OnlineMedEd

QUICKTABLES

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Anxiety Disorders

Generalized Anxiety Disorder	
Path:	Constant state of worry
Pt:	Worry about most things on most days of most months (≥ 6 months) ≥ 3 Somatic Complaints
Dx:	Clinical
Tx:	PSYCHOTHERAPY, psychotherapy, psychotherapy SSRI or Buspirone adjunct ~~Benzos~~ (only if panic attack)

Social Phobia (Social Anxiety Disorder)	
Path:	Irrational and exaggerated fear related to social performance Egodystonic 6 mo+ duration
Pt:	Anxiety and Avoidance of stimulus Public Speaking or Public Restrooms
Dx:	Clinical
Tx:	Cognitive Behavioral Therapy Beta-Blockers for Public Speaking

Specific Phobia	
Path:	Irrational and Exaggerated learned fear response to a specific trigger Egodystonic 6mo+ duration
Pt:	Anxiety and Avoidance of stimulus Spiders, heights, clowns, etc
Dx:	Clinical
Tx:	Cognitive Behavioral Therapy - Desensitization: longer, better - Flooding: faster, not as good Control with SSRI during CBT

Panic Attack		
Path:	Random and unprovoked bouts of intense anxiety without warning	
Pt:	**S**hortness of Breath **T**rembling **U**nsteadiness **D**epersonalization **E**xcessive heart rate **N**umbness **T**ingling **S**weating	**P**alpitations **A**bdominal distress **N**ausea **I**ntense fear of losing control/ dying **C**hest pain
Dx:	Rule out medical disease - ECG + troponins - Asthma - TSH, Toxicology	
Tx:	Abort – Benzodiazepines CBT to abort without meds Control – SSRI	
F/u:	Agoraphobia	

Impulse Control Disorders

Intermittent Explosive Disorder	
Path:	Trigger = Anxiety Violent Act = Relief Response DISPROPORTIONATE to stressor (verbal, physical, etc)
Pt:	2 times per week in 3 months WITHOUT harm OR 3 times at all in a year WITH harm ♂ >> ♀ ↓ Sxs with ↑ age
Dx:	Clx
Tx:	Drugs = Therapy = Drugs + Therapy (SSRI) (Self-reflection)

Theft	Kleptomania
Desire Able to resist	↓ Anxiety Unable to Resist
HAS value Pt CAN'T afford	Has NO value Pt CAN afford
Planned, with help, or provoked by external stimuli	UNplanned, WITHOUT help, and not provoked by external stimuli
Used or Kept NO remorse NO guilt	Stashed, gifted, or returned Remorse, guilt

Pyromania	
Path:	Setting Fire = Relief or Pleasure
Pt:	More than 1 occasion Fire Setting for ↓ Anxiety, ↑ sexual arousal, or ↑ pleasure ♂ >> ♀
Dx:	r/o Arson
Tx:	Ø… incarceration
F/u:	Reaction Formation

Arson	Pyromania
Monetary Gain To Cause harm or to destroy	↓ Anxiety Sexual Arousal Pleasure

Kleptomania	
Path:	Trigger = Anxiety Theft = Relief
Pt:	Steals things - little to NO value - pt CAN afford - to ↓ anxiety - gifts / hides items - and feels guilt / remorse - impulsively, alone, without external - provocation
Dx:	r/o Petty Theft
Tx:	Ø… ~~incarceration~~ SSRI? Therapy?

OCD and Related Disorders

Obsessive Compulsive Disorder		
Path:	Obsessions = anxiety-PROVOKING thoughts, unwanted and intrusive Compulsions = anxiety-REDUCING actions, behaviors, or mental acts	
Pt:	*Obsessions*	*Compulsions*
	Contamination Symmetry Safety	Cleaning, Washing Order, Counting Lock Checking
	At least one hour per day Causes impairment at school, work, socially	
Dx:	Clx	
Tx:	CBT is best SSRI or Clomipramine (a TCA)	

Hoarding Disorder		
Path:	OCD about throwing things away	
Pt:	*Obsessions*	*Compulsions*
	Ridding of Possessions	Retaining useless items like trash or trinkets
	Unsafe or cluttered home	
Dx:	Clx	
Tx:	CBT → SSRI	

Body Dysmorphic Disorder		
Path:	Perceived flaws in physical appearance	
Pt:	*Obsessions*	*Compulsions*
	Symmetry of body Hair, skin, nose Breasts, butt	Appearance Checking Approval Seeking
	Attempt to have multiple surgeries to correct what isn't broken	
Dx:	Clx	
Tx:	CBT → SSRI	
F/u:	DO NOT perform surgery as desired	

