

PSYCHOTHERAPY

7 Common types of psychotherapy used

1. CBT

2 Supportive therapy

3 Family therapy

4 Group therapy

5 Behaviour therapy

6 Psychoanalytic therapy

7 Biofeedback

8 Individual psychotherapy

9 Play therapy

10 Art therapy

11 Crisis intervention.

8 What are the therapeutic factors in group therapy?

(I interpreted this as ... what makes group therapy effective)

1. Universality - the attitude of "I'm not alone" nor are my problems unique.

2. Group cohesiveness

3. Altruism

4. Instillation of hope

5. Imparting information / psychoeducation.

6. Interpersonal learning

7. Development of socializing techniques

8. Imitative behaviour

9. Corrective recapitulation of the primary family group.

10. Catharsis

3. List 4 clinical features of post-natal depression
(within 12 weeks of delivery)

• Low mood

• Poor concentration

• Irritability

• Insomnia / Sleep disturbance

• No interest in new baby or self

• Feeling guilty and inadequate

• Overwhelmed

• Feeling alone

• Appetite changes

• Suicidal thoughts

• Anxiety

Suicide and Deliberate Self Harm

14 year old girl took diazepam to commit suicide.

a) What factors will you consider when assessing seriousness of the attempt? Is this the first attempt or not? Previous attempt indicates ↑ risk

- Enquire if she left a suicide note
- Ask the family if she has ever said she will commit suicide, or whether she has been pre-occupied with thoughts of death.
- Ask friends and family whether she has been saying good bye to them or unexpectedly visiting them.
- The time and place she took the medication. People who attempt suicide at times and places where they are more not likely to be found/seen/interrupted are serious attempts. Don't intend to be saved.
- Whether she has been in a low/depressed mood recently.
- Whether she has emotionally and physically distanced herself from others.
- Dominated by hopelessness and helplessness, and says she would be better off without them.
- Whether she has family history of suicide - a strong risk factor.
- Whether she has anxiety, psychotic symptoms - ↑ suicide risk

b) How would you manage her.

- Take a detailed history and mental state exam.
Looking out for signs of self harm - wrist laceration, etc.

- ① Admit the patient. Prescribe suicide risk. Patient must not be left alone.
- ② Anything patient may use to hurt herself must be removed.
- ③ Once patient is safe, reason for the self destructive behaviour must be found. Take a detailed history and mental state exam.
- ④ Once a diagnosis is made, treatment is targeted for the specific mental illness. Management approach is biopsychosocial. It is paramount to involve the family, provide psychoeducation
Biological - psychotropic medication
Psychological - cognitive behaviour therapy, group therapy, family therapy
Social - home visits, finding out about patient's school and social life.

Psychiatry.

Schizophrenia.

1. Describe the clinical syndrome of schizophrenia (5m)
- Schizophrenia is a chronic, devastating psychotic disorder that occurs in 1% of the population whereby the hear voices, believe media are broadcasting their thoughts to the world or believe someone is trying to harm them.

- Types of Schizophrenia:

- Paranoid → delusions or auditory hallucinations
- Hebephrenic → disorganized speech or behavior, flat affect
→ cataplexy, excessive motor activity, echolalia, echopraxia,
- Catatonic → extreme negativism, stereotyped movements.
- Residual → negative symptoms or attenuated form of criteria A.
- Schizoaffective
- Undifferentiated.

Additional info.

