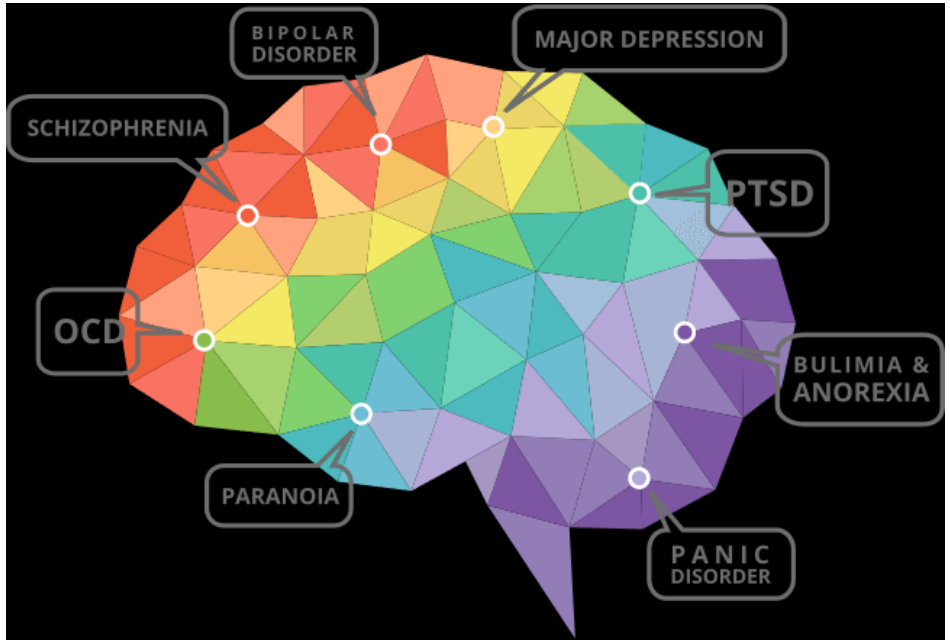
Mental disorders



Classification of Mental Disorders

What are mental disorders?

- Mental disorders (or mental illnesses) are conditions that affect your thinking, feeling, mood, and behaviour. They may be occasional or long-lasting (chronic). They can affect your ability to relate to others and function each day.

Classification of mental diseases:

- Neuroses, psychoses (schizophrenia), affective disorders, personality disorders. Formerly called psychopathy.
- According to the latest revision of the International Classification of Diseases (ICD-10), ***neuroses are listed as neurotic disorders, stress-induced disorders and somatoform disorders.***
- These are various disorders that have several common features. There are currently ***two widely established systems that classify mental disorders:***
- **ICD-10** Chapter V: Mental and behavioural disorders, since 1949 part of the International Classification of Diseases produced by the WHO,
- the Diagnostic and Statistical Manual of Mental Disorders (**DSM-5**) produced by the American Psychiatric Association (APA) since 1952.

International Statistical Classification of Diseases and Related Health Problems (ICD)

1 Organic, including symptomatic, mental disorders (F00–F09)

2 Mental and behavioural disorders due to psychoactive substance use (F10–F19)

3 Schizophrenia, schizotypal and delusional disorders (F20–F29)

4 Mood (affective) disorders (F30–F39)

5 Neurotic, stress-related and somatoform disorders (F40–F48)

6 Behavioural syndromes associated with physiological disturbances and physical factors (F50–F59)

7 Disorders of adult personality and behaviour (F60–F69)

8 Mental retardation (F70–F79)

9 Disorders of psychological development (F80–F89)

10 Behavioural and emotional disorders with onset usually occurring in childhood and adolescence (F90–F98)

11 Unspecified mental disorder (F99)

Table

ICD-10 coding structure and rules for psychiatric disorders

F00-F09 *Neurocognitive Disorders and Mental Disorders Associated with a General Medical Condition* • F00 Alzheimer dementia • F01 Vascular dementia • F05 Delirium, etc.
F10-F19 *Substance Use Related Disorders* A third digit denotes the substance
F20-F29 *Schizophrenia and Related Psychotic Disorders* • F20 Schizophrenia • F22 Delusional disorder • F25 Schizoaffective disorder
F30-39 *Major Mood Disorders* • F30 Initial manic episode • F31 Bipolar disorder • F32 Initial depressive episode • F33 Recurrent depressive disorder
F40-F49 *Anxiety, Stress-Related, Dissociative, and Somatoform Disorders* • F40 Phobic anxiety • F41 Other anxiety disorders • F42 Obsessive-compulsive disorder • F43 PTSD and adjustment disorders • F44 Dissociative disorders • F45 Somatoform disorders
F50-F59 *Eating and Sleep Disorders, and Sexual Dysfunction* • F50 Eating disorders • F51 Sleep disorders • F52 Sexual dysfunction
F60-F69 *Personality Disorders; Impulse-Control and "Habit" Disorders; Gender Identity and Sexual Preference Disorders* • F60.x Specific personality disorders with "x" denoting the type
F70-F79 *Intellectual Disability ("mental retardation")* • F70-F73 Mild, moderate, severe, and profound (respectively)
F80-F89 *Specific Learning Disabilities and Autism Spectrum Disorders* • F84 Autism spectrum disorder
F90-F99 *ADHD, Conduct Disorders, Childhood Anxiety Disorders, and Tic Disorders*

ADHD: attention-deficit/hyperactivity disorder; ICD-10: International Classification of Diseases, 10th revision; PTSD: posttraumatic stress disorder

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PSYCHOSIS VERSUS NEUROSIS

PSYCHOSIS	NEUROSIS
Psychosis is defined as a major personality disorder which disrupts one's emotional and mental aspects of life	Neurosis refers to a constant struggle between an individual's personality and his patterns of behavior in a stressful condition, often associated with physical and mental disturbances
Results in a complete alteration of the personality with a considerable impairment or loss of insight	Results in a partial change in the personality along with a mild loss of insight
Patients often lose their touch with the reality with an absolute distortion of it, but they may not realize that they are not well	Patients know that they have been affected by a certain illness, so only a small external support will help them to overcome their condition
Psychotics need medications like antipsychotics which mainly act on their behavior, thoughts, and emotions	Neurotics may only require counseling, behavioral therapy and supportive measures to control their symptoms