Muscle Dysmorphic Disorder		
Path:	Perceived flaws in physical appearance	
Pt:	*Obsessions*	*Compulsions*
	Muscle Size	Excessive Exercise Anabolic Steroids
	Roid Rage, Rhabdo (renal failure), Testicular atrophy, "copper disorder"	
Dx:	Clx	
Tx:	CBT → SSRI	

Trichotillomania		
Path:	General Anxiety with Hair pulling	
Pt:	*Obsessions*	*Compulsions*
	None in Particular	Pulling out hair items like trash
	Alopecia with hair in different lengths	
Dx:	r/o fungus (KOH prep) r/o medical cause for alopecia	
Tx:	CBT → SSRI	
F/u:	Small bowel obstruction (trichobezoar)	

PTSD and Related Disorders

POST-TRAUMATIC AND ACUTE STRESS DISORDERS		
Path:	*Stressor* - Actual Death - Threat Death - Combat - Rape - Abuse	*Exposure* - Experienced (Self) - Witnessed (strangers) - Learned (family) - Repeated exposure to effects
Pt:	*Disorder* - Intrusion - Neg Mood - Dissociation - Avoidance - Arousal	 Nightmares, Flashbacks, memories Depression-like Depersonalization, amnesia Symbols, locations, memories Hypervigilance, irritability, easily startled, CHANGED concentration
Dx:	> 3 days AND < 1 month = Acute Stress > 1 month = Post-Traumatic Stress	
Tx:	Group Therapy (best) SSRI/SNRI (adjunct) ~~Benzos~~ (panic attack only) CBT	
F/u:	Mood disorder Substance abuse disorder	

RAD / DESD	
Path:	Stressor = Neglect or Abuse in infancy
Pt:	Disorder = too much attachment (DSED) too little attachment (RAD)
Dx:	< 5 years old r/o Autism
Tx:	Caregiver – teach how to parent
F/u:	Mood disorder Learning disabilities

ADJUSTMENT DISORDER	
Path:	Stressor = Non-life-threatening event - Marital strife, loss of a job, moving away
Pt:	Disorder = Mood changes that don't quite fit for another mood disorder
Dx:	Begin < 3 months from stressor Lasts < 6 months from stressors
Tx:	Generally not needed

Mood Disorders

Major Depressive Disorder			
Path:	↓ mood <u>OR</u> Anhedonia And Duration ≥ 2 weeks AND 5 of SIG-E-CAPS		
Pt:	**S**leep **I**nterest **G**uilt **E**nergy **C**oncentration **A**ppetite **P**sychomotor **S**uicidal	↓ ↓ ↑ ↓ ↓ ↓ ↓ ↑	↑ ↓ ↑ ↓ ↓ ↑ ↓ ↑
Dx:	r/o Suicidal Ideations		
Tx:	If + SI + Plan → Hospital If + SI, NO Plan → Safety Contract Combo >> SSRI /SNRI > Psycho Therapy ECT best (refractory only)		

Bipolar I		
Path:	Mania = "E" + 3 Duration ≥ 1 week	
Pt:	**D**istractibility **I**nsomnia **G**randiosity	**F**light of Ideas **A**gitation **S**exual Exploits **T**alkative **E**levated Mood **R**acing Thoughts
Dx:	r/o Bipolar II r/o Cyclothymia	
Tx:	Emergency department = Benzos Mood stabilizers = Lithium > Valproate backup = Lamotrigine, Carbamazepine Anti-Psychotics = Quetiapine	

Bipolar II	
Path:	Hypomania <u>AND</u> major depression
Pt:	Hypomania = mania, but less
Dx:	r/o Bipolar I (catatonia, psychotic)
Tx:	Bipolar I
F/u:	If Major Depression, started SSRI, then have Mania → reveals Bipolar I

Dysthymia = Persistent Depressive Disorder	
Pt:	↓ Mood for ≥ 2 years Symptoms Ø absent 2+ months
Dx:	r/o hypothyroid
Tx:	SSRI / SNRI

