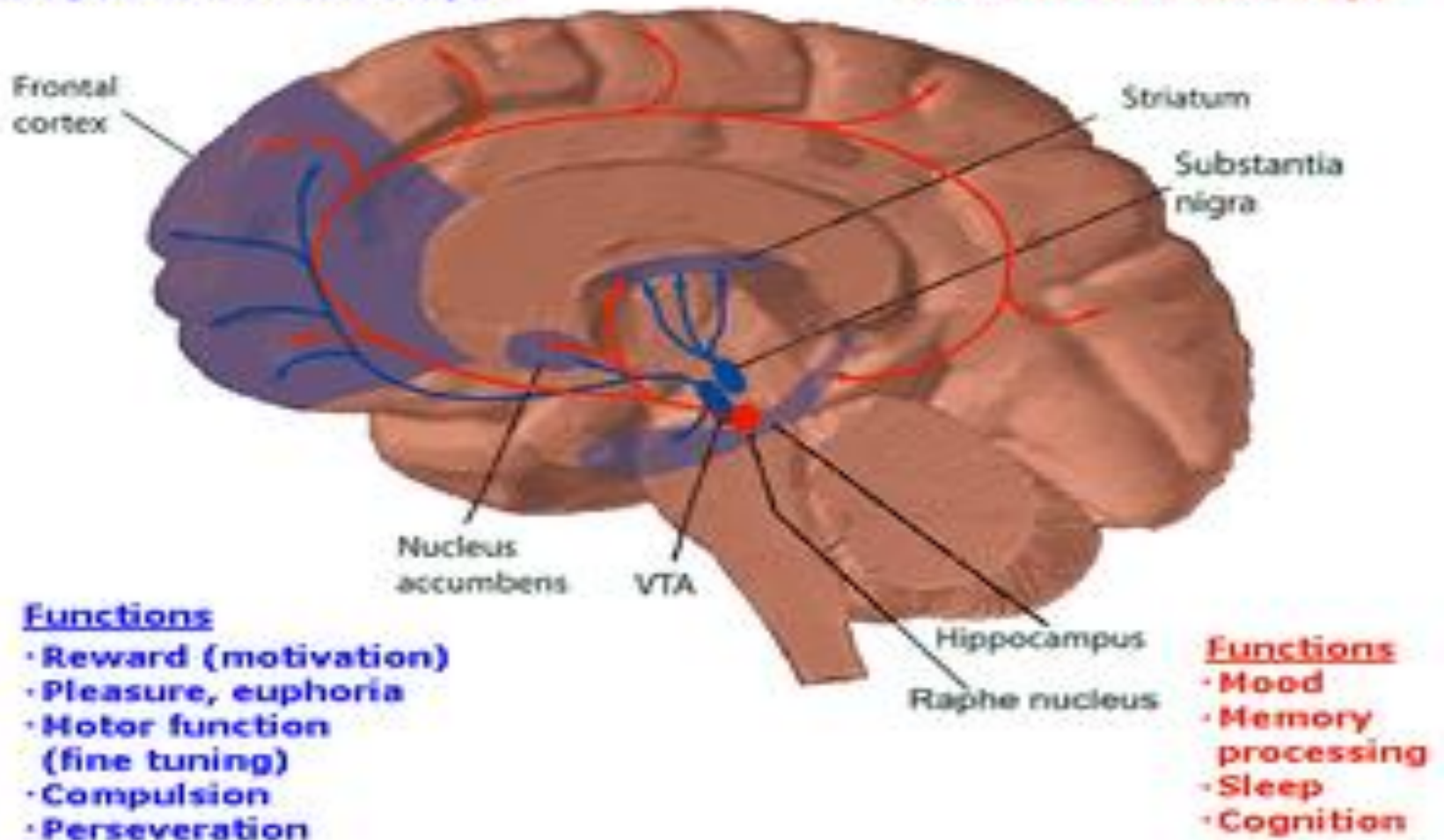
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EEG wave forms	location	normally	In pathology
Beta waves (15 to 30 hz)	Bilateral frontal	Alert, active concentration state	On benzodiazepines
Alpha waves (7 to 14 hz)	Bilateral posterior	Relaxing state	coma
Theta (4 to 7 hz)	---	Young children, idle state	Metabolic encephalopathy
Delta (0 to 4 hz)	Frontal in adults	Slow wave sleep	Subcortical lesions