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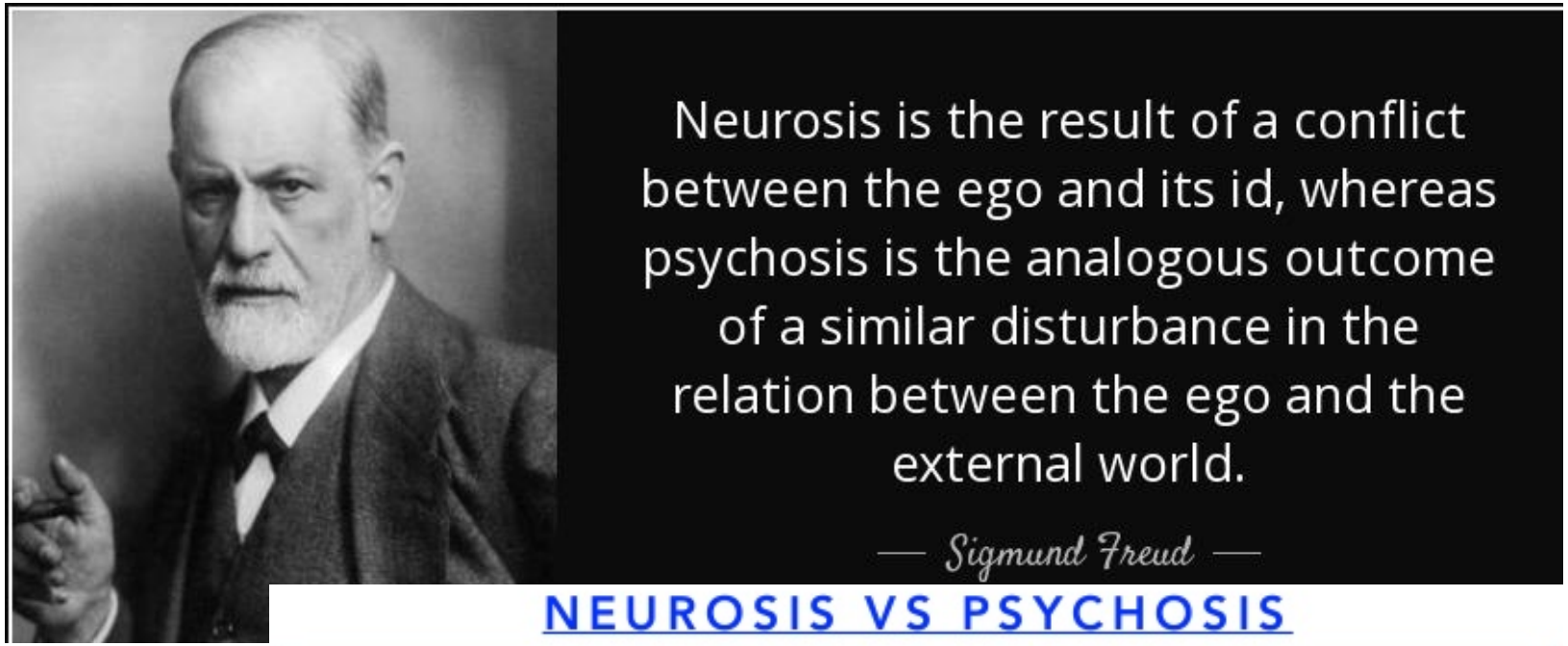
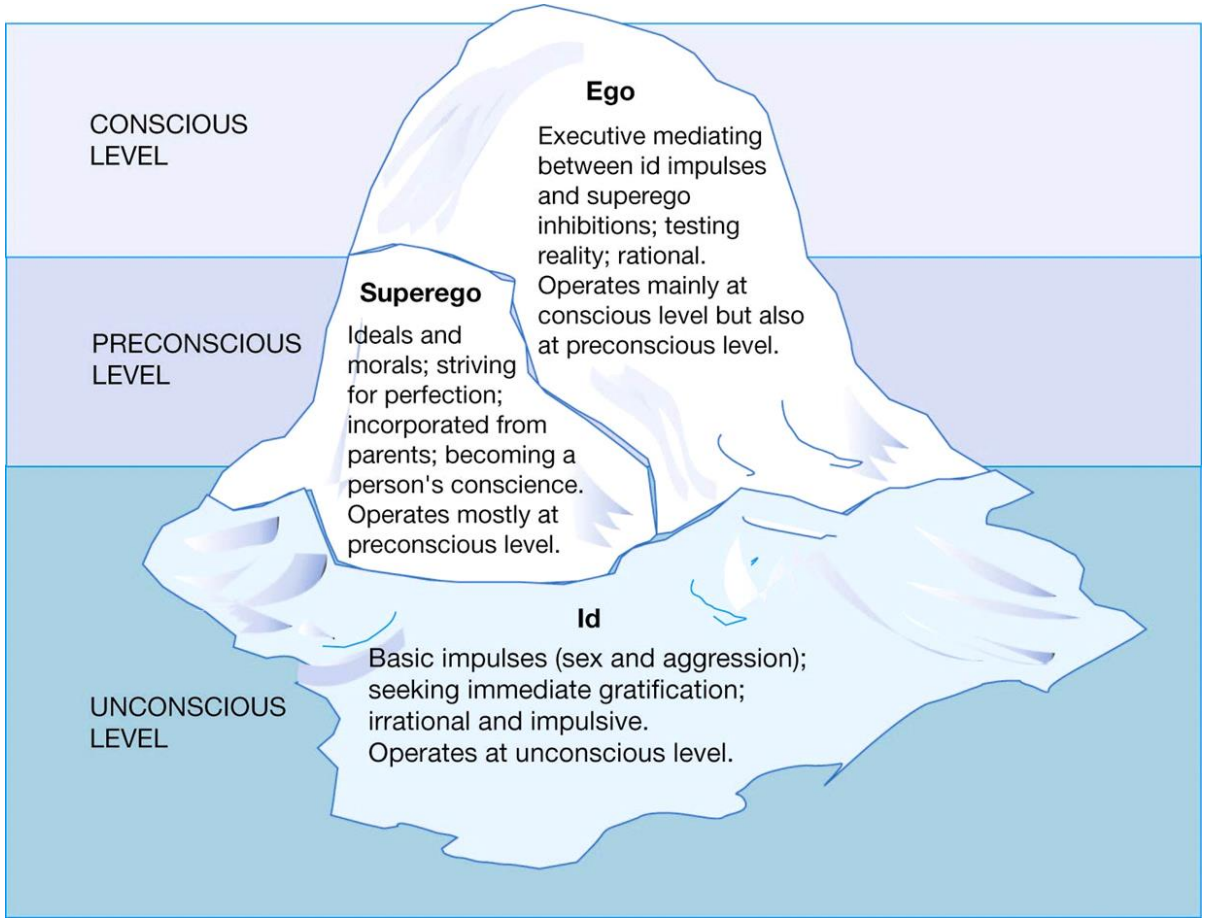


NEUROSIS VS PSYCHOSIS

Neurosis	Psychosis
Reality Testing Judgement Present	Reality Testing Judgement Absent
Personlaity Not Affected	Personality Is Affected
Insight Is Present	Insight Is Absent
Delusions Are Absent	Delusions Are Present
Hallucinations Are Absent	Hallucinations Are Present
No Disorganized Speech	Disorganized Speech Present
Disorganized Behaviour Absent	Disorganized Behaviour Present

Freud´s Theory



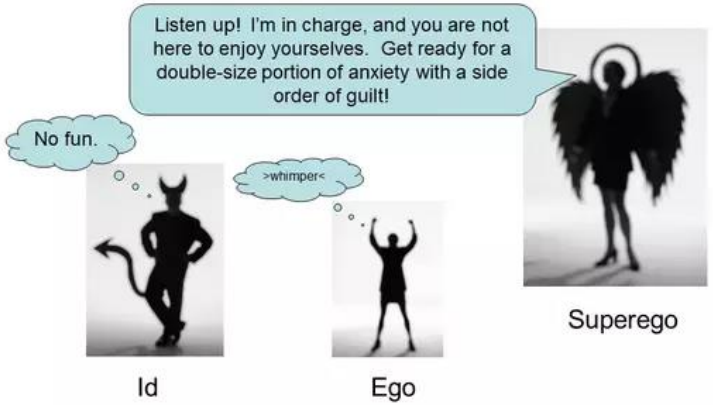
Id: Instincts

Ego: Reality

Superego: Morality

Healthy Psyche

Neurotic Psyche



Neuroses vs. Psychoses

- **Neuroses** - less severe mental disorders (anxiety, depressed moods).
- Affected everyday life, but the personality is relatively intact.
- The ability to recognize and adequately assess reality, a neurotics is aware of his/her illness and usually wants to recover.
- Neurotic symptoms - reminiscent of the defence mechanisms used by healthy people to cope with common life problems, but in neurotics these reactions to external stress are overly strong or last for a disproportionately long time.