Cyclothymia	
Pt:	Mild Bipolar II

Mood II Life and Death

	BABY BLUES	POST-PARTUM DEPRESSION	POST-PARTUM PSYCHOSIS
Baby	# 1 Cares about baby	> #1 Doesn't care about baby, may hurt baby	> # 1 Fears the baby, likely to kill it
Timing	Onset and Duration within 2 weeks	Onset within 1 month Duration ongoing	Onset within 1 month Duration ongoing
Depression	Dysthymic	MDE	MDE
Psychosis	None	None	⊕
Treatment	Nothing	Anti-depressants	Mood Stabilizers or Antipsychotics

	GRIEF	PCBD	DEPRESSION
Onset	Any	≥ 6 months	Any
Duration	< 12 months	≥ 12 months	≥ 12 months
Focus - Dysphoria - Guilt - Anhedonia	Focused on Deceased	Focused on Deceased	Pervasive, global
When mood symptoms	Waxes, wanes, can imagine happy	Persistent ⊕ Cannot imagine being happy	Persistent ⊕ Cannot imagine being happy
Behaviors	YES insight "Psychotic" Talking TO deceased Doing things as if they were there	NO Insight Psychotic features	NO Insight Psychotic - Hallucinations - Delusions Talking WITH deceased Believing they are there doing things with you
Why suicide	To be with deceased		To end suffering, despondent
Treatment	Time, Counseling	SSRI	SSRI

STAGES OF DEATH AND DYING
Denial
Depression
Bargaining
Anger
Acceptance

Psychotic Disorders

Delusions
Fixed False Belief without basis in reality
Do NOT confront delusion; it is a glaring truth to the patient, and you will not get anywhere by challenging them.

Schizophrenia	
Path:	Thought Disorder with unknown cause though there is certainly a genetic component Receptor Pathology - Dopamine (too much) → + Sxs - Serotonin (too much) → - Sxs
Pt:	**Psychotic Break** = first break occurs in teenager with stressor (college) who then begins behaving bizarrely **Positive Symptoms (must have 1+)** - Bizarre Delusions - Hallucinations, usually auditory (voices) - Disorganized speech - Disorganized state / catatonia **Negative Symptoms:** - Anhedonia - Flat Affect - Cognitive Defects
Dx:	Clinical r/o drug abuse (cocaine)
Tx:	Anti-psychotics - Typical controls positive symptoms - Atypical controls negative symptoms - Clozapine when all else fails

Variants and Duration of Treatment		
All variants have the exact same pathology, sxs, presentation, and diagnosis, EXCEPT the time those symptoms have been present. This leads to duration of treatment with anti-psychotics		
	Duration Sxs	*Duration Tx*
Acute Psychotic Disorder	< 1 Month	Wait (or treat)
Schizophreniform	< 6 Months	3-6 weeks
Schizophrenia	≥ 6 Months	Lifetime
Schizoaffective	Any with mood sxs	Lifetime treat delusion first

Treatment Options for Psychotic Disorders		
⊕ Sxs	Typical	Haloperidol, Thiazide, Chlorpromazine
⊖ Sxs	Atypical	Risperidone, Quetiapine, Olanzapine, Ziprasidone, Aripiprazole
Best		Clozapine

Eating Disorders

ANOREXIA NERVOSA	
Path:	Anxiety induced by the fear of being or becoming fat Patient is not fat, but fears fat; sees herself as fat Lacks recognition of how thin she is
Pt:	F:M 10:1, teens to 20s Severe - hypotension, bradycardia, leukopenia - CMP abnormalities, E-lytes and albumin - BMI < 16 Non-Severe - Lanugo, Cold-intolerance, Amenorrhea, Emaciation
Dx:	Clx
Tx:	Hospitalize if severe - IV Nutrition - Correct E-Lytes - Forced Feed Outpatient / ongoing - Antipsychotics and CBT
F/u:	If OCD or MDD, add SSRI / SnRI Relapse in 5 years Death from medical or suicide

BULIMIA NERVOSA	
Path:	Anxiety from the binge, then compensates Normal weight to overweight
Pt:	F:M 10:1, teens to 20s “normal” appearance except purge signs Purge ≥ 1 x per week x 3 months
Dx:	Clx
Tx:	SSRI / SnRI = Fluoxetine (best) CBT
F/u:	NEVER Bupropion (causes seizures)

BINGE-EATING DISORDER	
Path:	Anxiety from the binge - no compensation Overweight to obese
Pt:	F:M 10:1, teens to 20s Cannot control eating habits Binge ≥ 1 x per week x 3 months
Dx:	Clx
Tx:	Topiramate CBT

