



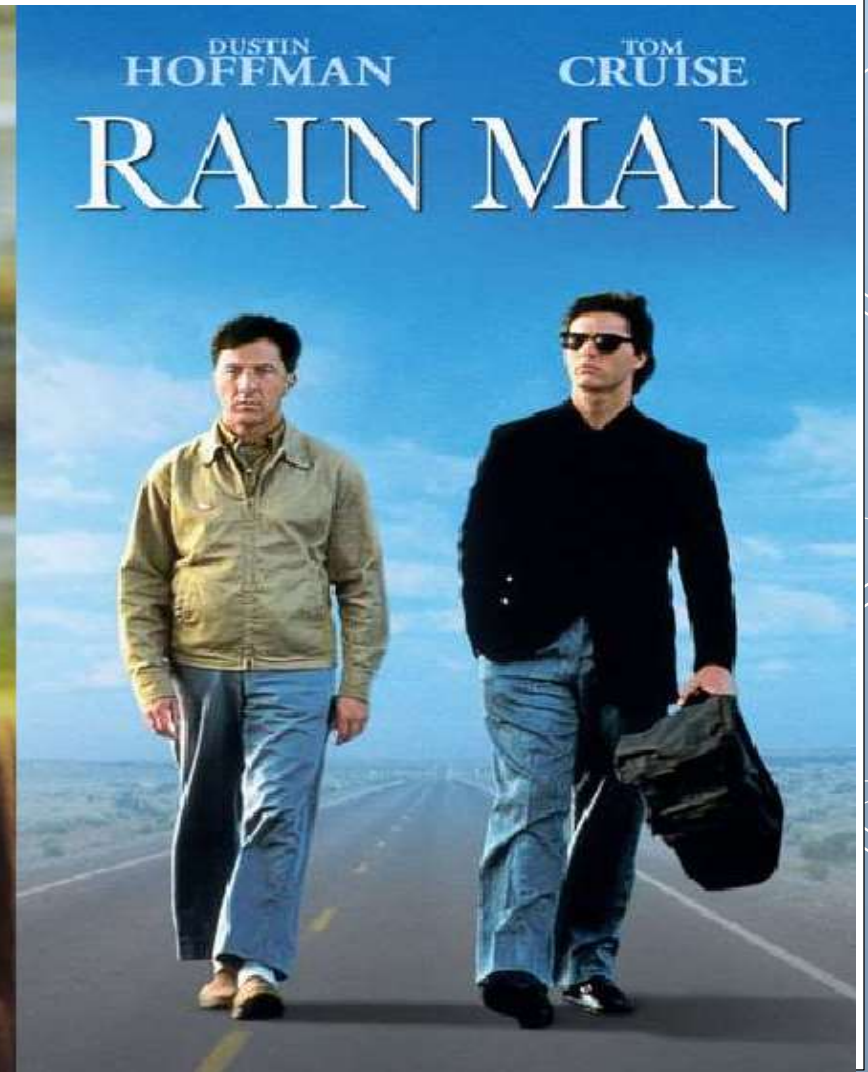
INTRODUCTION TO PSYCHIATRY

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Introduction by Bollywood...



Introduction by Hollywood...



Introduction by a Psychiatrist...

- ▮ Definitions
- ▮ History
- ▮ Famous Personalities
- ▮ Phenomenology
- ▮ Nosology
- ▮ Sub-Specialties

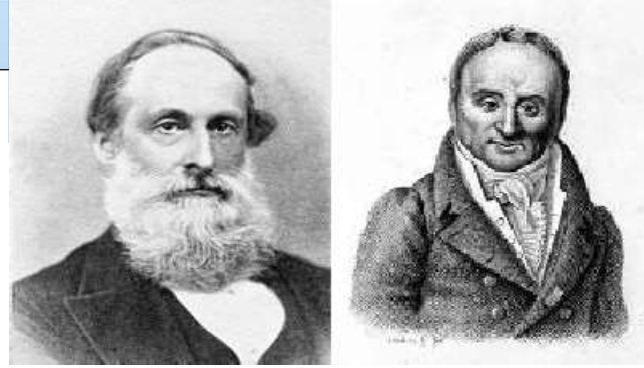
Definitions

- ▮ Psychiatry- It is a branch of medicine dealing with mental disorder and its treatment. The term given by **JOHANN CHRISTIAN REIL** a German physician IN 1808.
- ▮ `Psych` - soul or mind
- ▮ `Iatros` - healer
- ▮ Psychology- It is a science that investigates behaviour, experience, and normal functioning of the mind
- ▮ Psychotherapy- the treatment of psychological issues by non-physical means
- ▮ Psychoanalysis- a particular sort of psychotherapy, or means of exploring the unconscious mind