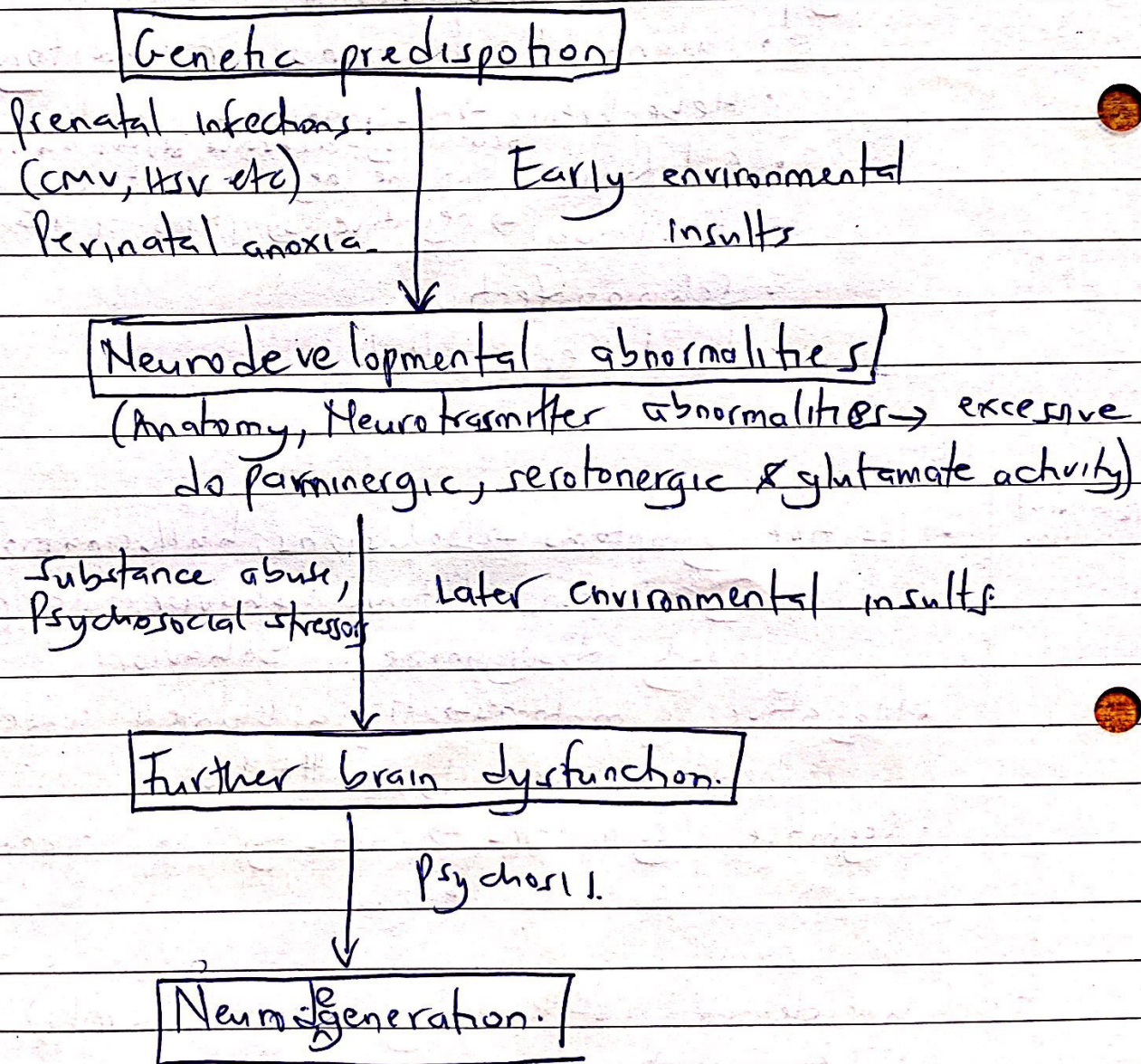
- Positive symptoms → Delusions, hallucinations, thought disorganization, catatonic behavior, inappropriate responses, grossly disorganized behavior.
- Negative symptoms → Alogia, Blunted affect, Avolition/apathy, Anhedonia/arociality, inattention.
- Cognitive symptoms → Difficulty in concentration, memory etc.

2. Schneiderian 1st rank symptoms (5mks)

- Delusional perception → primary delusion.
- Audible thoughts
- More than one voice arguing or discussing patient
- Running commentary voices.
- Thought insertion
- Thought withdrawal
- Thought broadcasting

- made feelings
- Made volition
- Made impulses
- Somatic passivity

3. List the possible aetiological factors linked to schizophrenia (10 marks)



But aetiology is unknown but above factors have been implicated in development of schizophrenia.