METHODS OF EATING DISORDERS	
Restriction	↓ Caloric intake (fasting, dieting) ↑ Caloric expenditure (exercise)
Binge Purge Emesis	Eating / Binging then induced emesis Dorsal hand scars (from emesis) Dental erosion (from emesis) Metabolic Alkalosis, K, Mg disorders
Binge Purge Laxative	Eating / Binging then induced diarrhea Metabolic Acidosis Diarrhea

Personality Disorders

	PD	Description	Examples	How to handle them
A	Paranoid	**Distrustful, suspicious**, interpret others are malicious	*"Enemy of the State"* Gene Hackman,	Clear, honest, nonthreatening
	Schizoid	Loners, have no relationships but also are **happy not having any relationships**	Night-Shift Toll Booth	You won't see them
	Schizotypal	**Magical Thinking**, borders on psychosis, Bizarre Thoughts, Behavior, and Dress	Lady Gaga	Brief Psychotic Episodes Clear, honest, nonthreatening
B	Borderline	Unstable, Impulsive, Promiscuous, emotional emptiness, unable to control **rapid changes in mood, suicidal gestures**	*"Girl Interrupted"* *"Fatal Attraction"*	Suicidal Gestures may be successful **Splitting, Dialectic Behavioral Therapy**
	Histrionic	**Theatrical**, attention-seeking, hypersexual, **use of physical appearance**, dramatic, Exaggerated but superfluous emotions	*"Gone with the Wind"* Marilyn Monroe	Set rules, insist they are followed
	Narcissistic	**Inflated sense of worth** or talent, self-centered, fragile ego, uses eccentric dress to draw attention, **demands special treatment**	*"Zoolander"* Ron Burgundy	Set rules, insist they are followed
	Anti-Social	**Criminal**. No regards for rights of others, impulsive, **lacks remorse**, manipulative. Must be **>18 years old** (conduct disorder)	Tony Soprano The Joker	**Jail**, Set rules, insist they are followed
C	Avoidant	Fears rejection and criticism, **wants relationships** but **does not pursue** them, Passes on promotions	*"Napoleon Dynamite"* Shy hot librarian	Avoid power struggles, make patients choose
	Dependent	Unable to assume responsibility. Submissive, clingy, **fears being alone**	Stay at home mom in an abusive relationship	Giver clear advice, patient may try to sabotage their own treatment
	Obsessive-Compulsive	Rigid, orderly perfectionist. Order, Control. Perfection at the expense of efficacy	*"Monk"*	

Dissociative Disorders

Dissociative Disorders in General	
Path:	Severe + Prolonged Stressor causes separation of otherwise intact thought, memory, and identity
Pt:	Stressor proportional to Disorder
Dx:	Amytal Interview (truth serum) r/o malingering r/o substance abuse
Tx:	Psychotherapy
F/u:	Non-severe = recovery Severe =?

Dissociative Identity Disorder	
Path:	≥ 2 distinct identity states Most severe and prolonged trauma
Pt:	Self experiences - Memory gaps (blackouts) - other dissociation symptoms Others Witness - Paradoxical behaviors - Appearance changes
F/u:	*Fight Club, Sybil*

Dissociative Amnesia	
Path:	Stressors induces loss of memory
Pt:	Memory Loss of - the event - regular everyday occurrences / routine - complete autobiographical self
F/u:	*Law and Order, SVU*

Dissociative Amnesia With Fugue	
Path:	Stressors induces loss of memory WITH Travel
Pt:	Memory Loss of - the event - regular everyday occurrences / routine - complete autobiographical self
F/u:	*Jason Bourne, Archer from FX*

Depersonalization Derealization Disorder	
Path:	Adolescent with minor stressor (though stressor is relatively major for demographic)
Pt:	Seeing a video or dream of self, out-of-body experience (depersonalization) Detached from reality, as though in a dream Reality testing INTACT

Catatonia

	Catatonia
Path:	Ø a disease state Modifier to another disease ψ – Bipolar, Depression >> schizophrenia ♥ – Autoimmune, paraneoplastic, nutritional Ø a disease state Modifier to another disease ψ – Bipolar, Depression >> schizophrenia ♥ – Autoimmune, paraneoplastic, nutritional
Pt:	Must have 3 or more: - Stupor - Cata-LEPSY - Way flexibility - Mutism - Negativism → Retarded Catatonia - Stereotypy - Agitation or Grimace - Echolalia - Echopraxia → Excited Catatonia Retarded and Excited symptoms may occur together
Dx:	Clx… Lorazepam
Tx:	Lorazepam (diagnostic and therapeutic)