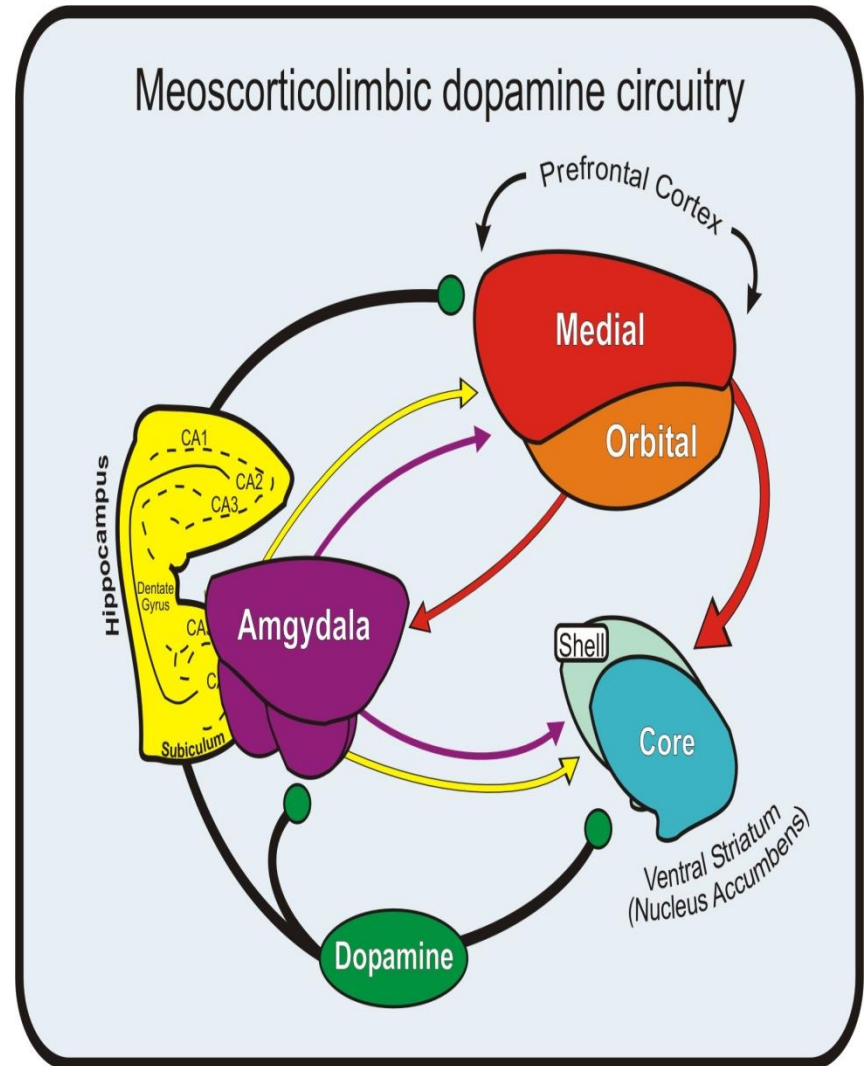
function

Dopamine Pathways

Serotonin Pathways



- Thoughts and behavior



Organic dysfunction/disease



Disease/illness.

disease

- Abnormality of structure and function in an organ.
- Universal in form, progress and content.
- Medical basis.

illness

- Subjective response of a patient being unwell.
- Diverse in form, progress and content.
- Multifactorial basis
 - Models of invasion, degeneration, mechanical, balance.