History

- ▮ 5th century- Mental disorders were considered supernatural in origin.
- ▮ Religious leaders often turned to versions of exorcism to treat mental disorders.
- ▮ Specialist hospitals were built in Baghdad, Fes, Cairo & Bethlem Royal Hospital in London in medieval Europe to treat mental disorders.
- ▮ These institutions were used only as **custodial care** and did not provide any type of treatment.

History



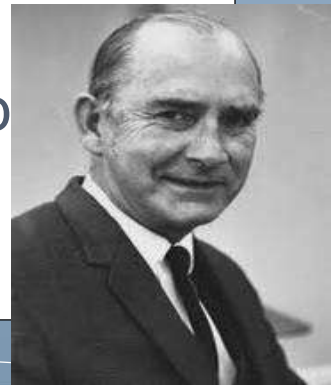
- ▮ Enlightenment age (1620-1780)- attitudes towards the mentally ill began to change. It came to be viewed as a disorder that required compassionate treatment.
- ▮ William Battie- wrote his '**Treatise on Madness**' on the management of mental disorder, which was a critique aimed at the Bethlem Hospital.
- ▮ Moral treatment- **Philippe Pinel & William Tuke**.
- ▮ Pinel allowed patients to move freely about the hospital grounds, and eventually dark dungeons were replaced with sunny, well-ventilated rooms.

History

- ▮ In UK, the **Lunacy Act 1845** was an important landmark in the treatment of the mentally ill, it explicitly changed the status of mentally ill people.
- ▮ All asylums were required to have written regulations and to have a resident qualified physician.
- ▮ Early 1800s- advances were made in the diagnosis of mental illness by broadening the category of mental disease.
- ▮ 20th century- introduced a new psychiatry into the world, with different perspectives of looking at mental disorders.

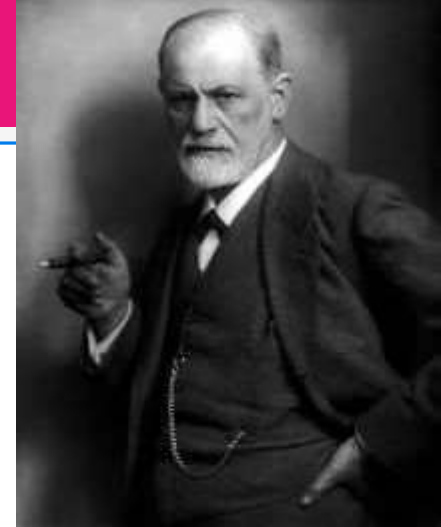
History

- ▮ **Emil Kraepelin**- ideas behind biological psychiatry, stating that the different mental disorders are all biological in nature.
- ▮ Sigmund Freud's pioneering work on psychoanalytic theory.
- ▮ Psychopharmacology became an integral part of psychiatry starting with **Otto Loewi's** discovery of the neuromodulatory properties of ACh.
- ▮ The discovery of **chlorpromazine's** effectiveness in treating schizophrenia revolutionized the treatment, as did **lithium carbonate's** ability to stabilize mood highs and lows in bpad.



Sigmund Freud

- ▮ Neurologist
- ▮ Contributions-
 - ❖ Human nature
 - ❖ Instincts (eros, thanatos)
 - ❖ Personality theories (structural, topographical)
 - ❖ Ego Defence mechanisms
 - ❖ Psycho-Sexual stages of development
- ▮ **Father of Psychoanalysis**
- ▮ Books- Interpretation of dreams
- ▮ Died of cancer of jaw & mouth.



Anna Freud

- ▮ Daughter of Sigmund Freud
- ▮ Contributions-
 - ❖ Ego defence mechanisms
 - ❖ Development of modern ego psychology
 - ❖ Child psychoanalysis
- ▮ Books- introduction to technique of child analysis, Ego & mechanisms of defence, normality & pathology in childhood.



Jean Piaget

- ▮ Renowned child psychologist
- ▮ Contributions-
 - ▮ Cognitive stages of development
- ▮ Books- psychology of intelligence, child's conception of the world, moral judgement of child.