Dz	Meds / Hx	Sxs
Malignant Catatonia	No meds, lorazepam corrects	Rigidity Autonomic Dysfunction (↑ BP, ↑ HR, ↑ T) Muscle breakdown (“↑ CK”)
Neuroleptic Malignant Hyperthermia	Atypical Antipsychotics Lead-Pipe Rigidity	
Serotonin Syndrome	SSRIs and Hypertonicity/ Hyperreflexia	
Malignant Hyperthermia	Halothane anesthesia, family history	

Peds: Neurodevelopmental

Intellectual Disability Disorder	
Path:	Chromosomal: - Down Syndrome - Fragile X - Cri-Du-Chat Maternal Acquired - EtOH in utero - Hypothyroid in utero Child Acquired - Lead Poisoning - Head Trauma
Pt:	↓ Cognitive skill ↓ Adaptive Functioning +/- Syndromic physical features
Dx:	Clx; severity on adaptive functioning ~~Severity based on IQ testing~~ (outdated)
Tx:	Assess social, conceptual (speak, read write), and practical (self mgmt) Special education, supervision 50-70 Group home, Work and ADLs alone 35-49 Group home, ~~Work~~ and ADLs alone 20-34 Institutionalized, Supervised ADLs < 20 Institutionalized, Total Care

Tic Disorder (Tourette's)	
Path:	Essentially OCD
Pt:	Onset < 18 years old "Obsession" = impulse to perform tic "Compulsion" = the tic itself Hidden: hair flicks, blinking, rubbing Vocal: Grunt, cough, yell NEVER a swear word
Dx:	Clx
Tx:	Dopamine Antagonists - Fluphenazine, Tetrabenazine
F/u:	ADHD on stimulants who gets worse is Tic Disorder

Autism Spectrum	
Path:	**Impaired Social Communication** - Social Reciprocity - Social Relationships - Nonverbal Communication - Joint Attending **Restrictive / Repetitive Behavior** - Stereotypy - Sameness - Restricted Interests - Change in perception
Pt:	Young child, 1-4 years old No social smile or eye contact Repetitive useless behaviors Insistence on consistency
Dx:	Clx; Severity on progress
Tx:	Supportive
F/u:	NO ASSOCIATION WITH VACCINES

Attention Deficit Hyperactivity Disorder	
Path:	**Impulsivity** - Blurts out answers - Interrupts - Fidgets a lot - Cannot wait turn **Inattention** - Talks Fast - Easily Distracted - Fails to complete tasks **Timing and situation** - ≥ 2 settings - onset 7-12 - duration ≥ 6 months
Pt:	The "bad kid" who is male, disrupts class and moves all over the place, fails to wait his turn, whose parents have a tough time controlling behaviorally, and who's like this in every setting. Ensure there are no absence seizures
Dx:	Clx
Tx:	Stimulants (avoid at night to ↓ insomnia) - Methylphenidate - Dextroamphetamine
F/u:	Special ed classes, parent education If absence seizures, carbamazepine

Peds: Neurodevelopmental

Learning Disabilities	
Path:	Performing substantially below expected for age and grade
Pt:	Medical Conditions - Deaf, Blind, Non-native Speaker Poor Education to Date - Low socioeconomic class, home schooled
Dx:	Audiology test Vision testing Language assessment
Tx:	Remediate, fix the medical problem (glasses, hearing aids), fix the teacher to student ratio

Peds: Behavioral

Conduct Disorder	
Path:	Antisocial personality disorder but… < 18 years old
Pt:	**Bullying** - Hurts animals / people - Uses torture / cruelty - Forced Sex **Destruction** - Fire starting - Lies, Cheats, Steal - Breaks into property **Rules Violation** - Truancy - Run-away at least twice - Staying out at night before 13
Dx:	Clx
Tx:	Juvenile Detention
F/u:	Fights Authority HARMS peers

Oppositional Defiant Disorder	
Path:	Incongruent parenting Teen acting out
Pt:	**NO Bullying** - Does NOT hurt animals / people - Does NOT use torture / cruelty - Forced Sex **Destruction** - Lies, Cheats, Steal - Breaks into property **Rules Violation** - Truancy - Run-away at least twice - Staying out at night before 13
Dx:	Clx
Tx:	Improved Parenting
F/u:	Fights Authority COOPERATES with peers