Neurotic Disorders

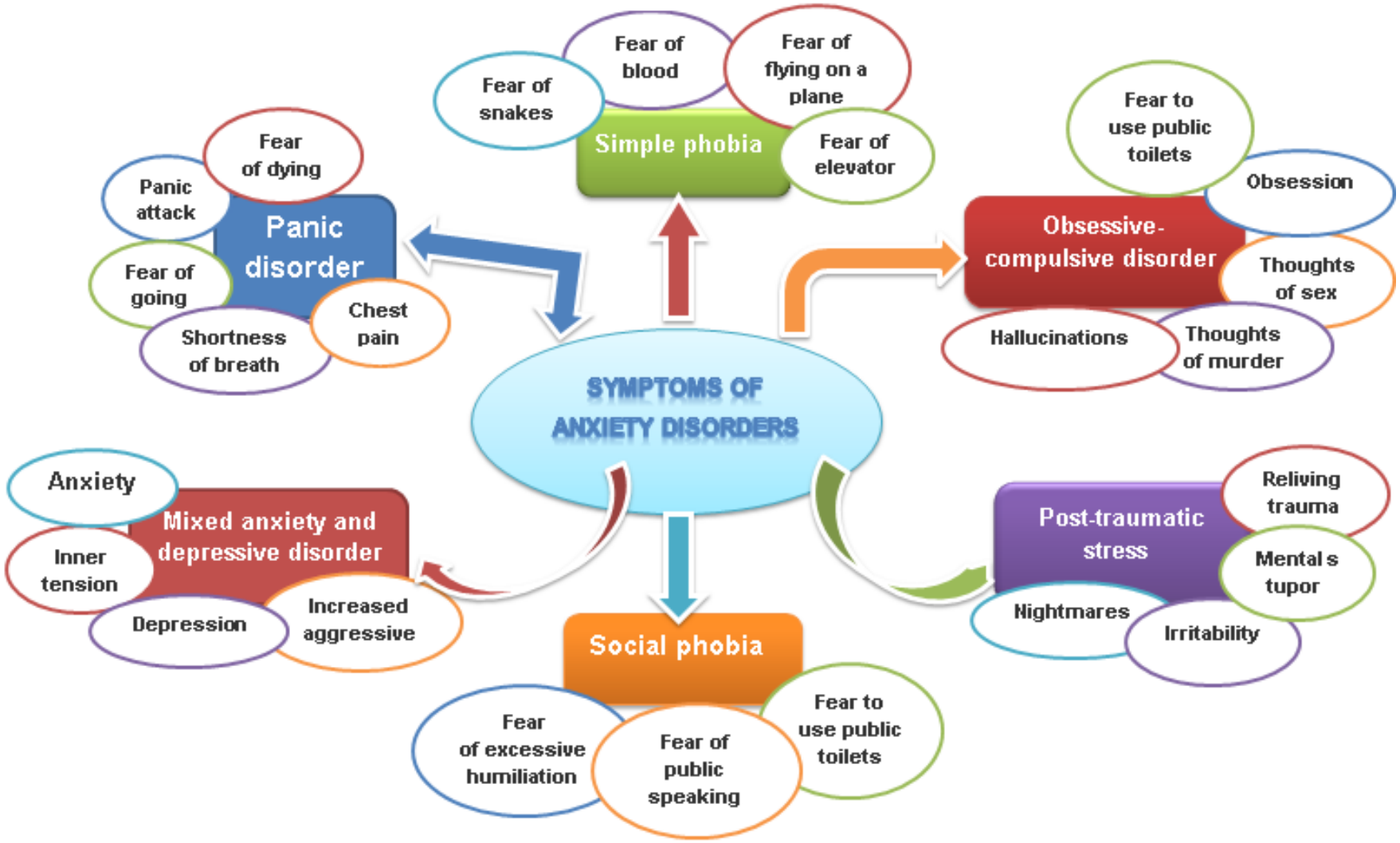
Common Signs of Neurotic Disorders

- Chronic ***excessive anxiety***;
- anxiety is ***accompanied by physical manifestations*** (sleep disorders, tremor, palpitations, fatigue, sweating);
- a ***high level of difficulty limits*** the client in different life roles (at work, in the family, in partnerships);
- a large share of the origin has the ***environment***;
- the client is aware of his/her ***disproportionate reactions*** but is unable to control them.

Types of Anxiety Disorders

- Generalized anxiety disorder
- Panic disorder
- Phobia
- Obsessive-compulsive disorder
- Dissociative Disorders (Conversion)
- Somatoform disorders
- Depersonalization and derealisation disorder
- Post-traumatic stress disorder

Symptoms of Anxiety Disorders



Neurotic Disorders

Occurrence

- Currently an increase, the incidence of 30-40%, more often in women.
- More accurate data only on individual cases, e.g. :
- specific phobia 15%, social phobia 14%,
- generalized anxiety disorder 8%,
- post-traumatic stress disorder 8%,
- agoraphobia 6%,
- obsessive compulsive disorder / behaviour (OCD) 5%.

Causes

- Mostly ***multifactorial***:
- partially ***inborn disposition***,
- high environmental impact - excessive punishment, child refusal, criticism, abuse, premature separation from parents (carers), frequent disruption between parents, problems in the child's collective;
- the trigger can then be ***long-term stress***, ***stressful life situations*** or ***excessive work demands***.

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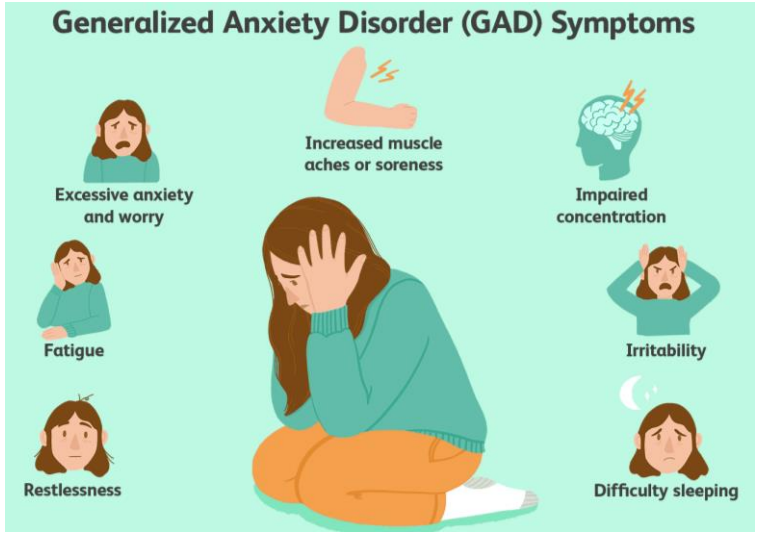
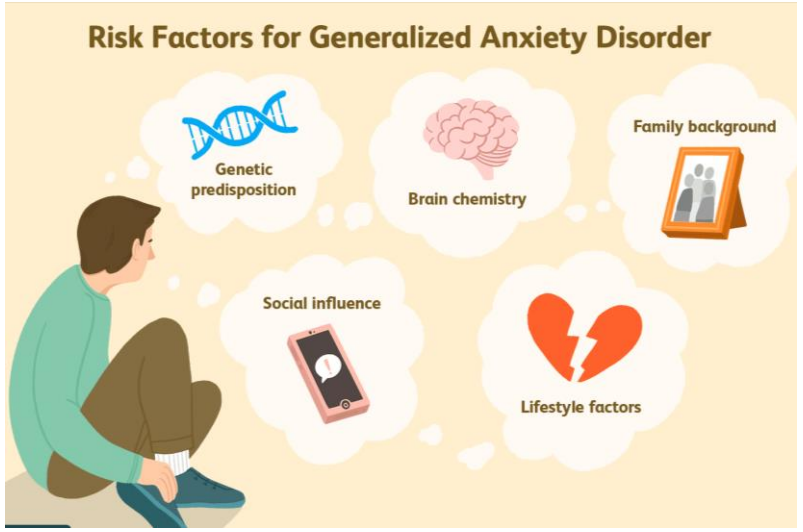
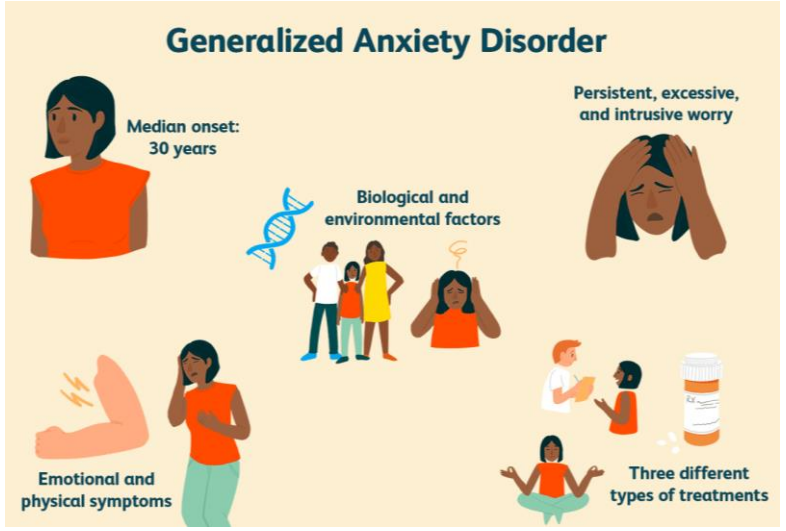
Generalised Anxiety Disorder (GAD)