Others...

- ▮ Father of modern Psychiatry- Johann Weyer
- ▮ Coined the term Psychiatry- Johann christian reil
- ▮ Moral treatment of mentally ill- Philippe pinel





English: Drop your weapons in the field and run away.

Kiliki: Nim *kle gadeetvoo *tta corota-jra revy... fuhoo *kle.

(* denotes the click sound for either plural or possessive, as per the context)

English: He should be alive.

Kiliki: Ta beet-gruvool dunkra.

English: Is it true?

Kiliki: Loursha-quay?

Psychiatry also has its language...

Phenomenology

- ▮ Description of nature of inner life of the patient.
- ▮ **Delusion**- A false unshakable belief which arises from internal morbid processes. It is easily recognized when it is not keeping with the person's educational & cultural context.
- ▮ **Hallucination**- A perception without an object.
- ▮ **Illusion**- Misinterpretation of stimuli arising from an external object.

Delusions- Types

- ▮ **Persecution**- person believes that people are trying to conspire against him.
- ▮ **Infidelity**- person becomes convinced of spouse's infidelity.
- ▮ **Love** (Erotomania)- person is convinced that some person is in love with him/her.
- ▮ **Grandiose**- person is convinced that he is the president of India or acquired property of bill gates etc.,
- ▮ **Nihilistic** - person denies the existence of his/her body or mind or world around.

Hallucinations- Types

- ▮ Auditory- elementary, second/third person.
- ▮ Visual
- ▮ Olfactory- smell
- ▮ Gustatory- taste
- ▮ Tactile- touch
- ▮ Visceral- deep sensation
- ▮ Hypnagogic & Hypnopompic- occur when person is falling/waking from sleep.

Phenomenology

- ▮ **Emotion**- A stirred up physiological state as a response to an event.
- ▮ **Mood**- Pervasive & sustained emotion that colours the person's perception of the world.
- ▮ **Euthymia**- normal range of mood, implying absence of depressed or elevated mood.
- ▮ **Elevated mood**- A mood more cheerful than normal but not necessarily pathological.
- ▮ **Ecstasy**- Intense sense of rapture or blissfulness.

Phenomenology

- ▮ **Thought Insertion/ Withdrawal/ Broadcasting**- Abnormalities of thought, where person feels thoughts being inserted into mind/ removed/ everyone is thinking along with him.
- ▮ **Made Feeling/ Impulses/ Acts**- Person experience that feelings/ impulses/ actions are not his own, they have been imposed upon.
- ▮ **Obsession**- Involuntary, ego-dystonic, recurrent, irrational, thoughts that cannot be eliminated from consciousness.
- ▮ **Compulsion**- obsessional motor acts.

Phenomenology

- ▮ **Fear**- unpleasant affective state in response to a realistic threat.
- ▮ **Anxiety**- unpleasant affective state with the expectation but not the certainty of something untoward happening.
- ▮ **Panic**- acute, intense, overwhelming attack of anxiety accompanied by feelings of impending doom & autonomic arousal symptoms.
- ▮ **Phobia**- persistent, pathological, unrealistic, intense fear of an object/ situation.

Phenomenology

- ▮ **Deja vu**- over familiarity of places or events.
- ▮ **Jamais vu**- less familiarity with places or events already known or occurred.
- ▮ **Confabulation**- falsification of memory occurring in clear consciousness.
- ▮ **Insight**- one's ability to understand oneself or external situation.

Nosology

- ▮ Science of classification of diseases.
- ▮ Classification- process of putting things into groups based on ways that they are alike.
- ▮ “Diagnosis and classification are means of viewing the world” (Sartorius,N.1988).

Classification in Psychiatry...

- ▮ Classification ideally must be based on aetiology → but do we know the aetiology???
- ▮ Until we know the cause of the various mental illnesses → what to do???
- ▮ So a Pragmatic/ Practical approach to classification is being followed.

Earlier Classifications

- ▮ Initial classification → due to disease of the brain or those with no such basis, i.e. organic & functional.
- ▮ As knowledge of neurobiological processes is increasing, their original meaning is being lost.
- ▮ These categories of classification (i.e. organic versus functional) are becoming absurd now!!!...

Organic syndromes

- ▮ Classified into acute, sub-acute & chronic.
- ▮ Most common feature is alteration in consciousness. It includes delirium.
- ▮ It also includes substance use disorders due to use of alcohol, cannabis, opium etc.,
- ▮ Chronic organic states include various dementias, generalized and focal, as well as amnestic disorders.
- ▮ In modern classification they find their place in F00 to F19.