Enuresis – Never Been Dry	
Path:	Normal toilet training takes up to 7 years old
Pt:	If < 7 and still wets bed, it's NORMAL
Dx:	Clx
Tx:	POSITIVE reinforcement Alarm Blankets Water Restriction before bed DDAVP as last resort
F/u:	TCAs may also be used ~~Negative Reinforcement~~ (never)

Enuresis – Was Once Dry	
Path:	Regression, Abuse, Infection, Anatomic
Pt:	Was once dry, now is not
Dx:	U/A U/S Clx
Tx:	Infection (abx); if STI then abuse Anatomic (resection) Regression (identify stressor); abuse

Encopresis and Enuresis	
Path:	Encopresis (stool) or Enuresis (urine) repeatedly on clothes or bed. - Intentional (acting out) - Incontinent(cognitive impairment) - Medication side effect - Anatomic (fistula) - Regression (abuse, stressor)
Pt:	Dependent on patients. Look for new sibling, new step parent, or new house
Dx:	See above
Tx:	See above

Pharmacology I: Anti-Depressants + Mood Stabilizers

Anti-Depressants		
SSRIs	(Es)citalopram Fluoxetine Paroxetine Sertraline	↓ **Libido** sometimes **Delayed Ejaculation** sometimes Serotonin Syndrome GI, Insomnia
SnRIs	(Des)Venlafaxine Duloxetine	Cleaner, better versions of SSRIs. More expensive
Atypical	Bupropion	**Smoking cessation** No weight gain ~~Bulimia~~ NEVER (↑seizures)
SM	Mirtazapine Trazadone	Appetite Stimulant Sleep Aid, caution priapism
TCAs	"-tryptilines" Imipramine Desipramine Doxepin	Used for **enuresis** (anti-ach) 1st line use is **neuropathic pain** Can be **Lethal** because of CCC: (**C**onvulsions, **C**oma, **C**ardiac) so get an E**C**G Has **Anti-Ach** properties (dry mouth, sedation, Uretention, Constipation)
MAO-Is	Phenelzine Tranylcypromine Selegiline	**HTN Crisis** when mixed together, lack of washout or eating of **tyramine** (red wine/cheese) Distinguish from other hypertensive-hyperthermia disorders in psych by the ABSENCE of lead-pipe rigidity and fever

Mood Stabilizers		
Drug	*Indication*	*Side Effect*
Lithium	**First-Line, Drug of Choice** for Bipolar Bipolar, Acute Mania, Depression Augmentation	**Teratogen** **Nephrotoxic > 1.5** Causes Nephro DI Narrow TI
Valproate	**First Line** in Bipolar if Li cannot be used Also treats Seizures	**Teratogen** (Spina Bifida) Thrombocytopenia Agranulocytosis Pancreatitis
Quetiapine	**Second Line** bipolar All phases of treatment	Weight gain QTc prolongation
Lamotrigine	**Second Line** bipolar Newer anticonvulsant	Blurred Vision SJS
Carbamazepine	Third line bipolar Trigeminal Neuralgia Absence Seizures	**Teratogen** (Cleft palate) Rash, SJS AV Block

Anti-Anxiety		
Benzos	**Abort** panic attack Treats **EtOH** withdrawal	**Dependence** **Withdrawal Seizure**
SSRIs	**First-Line** long term medication for treatment of chronic anxiety: OCD, PTSD, GAD	See Anti-Depressants. Ø useful in acute attack
β-Blockers	**Performance Anxiety**	Bradycardia, Asthma

Pharmacology II: Anti-Anxiety + Anti-Psychotics

ANTIPSYCHOTICS		
Typicals = First Generation Antipsychotics (FGA)		
Haloperidol *Fluphenazine* *Thioridazine* *Chlorpromazine*	Mesolimbic D2C-R-i treats ⊕ symptoms Nigrostriatal Antagonism leads to EPS side effects Tuberoinfundibular antagonism causes ↑ prolactin, gynecomastia	Potency of drug proportional to EPS Potency inversely proportional to Anti-Ach
Atypicals = Second generation Antipsychotics (SGA)		
Risperidone *Quetiapine* *Olanzapine* *Aripiprazole* *Ziprasidone*	Both **$D2_C$** and **5-HT_1** so work on ⊕ and ⊖ sxs More selective so lower risk of EPS Currently "first line" for psychosis	**QTc prolongation** EPS, Gynecomastia, Sedation, Anti-Ach (small risk) **DM** and **Weight Gain**
Clozapine		
Unique to itself	The **best antipsychotic** The most selective for **$D2_C$** and **$5HT_1$** (and) Drug of **last resort**	**Agranulocytosis** Requiring CBC q week