4. Differential diagnosis? (5mks)

- Other psychotic disorders

- Brief psychotic disorder

- Schizophreniform disorder.

- Delusional disorder

- Shared psychotic disorder.

- Mood disorders (mania, major depression)

- Cognitive " (delirium, dementia)

- Substance-related disorders.

- Schizotypal, borderline, & paranoid personality disorders

- Medical illnesses (Huntington's dx etc)

- Medications that cause psychotic symptoms eg cardiac glycosides etc.

5. Main types of treatment of schizophrenia (10mks)

- Biological / pharmacotherapy

- Antipsychotics (typical or atypical)

- Psychosocial therapy

- Social skills training

- Cognitive behavioral therapy

- Social cognitive training.

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2a) Name three mood stabilisers that can be indicated for the management of a schizoaffective disorder

Lithium

Carbamazepine

Sodium valproate

2b) In the management of a violent and agitated patient, name two medications that may be used intramuscular, and can rapidly calm the patient down.

lorazepam

midazolam

2c) Name four side effects of antipsychotics that can be categorised as extra pyramidal in nature

Acute dystonia

Tardive dyskinesia

Parkinsonism - muscle rigidity, tremor, bradykinesia

Akathisia

PSYCHIATRY 2018

A 4 y.o girl is brought + A&E by her mum with a swollen and discoloured fore arm. Radiographs reveal an ulna fracture. Mum reports that she was jumping on the bed, lost her balance and fell.

Mum is also 7/8 months pregnant. The child is thin, dehydrated and her hygiene is poor. Mother reports that they live with her BF and partner to add that 'he wasn't even home when this happened'

a) Two types of maltreatment (based on WHO)

- ✓ Physical abuse
- ✓ Neglect

b) Other types of maltreatment

- ✓ Emotional / Psychological abuse
- ✓ Sexual abuse

c) Risk factors for child maltreatment

- Characteristics of the child:

- temperamentally difficult
- rebellious with severe temper tantrums
- hyperkinetic syndrome
- autistic
 - with tic
 - with enuresis +/- encopresis
- those who cry frequently, rick babies, irritable and demanding, difficult to feed
- preterm and LBW
- with birth defects
 - mental and physical handicaps
 - < 4 years or an adolescent

- Parental factors:

- parents who were neglected +/- abused as children
- step parenting
- family discord / marital discord
- emotional immaturity
- single parenthood / separated / Divorced
- Unwanted pregnancies

• parents who partake in substance abuse

- Environmental factors:

• Overcrowding

• low socio-economic status

• Violence within the community

(d) You ultimately determine that the child's injury was inflicted by her mother's boyfriend, and this is not the first time. Name two agencies that would ultimately be involved in the case should you report it (2 marks)

- (i) Law enforcement
- (ii) Social services / child welfare

e) For child survivors of maltreatment, the suffering happens not just at that point in time. List 6 possible consequences (sequelae) of child maltreatment (6 marks)

- Early { (i) Poor school performance
- (ii) Malnutrition / failure to thrive
- Psychological { (iii) Low self esteem
- (iv) Depression, PTSD, ODD, conduct disorder
- (v) Personality disorders e.g. Antisocial
- (iv) Becoming abuser themselves

f) Given that the above 4 year old's mother is pregnant, should her potential "silence" participation in the abuse be investigated (2 marks)

Yes. she might be a victim or a perpetrator

1/ List the somatoform disorders

2/ Discuss one of the somatoform disorders

- 1/ - Somatization disorder
- Conversion disorder
- Hypochondriasis
- Body dysmorphic disorder
- Pain disorder
- Undifferentiated somatoform disorder
- Somatoform disorder NOS

2/ Conversion disorder

- Onset usually preceded/exacerbated by a psychological stressor (the 4 P's) although the pt may not connect the 2.
- Pts are surprisingly calm & unconcerned (la belle indifférence) when describing their symptoms
- Eg neurological symptoms: blindness, paralysis, paraesthesia
- Diagnosis (DSM IV criteria)

- * At least 1 neurological symptom

- Psychological factors assoc. with initiation or exacerbation of symptoms

- * Not intentionally feigned or produced (unconscious)

- Cannot be explained by a GMC or substance use.