Functional syndromes

- ▮ Refers to those syndromes where there is no apparent coarse brain disease.
- ▮ Although increasingly it is recognized that some finer variety of brain disease may exist, often at a cellular level.
- ▮ It was customary to divide these functional disorders into neurosis and psychosis.

Functional disorders

Neurosis

- ▮ Believed to have insight into their illness.
- ▮ Only a part of their personality involved in the disorder.
- ▮ Intact reality testing.

Psychosis

- ▮ Believed to lack insight into their illness.
- ▮ Whole of the personality is distorted.
- ▮ A false environment is constructed out of their distorted subjective experience.

Neurosis

- ▮ Neurosis- difficult to define, broad, more info conveyed if specific diagnosis used.
- ▮ Used as aetiological meaning in psychodynamic writings.
- ▮ Not in used DSM 4.
- ▮ Retained in ICD-10 under “neurotic stress related somatoform disorders”.
- ▮ Used as non precise term.

Psychosis

- ▮ Was used in ICD-9.
- ▮ Psychosis- little use in classifying disorders.
- ▮ Difficult to define, broad category.
- ▮ Used in ICD-10 under “acute & transient psychotic disorders”.
- ▮ Used in DSM-4 “Psychotic disorders NOS”.

Neurotic v/s Psychotic

- ▮ Oversimplification !!!...
- ▮ Many individuals with neurotic conditions have
 - ▮ No insight,
 - ▮ Far from accepting their illness &
 - ▮ May minimise or deny it totally.
- ▮ While people with schizophrenia may seek help willingly during or before episodes of relapse.
- ▮ Moreover, personality
 - ▮ Can be changed significantly by non-psychotic disorders such as depressive illness,
 - ▮ It may be intact in some people with psychotic disorders such as persistent delusional disorder.

Modern classificatory systems

- ▮ ICD -10- International Classification of Diseases– Clinical descriptions and diagnostic guidelines
- ▮ DSM-4-TR- Diagnostic and Statistical Manual of Mental Disorders - 4th edition, Text Revision
- ▮ DSM 5- 5Th edition of the text.

ICD

VERSION	YEAR	VERSION	YEAR
ICD 1	1900	ICD 6	1949
ICD 2	1910	ICD 7	1958
ICD 3	1921	ICD 8A	1968
ICD 4	1930	ICD 9	1979
ICD 5	1939	ICD 10	1999
		ICD 11	2015

ICD-10 Chapter 5

- ▮ Different versions-
 - ▮ Clinical descriptions & diagnostic guidelines
 - ▮ Diagnostic criteria for research (DCR)
 - ▮ Primary Care version
 - ▮ Multi-axial system
- ▮ Chapter 5, F category (mental disorder).
- ▮ New alphanumeric format-more categories.
- ▮ Descriptive classification.
- ▮ Groupings based on presumed aetiology e.g. organic, non-organic psychotic etc.,

ICD- multi axial diagnosis

- ▮ **Axis I** - Clinical diagnoses, both mental and general medical disorders, personality disorders & Mental retardation.
- ▮ **Axis II** - Disablements, this axis appraises the consequences of illness in terms of impairment in the performance of basic social roles.
- ▮ **Axis III** - Contextual Factors, portrays the context of illness in terms of several ecological domains.

ICD-10 v/s DSM 5

- ▣ ICD-10: 1992
- ▣ International-WHO
- ▣ Different criteria for clinical & research
- ▣ All languages
- ▣ Separate multi-axial
- ▣ Not include social factors (international)
- ▣ Part of general classification
- ▣ Alpha numerical classification (F19, F25 etc..)
- ▣ DSM 5: 2013
- ▣ APA
- ▣ One version
- ▣ English
- ▣ No multi axial
- ▣ Includes social factors (national)
- ▣ Only mental disorders
- ▣ Alpha Numerical classification.

F00-F09: Organic, including symptomatic, mental disorders.

- ▮ Group consists of diseases with demonstrable aetiology in cerebral disease, brain injury, or other insult leading to cerebral dysfunction
- ▮ Includes-
 - ▮ Dementias- Alzheimer's, Vascular, CJD, Pick's
 - ▮ Delirium
 - ▮ Organic brain dis due to brain damage/ dysfunction.
 - ▮ Personality & Behavioural dis due to brain damage.