- GAD may affect ***up to 5% of the general population***. The ***classical syndrome*** of generalised anxiety disorder ***involves*** both ***psychological and somatic symptoms***.
- ***Psychological symptoms*** include *free-floating anxiety* (i.e. anxiety not attached to any particular object or event) and a *fearful preoccupation with the future*.
- ***Somatic symptoms*** include *tachycardia, palpitations, essential tremor, muscular tension, hypertension, dizziness, sweating, hyperventilation, and epigastric discomfort*. Anxiety is often a presenting symptom of depressive illness, and it is sometimes difficult to disentangle the two.
- This may result in accented reactions (escape, crying explosion, inability to respond, etc.)







Phobias

- Defined as an ***excessive*** and somewhat ***irrational fear of some object or situation*** which is usually so disturbing that ***it leads to avoidance of that object or situation*** (avoidance behaviour). Avoiding the feared thing only makes further contact with it even more anxiety-provoking. ***About 8% of the general public have some kind of phobia.***
- Most people have fears of specific things like a fear of the dark or spiders, but rarely do these fears dominate their lives. When the fears become preoccupying and the individual takes special steps to avoid the feared thing (like a mother asking her son to read through all her magazines first to ensure that there are no pictures of spiders) then a minor fear becomes a specific phobia.
- Ninety per cent of sufferers are women.
- Psychological treatment is based on two principles: *reducing the anxiety associated with the feared object* and *practising exposure to the feared object or situation.*

Phobias

Agoraphobia

- ***A fear of the market place, of crowds***, of travelling on ***public transport***, and an avoidance of social situations and a marked tendency to stay at home, rarely, if ever, venturing outside. Three quarters of sufferers are women.
- Behavioural therapy can be very successful, based on exposing the patient to a graded hierarchy of situations ranging say, from a walk of ten yards away from the front door to a day out in town. Often the patient's partner can be enrolled as a co-therapist. Antidepressants, including MAOIs, may be particularly useful. Some patients may reluctant to give up their illness behaviour, because there may be considerable psychological rewards attached to it eg making the partner more attentive.

Social phobias

- These involve the ***fear of meeting people***, or the ***fear of behaving in an out of the ordinary way in company.*** Whereas the agoraphobic is frightened of people in the mass, ***the social phobic is also often afraid of one-to-one interactions with others***. Alcohol or benzodiazepines are often abused to reduce anxiety ahead of the event. Anticipatory anxiety impairs performance in the feared situation leading to a cycle of reduced confidence and increased anxiety before the next meeting and so on.

List of Most Common Phobias in The World

- **Arachnophobia** — The fear of spiders affects women four times more (48% women and 12% men).
- **Ophidiophobia** — The fear of snakes. Phobics avoid certain cities because they have more snakes.
- **Acrophobia** — The fear of heights. Five percent of the general population suffer from this phobia.
- **Agoraphobia** — The fear of open or crowded spaces. People with this fear often wont leave home.
- **Cynophobia** — The fear of dogs. This includes everything from small Poodles to large Great Danes.
- **Astraphobia** — The fear of thunder/lightning AKA Brontophobia, Tonitrophobia, Ceraunophobia.
- **Claustrophobia** — The fear of small spaces like elevators, small rooms and other enclosed spaces.
- **Mysophobia** — The fear of germs. It is also rightly termed as Germophobia or Bacterophobia,Trypophobia.
- **Aerophobia** — The fear of flying. 25 million Americans share a fear of flying.
- **Trypophobia** — The fear of holes is an unusual but pretty common phobia.

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The Four Major Specific Phobia Categories

Natural Environment

Astraphobia

Hydrophobia

Dendrophobia

Animals

Batrachophobia

Cynophobia

Equinophobia

Mutilation/Medical Treatment

Trypanophobia

Dentophobia

Hemophobia

Situations

Claustrophobia

Aerophobia

Glossophobia

Panic Disorder

- ***Anxiety is felt in*** separate recurrent bouts (***panic attacks***) in which somatic ***symptoms of palpitations and dizziness may predominate***. Sufferers often ***feel*** that ***they are about to die during an attack***.
- ***Depersonalisation*** and ***derealisation*** may ***accompany the attack***.
- The sufferer tends to avoid the places where such attacks have occurred in the past. Thus a series of panic attacks may precipitate agoraphobia. Sometimes sufferers overcome their fear by misusing alcohol or benzodiazepines.
- Organic causes for anxiety and panic disorders must be excluded. Thyrotoxicosis often presents with anxiety. Mitral valve prolapse and cardiac arrhythmias are also associated.
- Cognitive therapy has been shown to be of benefit in addition to the psychological and drug treatments.

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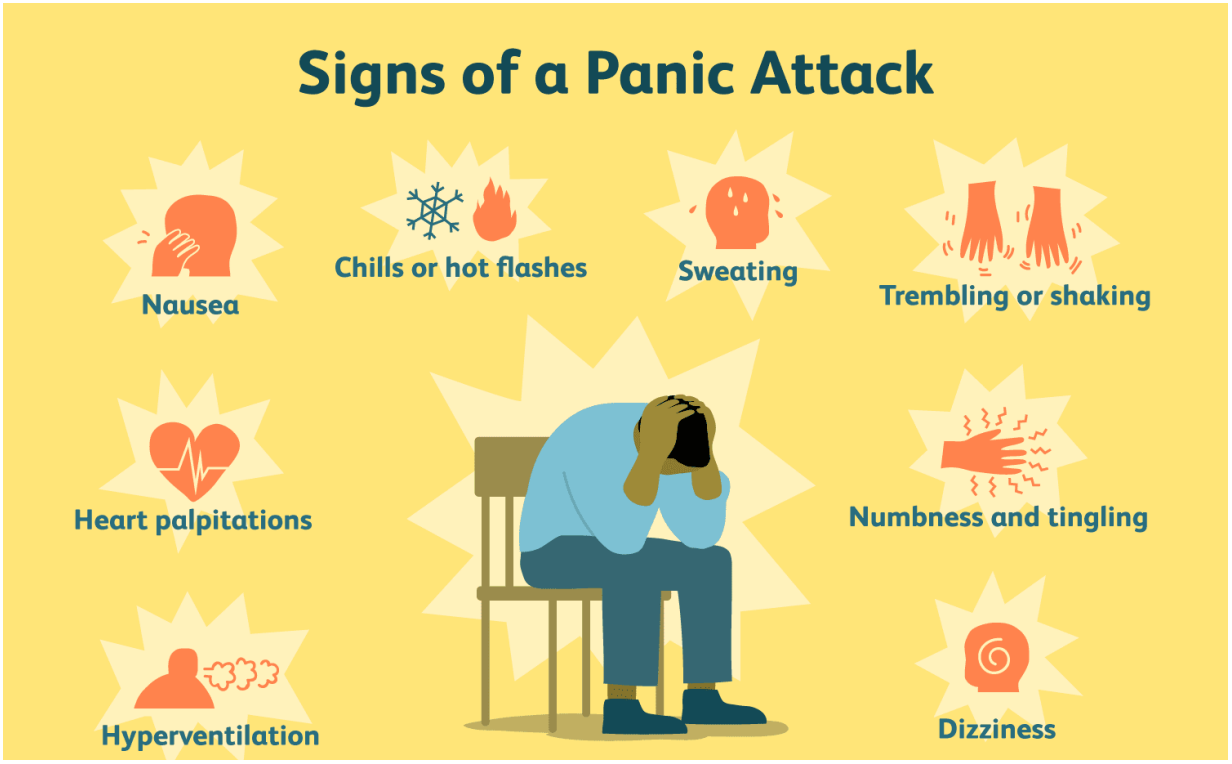
Panic Disorder