DELIRIUM

Deliro= to be crazy

- Definition: **acute** onset of disturbances in-
 - Consciousness
 - Cognition
 - Perception

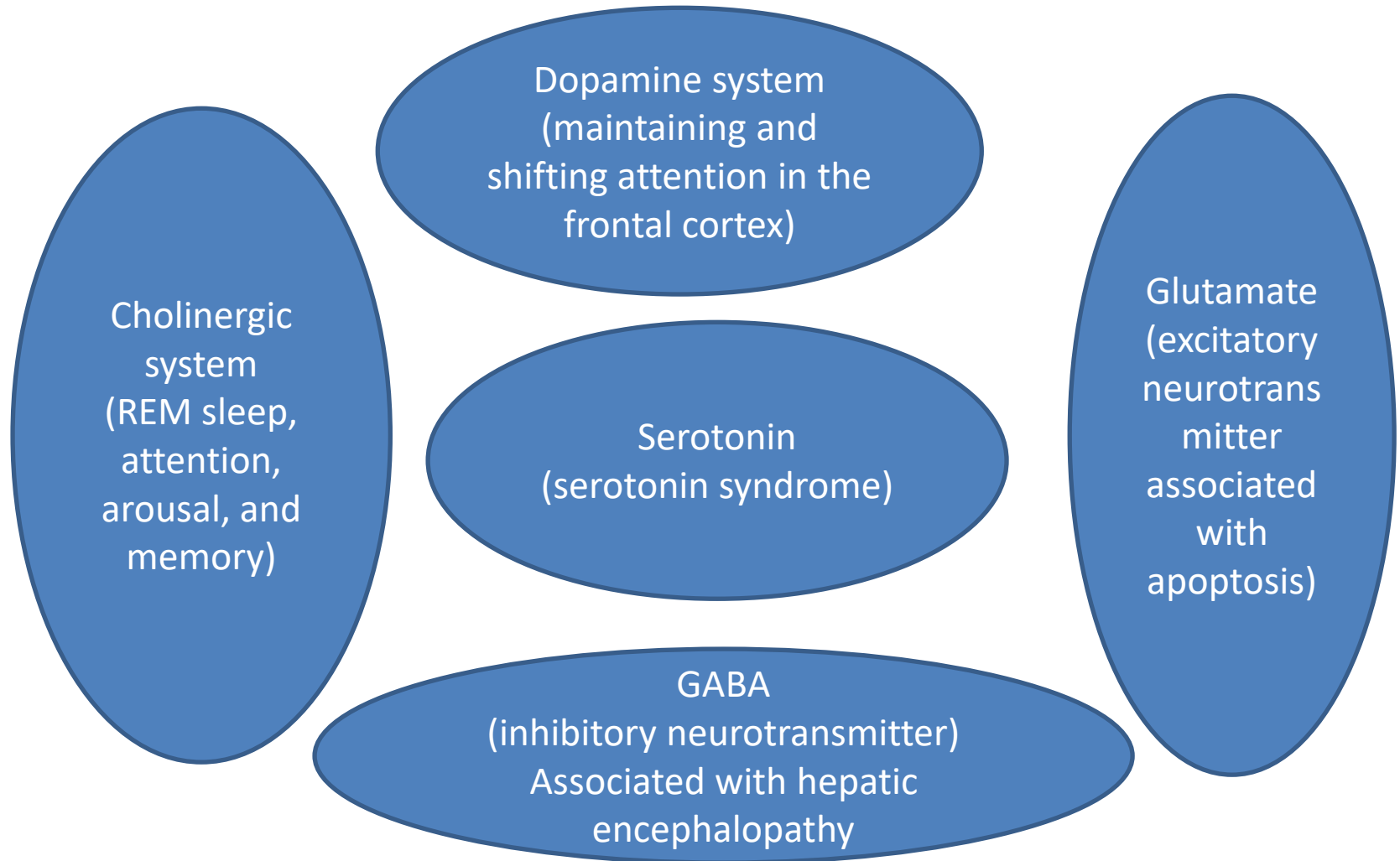
fluctuating

Terms often used to describe such a picture are *encephalitis, encephalopathy, organic brain syndrome, sun downing...and so on.*

Pathophysiology

- Neurochemical
- Oxidative metabolism
- Blood brain barrier alterations
- *“ represents a reversible syndrome of neuronal dysregulation caused by a disruption of oxidative metabolism.”*
- *Certain brain structures like cerebral cortex and hippocampus are relatively more sensitive to this disruption than are other structures.*