F10-F19: Mental & behavioural disorders due to psychoactive substance use.

- ▣ Group consists of wide variety of disorders that differ in severity, but that are all attributable to the use of one or more psychoactive substances.
- ▣ Includes- Alcohol, Opioids, Cannabinoids, Cocaine, Tobacco...
- ▣ Disorders associated with the use of these substances psychosis, mood disorders, anxiety disorders...

F20-F29: Schizophrenia, schizotypal and delusional disorders.

- ▮ They are a heterogeneous & poorly understood collection of disorders.
- ▮ Schizophrenia is the commonest and most important disorder of this group.
- ▮ Others-
 - ▮ Schizotypal disorder
 - ▮ Delusional disorders
 - ▮ Acute and transient psychotic disorders
 - ▮ Schizoaffective disorders

F30-F39: Mood [affective] disorders.

- ▮ Fundamental disturbance is a change in mood or affect, usually to depression or to elation. It is normally accompanied by a change in the overall level of activity.
- ▮ They tend to be recurrent & onset is usually related to a stressful event.
- ▮ Includes-
 - ▮ Manic/ Hypomanic/ Depressive episode
 - ▮ Bipolar Affective disorder
 - ▮ Recurrent depressive disorder

F40-F48: Neurotic, stress-related and somatoform disorders.

- ▮ Group exists because of historical association with the concept of neurosis and the association of a substantial proportion of these disorders with psychological causation.
- ▮ Includes-
 - ▮ Phobias
 - ▮ Panic
 - ▮ Obsessive Compulsive disorder
 - ▮ Adjustment disorder
 - ▮ Dissociative disorder
 - ▮ Somatoform disorder

F50-F59: Behavioural syndromes associated with physiological disturbances & physical factors.

- ▮ Group consists of heterogeneous disorders which cannot be placed under separate headings.
- ▮ Includes-
 - ▮ Eating disorders- Anorexia, Bulimia
 - ▮ Sleep disorders
 - ▮ Sexual dysfunctions
 - ▮ Disorders during Puerperium

F60-F69: Disorders of adult personality and behaviour.

- ▮ Group includes variety of clinically significant conditions & behaviour patterns which tend to be persistent and are the expression of an individual's characteristic lifestyle.
- ▮ Includes-
 - ▮ Personality disorders
 - ▮ Habit & Impulse disorders
 - ▮ Gender identity disorders
 - ▮ Disorders of sexual preference

F70-F79: Mental retardation.

- ▮ It is a condition of arrested or incomplete development of the mind, which is characterized by impairment of skills.
- ▮ Includes- based on the IQ
 - ▮ Mild (50-70)
 - ▮ Moderate (35-49)
 - ▮ Severe (20-34)
 - ▮ Profound (<20)

F80-F89: Disorders of psychological development.

- ▮ Common features are-
 - ▮ Onset in infancy or childhood,
 - ▮ Impairment or delay in the development of functions that are related to biological maturation of the CNS,
 - ▮ Steady course
- ▮ Includes-
 - ▮ Specific learning disability
 - ▮ Autism spectrum disorder

F90-F98: Behavioural & emotional disorders with onset in childhood & adolescence.

▮ Includes-

- ▮ Hyperkinetic disorders
- ▮ Conduct disorders
- ▮ Emotional disorders
- ▮ Tic disorders
- ▮ Enuresis, Encopresis

Sub-Specialties

- ▮ **Addiction psychiatry**- Evaluation and treatment of individuals with alcohol, drug, or other substance-related disorders.
- ▮ **Biological psychiatry**- Approach to psychiatry that aims to understand mental disorders in terms of the biological function of the nervous system.
- ▮ **Child and adolescent psychiatry**- Branch of psychiatry that specializes in work with children, teenagers, and their families.
- ▮ **Community psychiatry**- An approach that reflects an inclusive public health perspective.

Sub-Specialties

- ▮ **Forensic psychiatry**- Interface between law and psychiatry.
- ▮ **Geriatric psychiatry**- Branch of psychiatry dealing with the study, prevention, and treatment of mental disorders in old age.
- ▮ **Liaison psychiatry**- Branch of psychiatry that specializes in the interface between other medical specialties and psychiatry.
- ▮ **Military psychiatry**- Covers special aspects of psychiatry and mental disorders within the military context.



Thank you