- Causes significant distress or impairment in social or occupational functioning or warrants medical evaluation

- Not ltd to pain or sexual dysfunction & not better accounted for by a different mental disorder.

- Common symptoms: shifting paralysis, blindness, mutism, paraesthesia, seizures, globus hystericus (sensation of a lump in the throat)

- Epidemiology

- Woman > Man

- Onset @ any age, but most often in adolescence/early adulthood

- High incidence of comorbid schizophrenia, MDD or anxiety disorder

- Tx & prognosis

- Tx may include insight-oriented psychotherapy, hypnosis or relaxation therapy if needed. Most pts recover spontaneously

- Symptoms may be brief or last several wks or longer. 25% will eventually have future episodes, esp. during times of stress

PSYCHIATRY QM

Alcohol & Substance Related Disorders

1. List the alcohol related psychiatric disorders (10m)

A. Alcohol Use Disorders:

- (i) Alcohol dependence
- (ii) Alcohol abuse

B. Alcohol-Induced Disorders:

- (i) Alcohol intoxication
- (ii) Alcohol intoxication delirium
- (iii) Alcohol withdrawal
- (iv) Alcohol withdrawal delirium
- (v) Alcohol induced persistent dementia
- (vi) Alcohol induced psychotic disorder with delirium
- (vii) Alcohol induced psychotic disorder with hallucination
- (viii) Alcohol induced mood disorder
- (ix) Alcohol induced anxiety disorder
- (x) Alcohol induced sexual dysfunction
- (xi) Alcohol-related disorder not otherwise specified

2. Describe the management of a patient with alcohol withdrawal delirium giving reasons for various measures taken (15m)

- Delirium tremens (DT) is the most severe form of ethanol withdrawal manifested by:

- ✓ Global Confusion (profound) - Hallmark of DT
- ✓ Autonomic hyperactivity (ie) Tachycardia, hypertension
- ✓ Agitation & disorientation
- ✓ Hallucination
- ✓ Fever & diaphoresis

- DT occurs 3-10 days after alcohol withdrawal (after the last drink)

FYI

Alcohol withdrawal syndrome is divided into 4 categories:

- a) Minor withdrawal - Within 6-24hrs from last drink
- b) Major " - Within 10-72hrs " " "
- c) Withdrawal seizures - within 6-48hrs " " "
- d) Delirium tremens - 3-10 days " " "

S/Sx

Minor withdrawal = Anxiety, nausea, vomiting, tremor and insomnia

Major " = Visual & auditory hallucinations, whole body tremor, vomiting, diaphoresis & hypertension

Withdrawal seizures = Generalized & brief. Can be the first sign of alcohol withdrawal

- ✓ Occur once or recur only once/twice then resolve spontaneously.
- ✓ 30-40% of patients progress to DT.

Delirium Tremens Management

I. ABCs:

- ✓ Airway - Make sure it's patent.
- Intubation may be necessary when large doses of sedatives are administered in order to control the symptoms.
- ✓ Breathing - Supplement O₂ when necessary, SpO₂ < 90%.
- ✓ Circulation - Rehydrate with IV fluids as most patients with alcohol withdrawal are dehydrated.
- Fluid requirements range from 4-10L in the first 24hrs.

2. Admit to ... HDU/ICU (depends on severity)
3. Aspirin - precaution: keep in recovery position (left lateral decubitus)
4. IV Thiamine 100-250mg daily for 3 days in order to prevent Wernicke encephalopathy (Confusion, ataxia, ophthalmoplegia)
 - ✓ If patient is hypoglycemic, can then administer 50ml of 50% dextrose after starting thiamine
 - ✓ To prevent hypoglycemia in a euglycemic patient, use 5% dextrose in Normal saline (DNS) as the hydration fluid.

5. Benzodiazepines = are the drug of choice Eg. Diazepam, lorazepam or chloridiazepoxide
 - ✓ Intermittent IV bolus doses are used & titrated according to the Riker Sedation Agitation Scale (RSAS).
 - ✓ If refractory to benzodiazepines, barbiturates eg. phenobarb can be added.