Neurochemicals



- *Basic neurotransmitter derangements are:*
 - *Increased dopaminergic neurotransmission and decreased cholinergic neurotransmission.*
 - *Cortisol level derangements have been proposed for explaining the typical waxing and waning of symptoms.*

Clinical features

- Hyperactive type
 - Hypervigilance, restlessness, anger, irritability, easy startling, combativeness, impatience, nightmares.
 - Seen in alcohol and sedative withdrawal, anticholinergic activity and traumatic brain injury.
- Hypoactive type
 - Lethargy, staring, apathy, unawareness and decreased alertness.
 - Seen in metabolic derangement.
- Mixed type.

Course and prognosis

- 15% remain symptomatic of delirium at the end of 6 months.
- High mortality and morbidity. Around 40%

Etiology: what causes it??

- ▣ *Delirium is a marker of emerging medical illness.*
- ▣ Central nervous system disorder
- ▣ Metabolic disorder
- ▣ Systemic illness
- ▣ Cardiac
- ▣ Pulmonary
- ▣ Endocrine
- ▣ Hematological
- ▣ Renal
- ▣ Hepatic
- ▣ Neoplasm
- ▣ Drugs and toxins

treatment

- Pharmacological
- Non pharmacological
- Treatment of specific etiologies
- *Mainly two fold:*
 - *Definitive*
 - *Symptomatic.*

pharmacological

- ▣ Typical antipsychotic
- ▣ Atypical antipsychotic
- ▣ Benzodiazepines
- ▣ Sleep wake cycle
- ▣ Haloperidol: 0.5 to 1mg oral every 4-6 hrs. gradually taper over 2 to 3 days. Rarely 1 to 2 weeks is required. For organic aetiology taking care of the Qtc interval)
- ▣ Benzodiazepines: lorazepam 1-2 mg every 4 hrly decreased to 50% in day 2 and by 50% again on day 3.(for substance dependence and withdrawal)

Non pharmacological

- Nursing care
- Environment
- Family and companions
- Restraints
- Patient and family education

DEMENTIA

Dementus=out of one's mind.

- Progressive impairment of cognitive functioning occurring in
 - Clear consciousness.
 - Involves global impairment of intellect
 - Major areas of impairment in memory, attention, comprehension.

how common is it?

- Around 65 years of age—5%
- Around 85 years of age—20 to 40%

etiology

irreversible

- Alzheimer's disease
- Vascular dementia
- Mixed
- Dementia due to parkinson's disease.

reversible

- Nutritional deficiencies, especially B12.
- Hypothyroidism/hyperthyroidism

pathophysiology

- Apoptosis
- Programmed cell death.
- HIV and other causes
- Necrosis/degeneration
- Traumatic cell death
- Vascular and other causes.