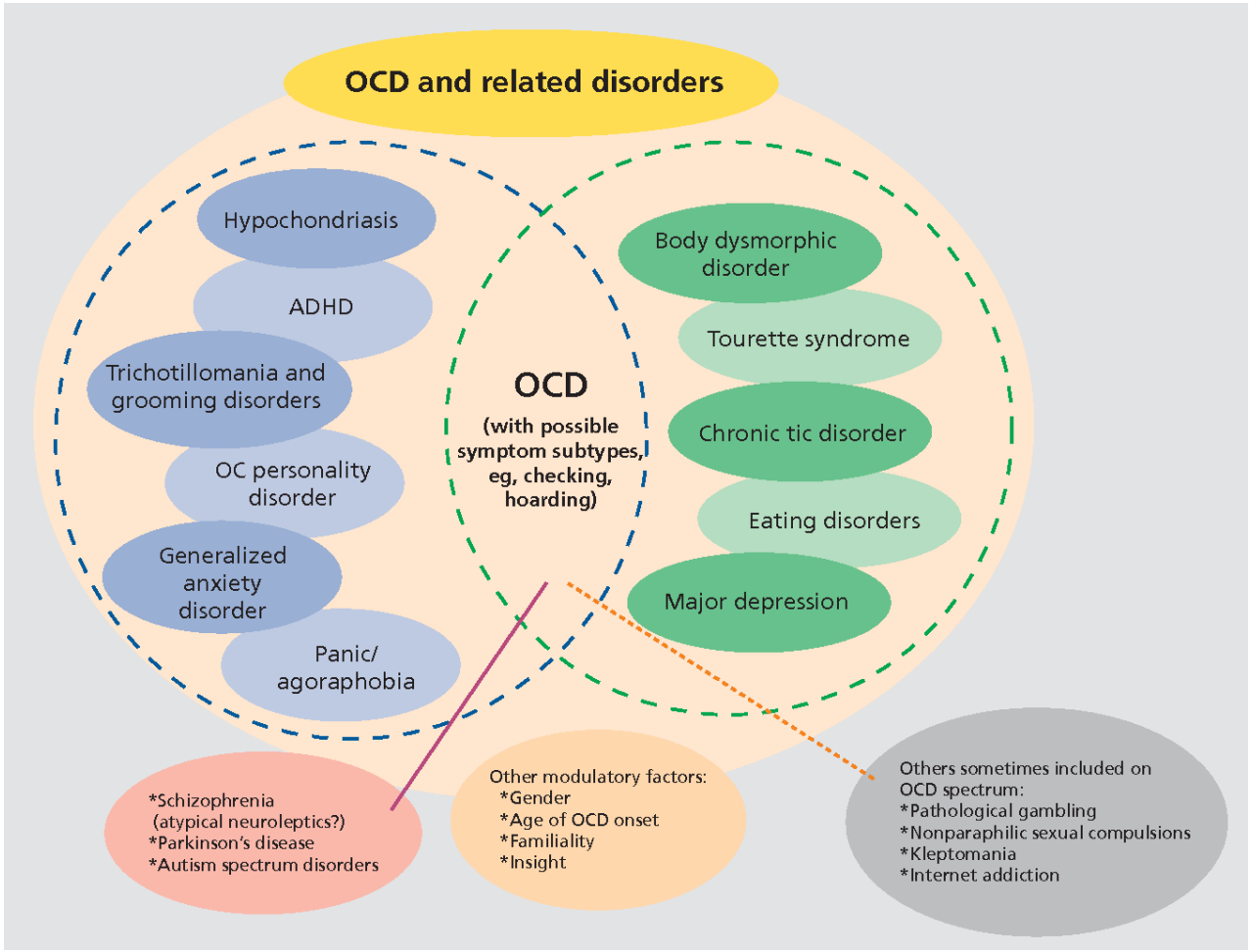


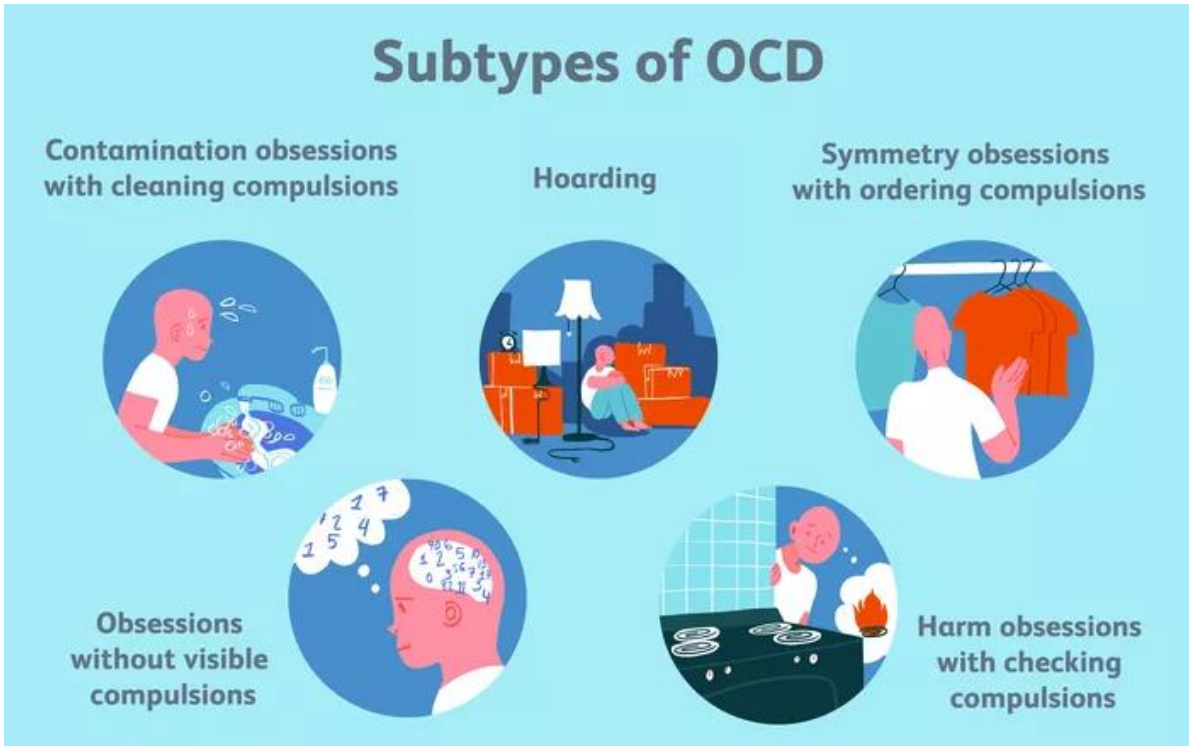
Obsessive-Compulsive Disorder (OCD)

- Beginnings in childhood often persist into adulthood.
- The child is not able to experience joy, anxiety, tension and threat prevail,
- difficulty concentrating and simple thought operations.
- In adulthood - repeated ***obsessive thoughts*** (obsessions) followed by ***uncontrollable impulses*** for excessive action (**compulsion**).
- OCD

Types of OCD:

- compulsive need for repeated *cleansing ritual* (hands, clean linen, showering,…),
- compulsive *need for control* (door lock, window closing, switching off,…),
- the compulsive *need for order* (matched laundry according to a certain rule, compliance with nonsense rules,…),
- unavoidable *thoughts of unacceptable nature* (e.g. with sexual or aggressive content) that the client tries to prevent by constantly repeating a certain activity.