EXTRAPYRAMIDAL SIDE EFFECTS		
Akathisia	A **Feeling of Restlessness**	↓Dose…. Beta blockers Anti-Ach (Benztropine)
Acute Dystonia	Involuntary muscle contractions, hand ringing, torticollis, and **oculogyric crisis**	Anti-Ach (Benztropine)
Dyskinesia	**Parkinsonism** Dyskinesia = Bradykinesia	Anti-Ach (Benztropine)
Tardive Dyskinesia	Irreversible **hypersensitization** of dopamine-R = suppressible **oral-facial** movements	Stop Drug, Sxs **initially worsen**

CHOOSING THE RIGHT DRUG		
Compliant Young Adult, without complications	Any atypical po	↓ SE profile
Combative ER patient	Haloperidol Depot	Sedating
Noncompliant Psychotic	Olanzapine depot Risperidone depot Haloperidol depot	q 1wk
Dysphagia or IM not available	Olanzapine ODT Risperidone ODT	Oral dissolving tablet
Everything else has failed	**Clozapine**	Best, most dangerous
Hospitalized and off their meds	Atypical, ↑ **Dose q Day** until maxed, then try another	

Addiction I: Substance Abuse

SUBSTANCE ABUSE DISORDER		
Path:	Using a drug or alcohol in any other way than it is intended Substance = Drug, Alcohol, gambling, sex	
Pt:	Difficulty Controlling Use	1. Consuming more than was intended 2. Difficulty cutting down or stopping 3. Investing time in obtaining of recovering from use 4. Craving
	Adverse Social Outcomes	5. Failure of responsibilities at work, home, school 6. Choosing substance over people relationships 7. Giving up what you used to like to do
	Risk Taking	8. Use in hazardous condition (legal issues, sex, driving) 9. Use despite previous consequences
	Health Effects	10. Tolerance: needing more to feel the same effect 11. Withdrawal: physical symptoms when stopped
Dx:	Severity	Mild 2-3 Moderate 4-5 Severe 6+
	Screen CAGE	**C**ut down **A**nger about criticism **G**uilt about using or what you do when using **E**ye-opener
Tx:	Pharm	Antabuse (di-sulfuram for EtOH) Naloxone (Opiate, EtOH) Methadone (Opiates) Usually pharm doesn't work
	Group Therapy	Alcoholics Anonymous
F/u:	50-90% will relapse Relapse is not failure Back on the horse **F** Feedback **R** Responsibility – sobriety and mistakes **A** Advice – help them **M** Menu of options **E** Empathy **S** Self-Efficacy	

FIVE STAGES OF SUBSTANCE ABUSE	
Pre-contemplative	Unaware, denial
Contemplative	Admits there's a problem, acceptance
Preparation	Committed, taking steps
Action	Actual changing behavior
Maintenance	Sustained changed behavior

Addiction II: Drugs of Abuse

Drug	Intoxication	Withdrawal	Drug / Antidote
EtOH	Slurred speech, Disinhibition, Ataxia, Blackouts, Memory Loss, Impaired Judgment	Tachycardia and HTN, Tremor, perspiration, hallucinations, and eventual seizures	**Benzo Taper** (withdrawal) **Disulfiram** (Long-Term)
Benzos	Delirium in elderly, **Respiratory Depression** and **coma** (with ↑ dose), amnesia	Tremor, **Tachycardia**, HTN, **Seizures**, Psychosis	**Flumazenil**
Opiates	Euphoria, **pupil constriction**, **respiratory depression**, and potential **track marks**	**Yawning**, lacrimation, N/V and hurts everywhere, sweating	**Naloxone** **Methadone** (long-term)
Cocaine	Psychomotor agitation, **HTN, tachycardia, dilated pupils, psychosis** **Angina / HTN** crisis	Depression, suicidality, irritability, “cocaine bugs”	Supportive Care Benzos / antipsychotics for agitation HTN treated with **α** then **β** blockade
MDMA	**Overheat** (fever, tachycardia) and **water intoxication**. Pupillary Dilation, Psychosis	Crash	Supportive
PCP	**Aggressive** psychosis, **vertical, lateral**, or **rotary nystagmus**, impossible strength, blunted senses	Severe random Violence	Haloperidol to subdue **Acidify Urine** to enhance excretion
LSD	Hallucinations, Flashbacks, Heightened senses, dissociative symptoms	Flashbacks	Supportive
THC	Tiredness, slowed reflexes, **conjunctivitis**, the **munchies**, overdose brings **paranoia**	Ø	Supportive (often nothing required)
Barbs	Low safety margins, Benzos safer	Redistribute into fat	Ø
Nicotine	None - just jittery and stimulated. Pt has to Overdose a lot → Vfib	Cravings	**Bupropion** Chantix (Varenicline)
Amphetamines	Tachycardia, hypertension, pressured speech, flight of ideas	Crash	**None**