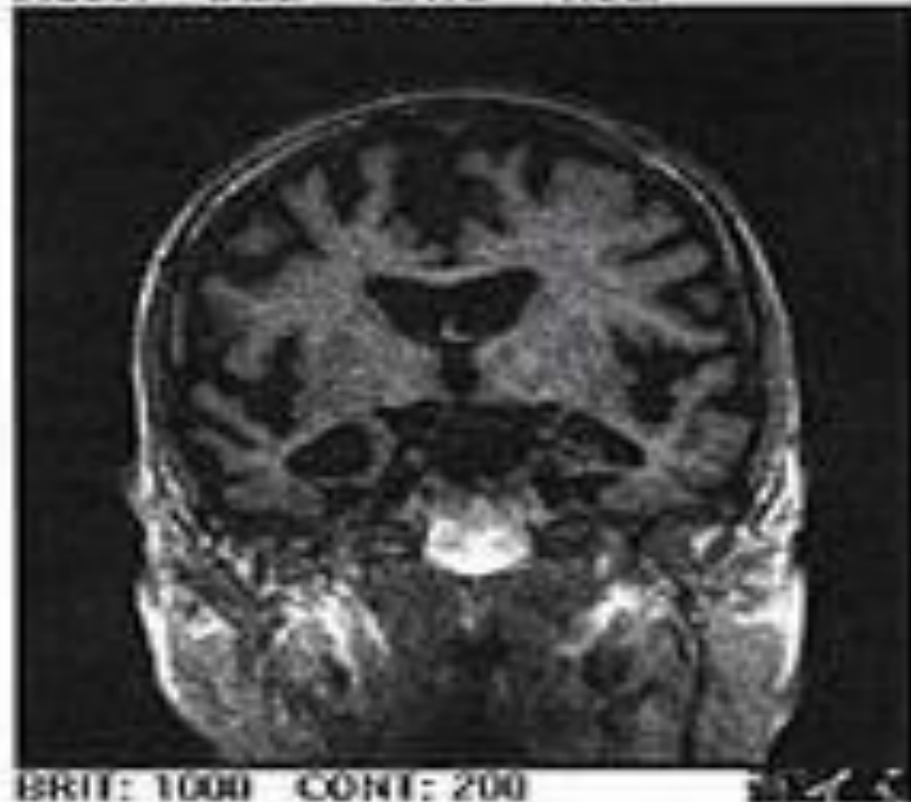
Apoptosis/necrosis

- Altered proteolysis triggered by environmental and mutation predispositions
- Aggregation of specific proteins (Abeta)

- Disruption of metabolic processes
- Inflammation and oxidative injury

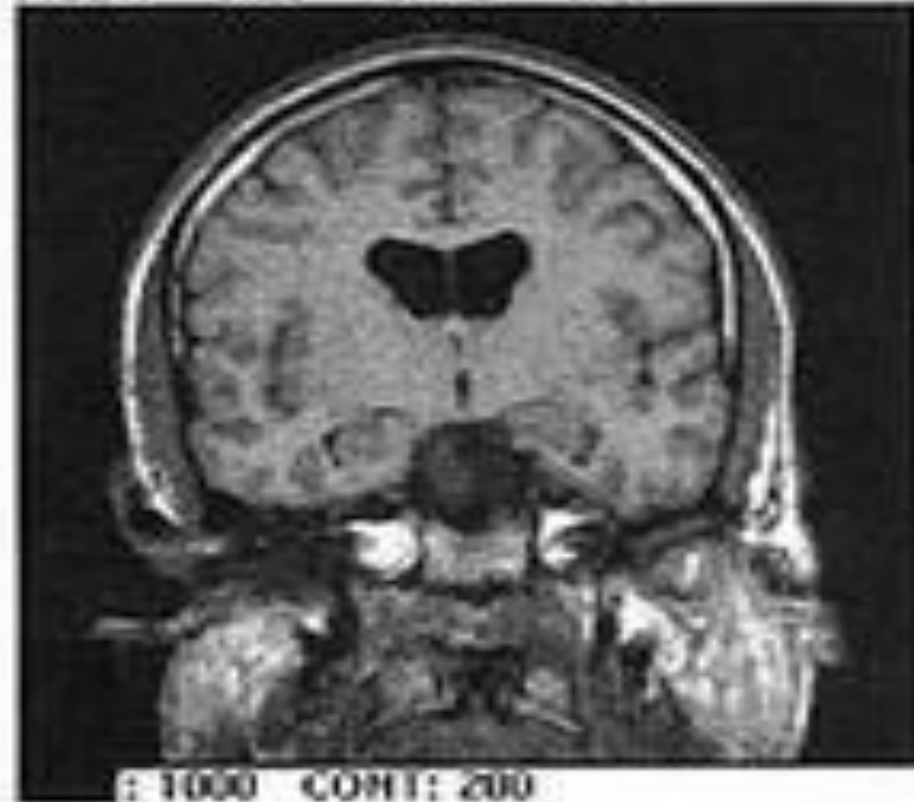
- Neurotransmitter deficits and neurotoxicity
- **Dementia.**

MULTI SIZE SAVE HELP



Brain with A.D

MULTI SIZE SAVE HELP



Normally Aged Brain

Clinical features.