OCD and related disorders
Hypochondriasis
ADHD
Trichotillomania and grooming disorders
OC personality disorder
Generalized anxiety disorder
Panic/ agoraphobia
OCD
(with possible symptom subtypes, eg, checking, hoarding)
Body dysmorphic disorder
Tourette syndrome
Chronic tic disorder
Eating disorders
Major depression
*Schizophrenia (atypical neuroleptics?)
*Parkinson's disease
*Autism spectrum disorders
Other modulatory factors:
*Gender
*Age of OCD onset
*Familiality
*Insight
Others sometimes included on OCD spectrum:
*Pathological gambling
*Nonparaphilic sexual compulsions
*Kleptomania
*Internet addiction


Subtypes of OCD
Contamination obsessions with cleaning compulsions
Hoarding
Symmetry obsessions with ordering compulsions
Obsessions without visible compulsions
Harm obsessions with checking compulsions

Psychotic Disorders

- Psychotic disorders are a group of ***serious illnesses that affect the mind***. They make it hard for someone to think clearly, make good judgments, respond emotionally, communicate effectively, understand reality, and behave appropriately.
- When symptoms are severe, people with psychotic disorders have ***trouble staying in touch with reality*** and often are unable to handle daily life. But even severe psychotic disorders usually can be treated.
- There are ***different types of psychotic disorders***, including:
- **Schizophrenia**: People with this illness have changes in behaviour and other symptoms -- such as ***delusions and hallucinations*** -- that last longer than 6 months. It usually affects them at work or school, as well as their relationships.

Causes of Schizophrenia

- It occurs most often between the ages of 15 and 35 (later in women).
- Multifactorial causes: ***heredity***, changes in the structure and function of brain cells, psychosocial factors (prenatal, perinatal, postnatal influences).
- ***Risky family environment***: closed families (isolated from the environment), conflicting or cold family relationships, disrupted communication, inability to solve problems and manage negative emotions.
- Schizophrenia
- To be diagnosed with schizophrenia, a person must have two or more of the following symptoms occurring persistently in the context of reduced functioning:
- Delusions
- Hallucinations
- Disorganized speech
- Disorganized or catatonic behaviour
- Negative symptoms (*often include being emotionally flat or speaking in a dull, disconnected way*)

Types of Schizophrenia

Paranoid schizophrenia

- This is the most common form of schizophrenia. It may develop later in life than other types of schizophrenia. Symptoms include hallucinations and/or delusions, but your speech and emotions may not be affected.

Simple schizophrenia

- With simple schizophrenia, the negative symptoms (for example; slow movement, poor memory, lack of concentration and poor hygiene) are most prominent early and will get worse. It is rare to experience positive symptoms (hallucinations, delusions, disorganised thinking). Gradually, thinking deteriorates to dementia.

Hebephrenic schizophrenia

- Also called ‘disorganised schizophrenia’, this type of schizophrenia usually develops when you are 15-25 years old. Symptoms include disorganised behaviours and thoughts, alongside short-lasting delusions and hallucinations. You may have disorganised speech patterns and others may find it difficult to understand you.
- People with disorganised schizophrenia often show little or no emotions in their facial expressions, voice tone, or mannerisms. At times they have inappropriate emotional responses to the situation, such as laughing at something sad.

Types of Schizophrenia

Catatonic schizophrenia

- This is the rarest schizophrenia diagnosis, characterised by unusual, limited and sudden movements. You may often switch between being very active or very still. You may not talk much, and you may mimic other's speech and movement. It takes two forms:
- **productive** - with disproportionately increased motor activity - constant repetition of certain movements or words (echopraxia, echolalia).
- **stuporous** - total motor attenuation. The client remains motionless for a long time, is negativistic, often acts paradoxically (the opposite of the desired one). Typical here is the so-called wax flexibility, where the client remains in the position to which he was placed for a longer time.

Symptoms of Schizophrenia

Schizophrenia is sometimes described as having '**positive symptoms**' and '**negative symptoms**'.

Positive symptoms are experienced in addition to reality whereas negative symptoms affect your ability to function.

Positive symptoms of schizophrenia

- Hallucinations – Seeing, feeling and hearing things that aren't there. Hearing voices is the most common type of hallucination
- Delusions – Believing things that others don't
- Disorganised thinking – The things you say might not make sense to other people. You may switch topics without any obvious link.

Negative symptoms of schizophrenia

- Lack of motivation
- Slow movement
- Change in sleep patterns
- Poor grooming or hygiene
- Reduced range of emotions
- Becoming withdrawn – Not saying much, change in body language, less interest in things you used to enjoy
- Low sex drive
- Unable to concentrate
- Poor memory
- Poor decision making

Symptoms of Schizophrenia

- Other symptoms include disorders of ***the pace of thought*** - bradypsychia (slowed thinking, clinging to one thought) or vice versa. The decline in cognitive functioning is manifested by a general decline in intellectual functions. Psychomotor retardation (Parkinson‘s, Alzheimer‘s disease)
- tachypsychia - fast thinking, not enough pace of speech, which becomes incomprehensible (verbal salad - logical discontinuity of words).
- The formal aspect of thinking is also disrupted - thinking is fragmented, without a logical structure.
- Another typical manifestation is withdrawal into isolation (psych. Autism).
- Emotional disorders (initially hypersensitivity, later emotional numbness).
- Tachypsychia

Phases of Schizophrenia

- **Prodromal symptoms** - conspicuous introversion, increased vulnerability, reduced ability to become independent, increased criticality in interpersonal relationships, lower performance, higher fatigue.
- The disease may take the form of **repeated alternations of attacks** with periods of remission.
- The course can also be **episodic** - just one attack and then adjusting health.
- **Malignant course** - rapid onset of personality defect.
- **Chronic course** - the persistence of some symptoms, gradual loss of competences.