6. Others - Supplementations of:
 - ✓ Magnesium sulfate
 - ✓ Folate 1mg Qday IV/PO
 - ✓ Multivitamin QdayDue to dietary deficiency

3. Outline the DSM IV Features of Drug/Alcohol dependence (7m)

i) Tolerance

- Person requires an increasing amount of alcohol to produce the same effect

ii) Withdrawal Syndrome

- Person develops symptoms when they've not taken alcohol.

iii) Primacy

- Alcohol takes priority over other activities including employment, business, family etc

iv) Stereotyped pattern of use

- There's a regular pattern of use of the drug to avoid withdrawal syndrome eg. withdrawal tremors

v) Relief Drinking

- The person takes alcohol to relieve the withdrawal symptoms.

vi) Reinstatement after period of abstinence

- There's a quick re-establishment of full drinking once the person resumes drinking.

vii) Substance Use

- Continued use despite knowledge of having persistent or recurrent physical or psychological complications.

4. List the medical complications of alcoholism

Short Term

- Alcohol poisoning
- Sexually transmitted infections (2° reckless behavior)
- Accidents & Injuries

Long Term

- Liver disease eg. Alcoholic liver dx (ALD), Cirrhosis etc
- Heart disease eg. DCM
- Pancreatitis
- Malignancies eg. Mouth, esophageal, stomach etc

1. Define Cognitive Behaviour Therapy

A type of psychotherapy based on theories of pathological processing in mental disorders.

What you think, and what you do affects how you feel. Focus is to challenge distorted cognition and offer solutions to change destructive patterns of behaviour.

relieve

2. List 7 cognitive distortions - ways the mind convinces us of something that isn't really true. They reinforce negative thoughts and feelings.

1. Magnification - making a mountain out of a molehill. Blowing things out of proportion. That lecturer didn't smile or nod during long case. I have failed.
2. Overgeneralisation - making conclusions based on a single event. Pale first year. "I have failed my first ^{Anatomy} RAT (PAT). I will never be a doctor."
3. Arbitrary inference - drawing conclusions when there's little or no evidence. "Why are they smiling? They must be mocking me."
4. Minimisation - downplaying importance of a positive event or thought. "Wow I got 80! Anyway, I just got lucky. I'm still a dumb."
5. Selective abstraction - Drawing conclusions based on just one element of a situation. e.g. discounting all your achievements, focusing on that one time you got 40% in a category.
6. Personalization - Attributing responsibility for events not under one's control. e.g. Parents separated; it's my fault, I'm a bad child.
7. Jumping to conclusions - mind reading: you think someone will react in a particular way, or thinking things that they aren't even thinking.
8. All or nothing thinking - All good or all bad. e.g. Alcoholic trying to quit, one day has a drink - decides that they have failed at their attempts to stay sober, decide they can never quit. It's just impossible. Instead of acknowledging the effort, and the several days/weeks they remained sober.

3. 4 ways anxiety is maintained!

Similar

1. Mental filter. Pick out single negative detail and obsess about it.

The obsession (focus on the negative details) makes them more anxious. e.g. focus is to challenge distorted cognition and to change destructive patterns of behaviour.

2. Selective abstraction.

They go to a party, have a good time, later think of that one person who gave them odd looks, forgetting all the smiles. Become anxious about social interactions.

3. Labelling. Attaching a label to yourself after a negative experience.

Believe what they feel is what they are. e.g. after the party about "I'm an awkward person". Keep feeding off this statement, become more anxious and awkward. This is also known as emotional reasoning.

4. Catastrophizing. Will go to that party, be awkward, everyone will laugh at me, no one will ever want to be my friend, I'll die alone and lonely.

(aka Blowing things out of proportion) aka Magnifying

5. Jumping to conclusions, aka mind reading.

Conclude others are thinking negative things about them, treat this as the facts. Self-conscious and anxious, that people are observing them, judging them, mocking them.