- Memory
 - Short term memory
 - Difficulty in learning new information
 - Topographical memory (patient may get lost)
 - Confabulations
- Language
 - Word finding difficulty
 - Aphasias.
- Praxis
 - Diminished ability to perform co-ordinated tasks.
 - Inability to cook, dress, wash, go to toilet, eat.
- Gnosis
 - Failure to accurately recognize sensory stimuli in the absence of sensory deficits.
 - Prosopagnosia-inability to recognize faces.
- Executive functioning
 - Inability to plan, sequence, abstract.

Psychiatric manifestations.

- Personality and behavioral changes
 - Loss of initiative
 - Narrowing of spectrum of emotions
 - Apathy
 - Agitation
 - Disinhibition.

assessment

- Mini-mental status examination
- PGI memory scale (Indian version)

Management not treatment

- Nursing care
 - Activity planning—predictable routines
 - Environment—familiar, structured, safe, supervised
 - Education—family members, caregiver burn out
 - Hydration, nutrition, self care.
 - Regulating the sleep-wake cycle
- Pharmacological
 - Targeted symptoms—agitation, sleep disturbances
 - Antipsychotics, mood stabilizers.
 - Retardation of degenerative process
 - Cholinesterase inhibitors.

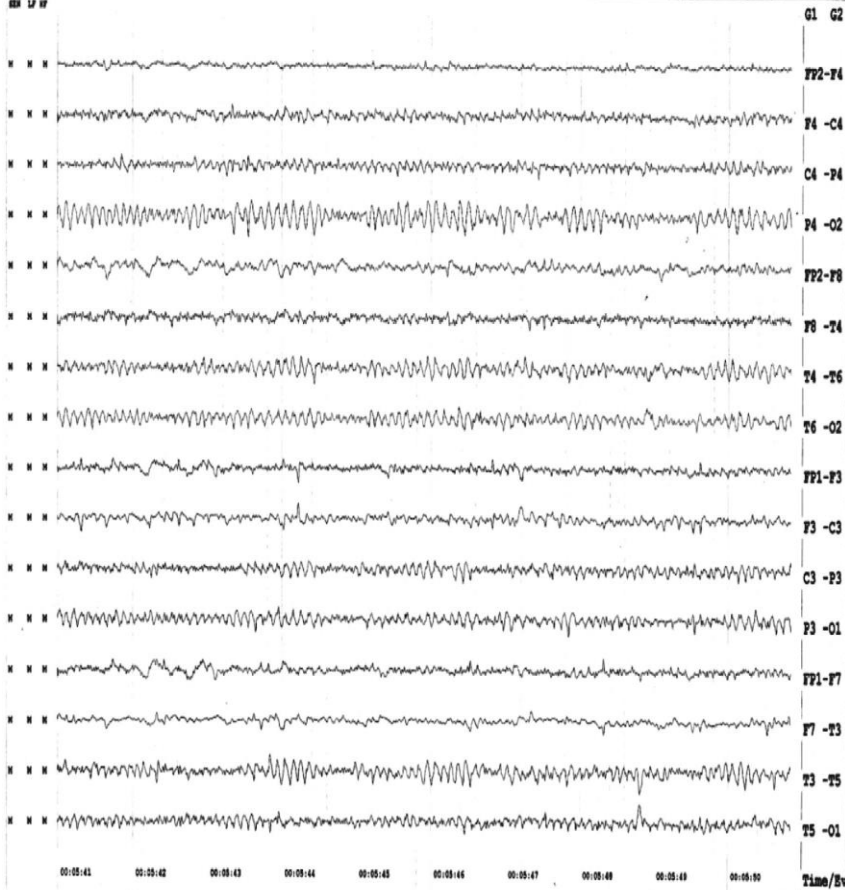
PSYCHIATRIC DISORDERS IN EPILEPSY

epilepsy

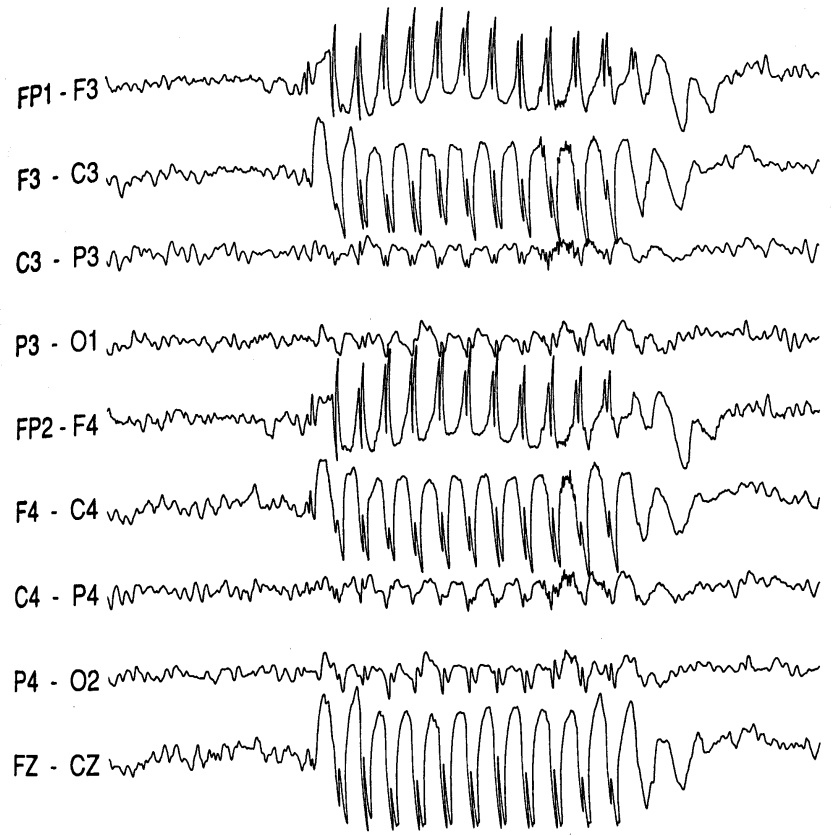
- Sudden, involuntary, behavioral events associated with
 - Hypersynchronous electrical discharges
 - Due to underlying chronic disease process.

JMD NEURODIAGNOSTIC & RESEARCH CENTRE

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 Dr. Dr. K. PANDEY MD, DM (Neuro) 018 28/04/2007 FILTER: 5.0 Hz - 15 Hz Speed: 30 mm/s (H.T. Scale) Type: ANALYSTS Page: 35/55



G1 - G2
 F7 - F4
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 T4 - T6