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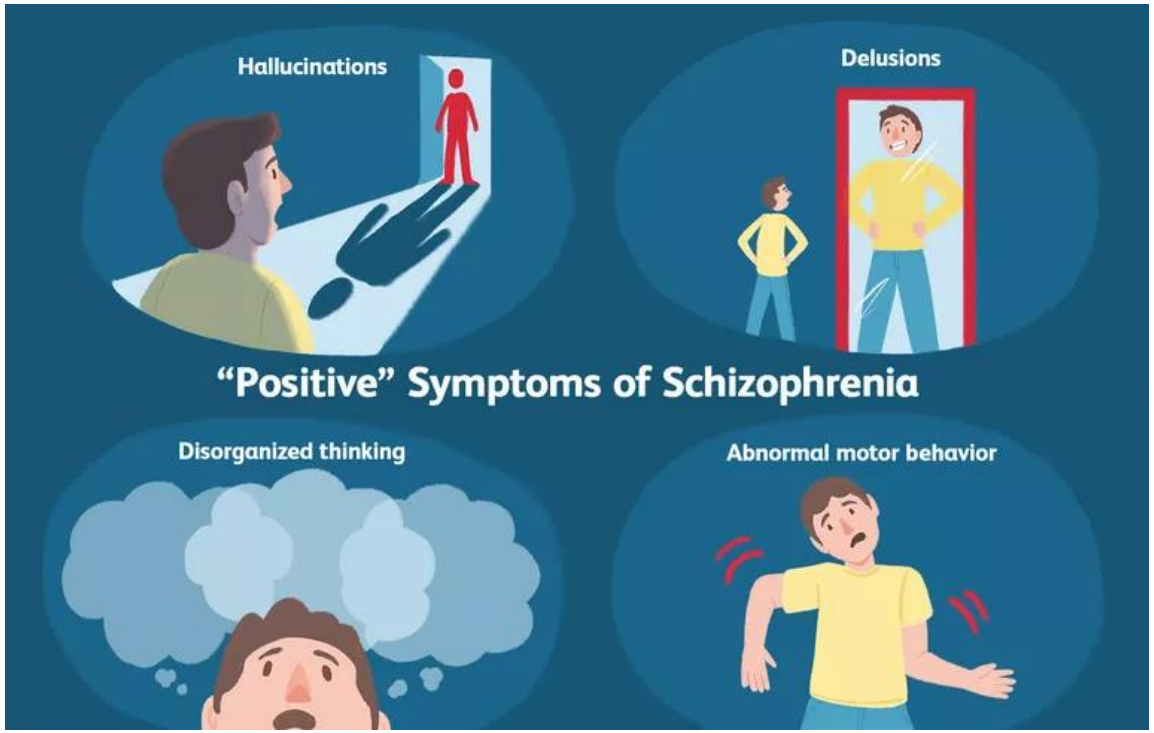
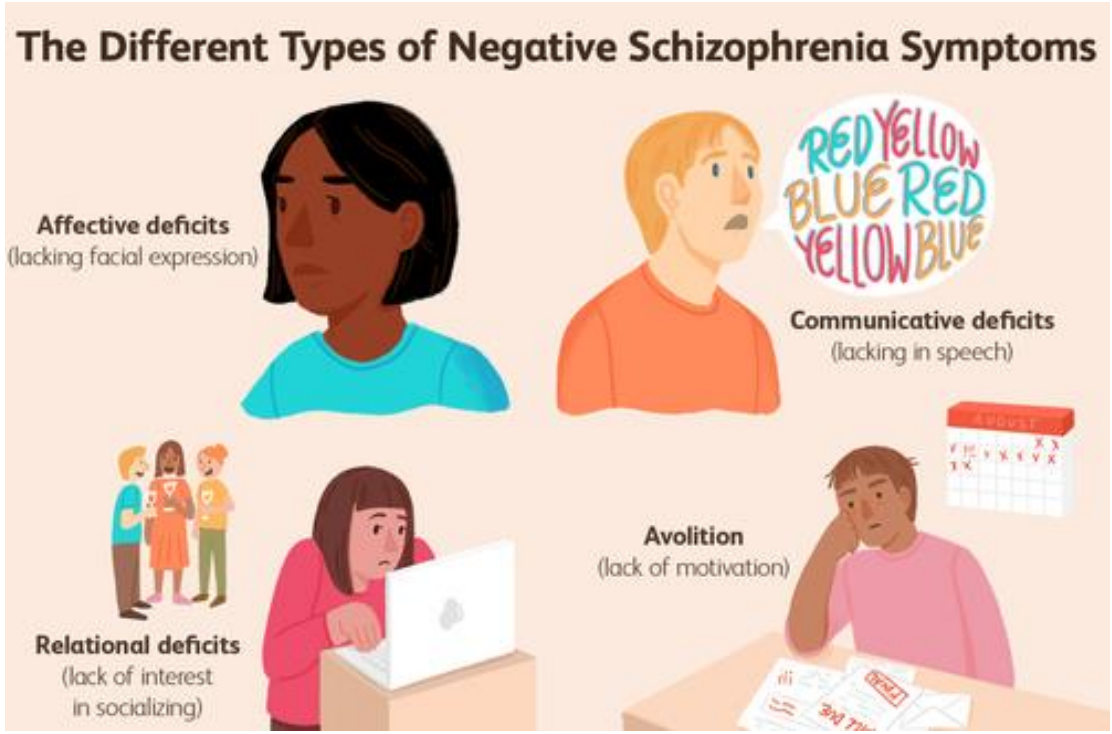
Phases of Schizophrenia

Prodromal	Acute / Active	Residual / Chronic
▶ Functional Decline precedes 1st psychotic episode ▶ Socially withdrawn ▶ Deterioration of Hygiene ▶ Physical complaints.	▶ Psychotic Symptoms (Positive Symptoms) Begins: ▶ Hallucination ▶ Delusion ▶ Impaired self-care ▶ Disturbed Thoughts. ▶ Aggression.	▶ Occurs between episodes of Psychosis ▶ Some Positive Symptoms and Negative Symptoms Persists. <u>However, the phase is markedly Negative symptoms.</u>





Affective disorders

- Affective disorder, mental disorder ***characterized by dramatic changes or extremes of mood***.
- Affective disorders may include **manic** (elevated, expansive, or irritable mood with hyperactivity, pressured speech, and inflated self-esteem) or **depressive** (dejected mood with disinterest in life, sleep disturbance, agitation, and feelings of worthlessness or guilt) **episodes**, and often combinations of the two.
- Persons with an affective disorder may or may not have psychotic symptoms such as delusions, hallucinations, or other loss of contact with reality.

Causes of affective disorders

- The causes are **multifactorial**: heredity, developmental changes, psychosocial stress factors.
- **Climatic conditions** also have an impact - depression is more common in areas where there is less light and more cold days.
- The dependence on **the season** is also proven - less occurrence in the summer months.
- **The basic manifestation** is a *sick mood* that does not correspond to the situation the client is in.
- Bad mood disrupts the thinking, acting and somatic functions of the client.
- Affective disorder affects women twice as often and affects up to 25% of the population (with depression up to 20%) at least once in a lifetime.
- Bipolar affective disorder is characterized by mood changes between depression and mania.

Depression

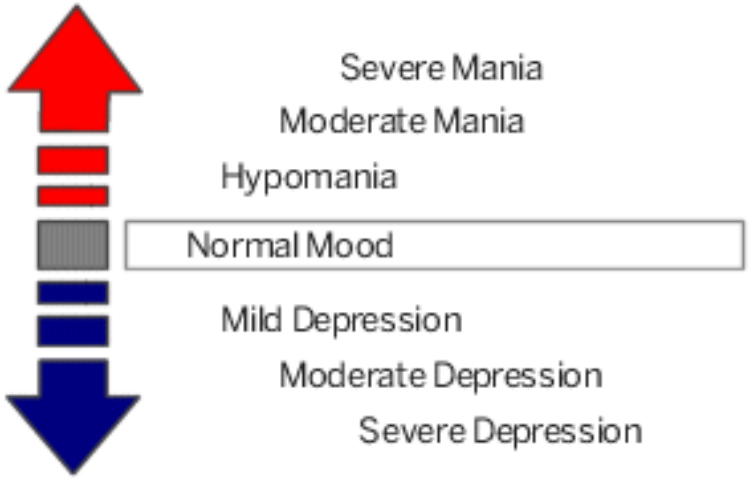
- Depression is classified as a **mood disorder**. It may be described as *feelings of sadness, loss, or anger that interfere with a person's everyday activities.*
- Depression is an **ongoing problem,** not a passing one. It **consists of episodes** during which the symptoms last for at least 2 weeks. Depression can last for several weeks, months, or years.
- Depression may be classified as:
- **mild**
- **moderate**
- severe, also called "**major**"

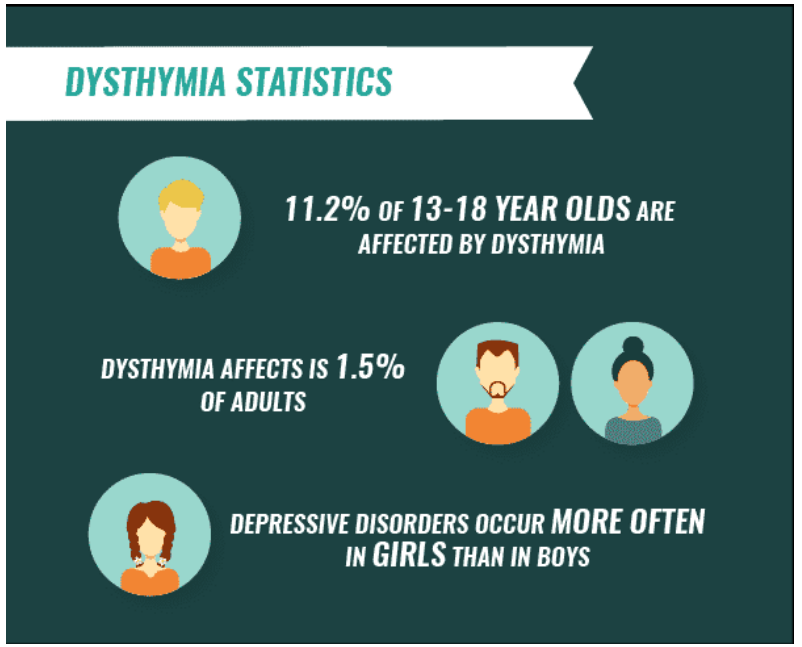
What does mild depression feel like?

- Mild depression involves more than just feeling blue temporarily. The symptoms can go on for days and are noticeable enough to interfere with usual activities. ***Mild depression may cause:***
- irritability or anger
- hopelessness
- feelings of guilt and despair
- self-loathing
- a loss of interest in activities you once enjoyed
- difficulties concentrating at work
- a lack of motivation
- a sudden disinterest in socializing
- aches and pains with seemingly no direct cause
- daytime sleepiness and fatigue
- insomnia
- appetite changes
- weight changes
- reckless behaviour, such as abuse of alcohol and drugs, or gambling

Mild Depression

- If symptoms persist for most of the day, on an average of four days a week for two years, the person would most likely be diagnosed with ***persistent depressive disorder***. This condition is also referred to as ***dysthymia***.
- Dysthymia





What does moderate depression feel like?

- In terms of symptomatic severity, moderate depression is the next level up from mild cases. Moderate and mild depression share similar symptoms. **Additionally, moderate depression may cause**:
- problems with self-esteem
- reduced productivity
- feelings of worthlessness
- increased sensitivities
- excessive worrying
- The greatest difference is that **the symptoms of moderate depression are severe enough to cause problems at home and work**. You may also find **significant difficulties in your social life**.
- Moderate depression is easier to diagnose than mild cases because the symptoms significantly impact your daily life

What does severe (major) depression feel like?

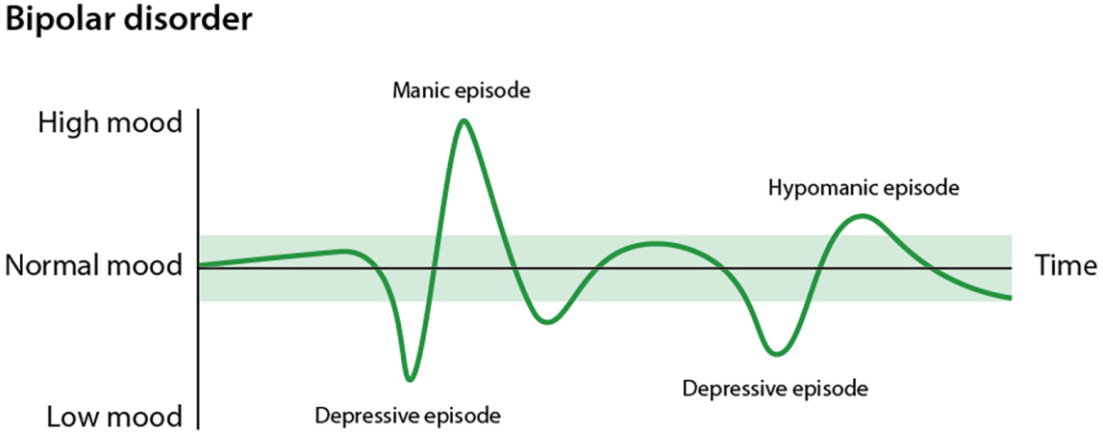
- Episodes of major depression last an average of six months or longer. Sometimes severe depression can go away after a while, but it can also be recurrent for some people.
- **Major forms of depression may also cause**:
- *delusions*
- *feelings of stupor*
- *hallucinations*
- *suicidal thoughts or behaviours*
- A depressed person may **gain or lose weight**, **eat more or less** than usual, have **difficulty concentrating**, and have **trouble sleeping** or sleep more than usual. He or she may **feel tired** and have no energy for work or play. Small burdens or obstacles may appear impossible to manage. The person can appear slowed down or agitated and restless. The symptoms can be quite noticeable to others.

Mania

- Mania is a **psychological condition** that causes a person to **experience unreasonable euphoria, very intense moods, hyperactivity, and delusions**. Mania (or manic episodes) is a common symptom of bipolar disorder.
- Mania can be a dangerous condition for several reasons. People may not sleep or eat while in a manic episode. They may engage in risky behaviours and harm themselves. **People with mania have a greater risk of experiencing hallucinations and other perceptual disturbances**.
- To diagnose manic episode the following symptoms must be present:
- Inflated self-esteem or grandiosity
- Decreased need for sleep (e.g., one feels rested after only 3 hours of sleep)
- More talkative than usual or pressure to keep talking
- Flight of ideas or subjective experience that thoughts are racing
- Attention is easily drawn to unimportant or irrelevant items
- Increase in goal-directed activity (either socially, at work or school; or sexually) or psychomotor agitation
- Excessive involvement in pleasurable activities that have a high potential for painful consequences (e.g., engaging in unrestrained buying sprees, sexual indiscretions, or foolish business investments)
- mania-quiz

Mania - Degrees

- **Hypomania** - lower degree of mania, persistent mood increase, activity, sexual appetite, decreased need for sleep; without disrupting normal activities. Interview with a patient
- **Mania** - disproportionately ↑ mood, grandeur, unrealistic plans, individual loses common social inhibitions.
- **Mania with psychotic symptoms** - escalated manic symptoms, irritability, suspicion and delusions.



Classification of Affective Disorders

- **Manic phase** - if there is one manic attack lasting at least two weeks, then no more affective nor dep. f. does not appear.
- **Bipolar affection**. disorder - repeated episodes of depression and mania (occurrence of male x female the same).
- **Depressive phase** - isolated occurrence of dep. episodes.
- **Periodic (recurrent) dep. disorder** - recurrence of dep. phases that last 3-12 months.
- **Persistent mood disorders** - not as severe as depressive and manic phases. (ICD 1992)

Other Emotional Disorders

- **Idiosyncrasies** - marked hypersensitivity to insurmountable resistance to something or someone (people, perceptions, situations,…).
- **Anetic psychopathy** - sociopathy, imorality, personality disorder characterized by lack of emotion and indifference to social norms, often results in unscrupulous asocial behaviour.

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Thank you for your attention