 T6 - O2
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 F7 - F7
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 T3 - T5
 T5 - O1
 Time/Sec
 Comment



1 SEC. I 200 µV

Psychiatric manifestations, proposed relationships.

- Common neuropathology, genetics, developmental disturbances.
 - Both psychiatric disorder and epilepsy influenced by the same process, eg. Hypoxia at birth causing mental retardation.
- Ictal discharges potentiate abnormal behavior
 - Pre/post/peri ictal behavioral disturbances.
- Absence of function related to the ictal focus
 - Frontal lobe focus would result into decreased initiation, apathy.
- Neurochemical derangements
 - Dopamine—psychosis
 - depression
- Psychodynamic and psychosocial aspects of living with epilepsy
 - Stigma
 - Restriction in activities causing isolation
- Sleep disturbances
- Anticonvulsant drug related.

Behavioral disorders related to epilepsy.

- Ictal
 - Psychotic symptoms
- Peri ictal
 - Prodromal symptoms, irritability, depression, headache
 - Post ictal psychosis
- Inter ictal
 - Schizophreniform disorders
 - Personality—viscous, circumstantial
 - Gastaut-Geschwind syndrome
- Variably related
 - Mood disorders
 - Dissociative states
 - Aggression
 - Hyposexuality
 - Suicide

management

- Anti-Seizure care
 - Sleep cycle regulation
 - Food cycle regulation
 - Medications, adherence to treatment
- Psychotropic medications and care
 - Antipsychotics which do not lower seizure threshold
 - Symptom based approach.
- Non-pharmacological management
 - Psychosocial issues, stigma related issues, vocational care.
 - Issues related to safety
 - Issues related to relationships, marriage, disclosure

Thank you

Coffee.



Small groups