Sleep I: Physiology

Stage	EEG
Awake	State of arousal
N I	Theta Waves, Absence of Alpha
N II	K-Komplexes, Sleep Spindles
N III	Delta waves
REM	Awake EEG, Atony, Saccadic Eyes, Erections

Vocabulary of sleep	
Sleep Latency	Going to bed to falling asleep ↑ in insomnia ↓ in sleep deprivation
REM Latency	Falling asleep (N1) to REM ↓ in Narcolepsy ↓ in sleep deprivation
REM Rebound	More REM faster after Deprivation state

Night Terror	
Path:	N3 Sleep Stage
Pt:	Child 4-10 who will: - maintain tone, sit up, opens eyes - be asleep (inconsolable) - not remember anything Parents distressed, kids aren't
Dx:	Clx
Tx:	Reassurance

Nightmare	
Path:	Dreams gone bad, REM
Pt:	Any age group wakens from sleep, remembers the dream
Dx:	Clx
Tx:	Treat underlying psych condition (PTSD) If not part of syndrome, no need to treat

Sleep Talking	
Path:	N3 Sleep Stage
Pt:	Mumbling in sleep Will not reveal secrets
Dx:	Clx
Tx:	Reassurance

Sleep Walking / Eating/ Driving / Sex	
Path:	N3 Sleep Stage
Pt:	Do actions without remembering
Dx:	Clx
Tx:	Reassurance
F/u:	Worse with BZD_1 (zolpidem)

Sleep II: Disorders

Obstructive Sleep Apnea	
Path:	Excess tissue of oropharynx and chest wall (obesity) obstructs airway Multiple awakenings prevent progression to REM Ventilation spared (CO_2 normal) Oxygenation impaired (↓ O_2)
Pt:	Obese, snores, short neck, difficult to exam oropharynx Daytime Somnolence ("sleeps" but never reaches REM, so not restful sleep) Cor Pulmonale
Dx:	Polysomnography (Sleep Study) - 15 apneas / hour - 5 apneas / hr + snoring
Tx:	CPAP = PEEP Weight loss
F/u:	↓ Alveolar Oxygen → Pulm Htn Pulm htn = isolated heart failure.

Narcolepsy	
Path:	Uncertain Etiology
Pt:	"Sleep Attack" … wakes REFRESHED - Cataplexy, Paralysis - ↓ REM Latency - HypoGOgic / Hypnopompic - Response to emotion or bang - Wakeup Refreshed 3 times per week x 3 months
Dx:	CSF Hypocretin – 1 (Also polysomnography)
Tx:	Scheduled Naps Stimulants (Amphetamines)

Insomnia	
Path:	Poor sleep hygiene For this setting, assume no psych illness
Pt:	Trouble falling asleep Trouble staying asleep < 6 hrs / night total sleep
Dx:	r/o MDD… SIGECAPS r/o Bipolar… DIGFASTER r/o substance… caffeine, cocaine
Tx:	Life style = Sleep Hygiene - Avoid stimulants w/I 5 hrs of sleep - Avoid exercise near sleep - Avoid naps during the day - Bed for sex and sleep only - Lights Out = Sleep Time Pharm - Diphenhydramine → Trazadone → Quetiapine → Zolpidem

Jet Lag
Insomnia and Travel
Power through and Melatonin

Central Sleep Apnea
Patient "forgets" to breather
↓ Ventilation = ↑ CO_2 = Altered, Acidotic
Caused by opiates, stroke. Has Cheyne-stokes

Gender Dysphoria

Gender Terms	
Assignment	Your Genitals at birth "What you are physically"
Gender Identity	Your gender in your mind "What you are mentally"
Transgender	Someone who's identity is more often incongruent than their assignment
Transsexual	Not only identifying, but has socially or physically changed to another assignment
Transvestic Disorder	Cross-Dressing but NOT transgendered

Gender Dysphoria	
Path:	Assignment DOES-NOT-EQUAL Identity AND Distress over incongruence
Pt:	6-month duration AND any 1 of: - Assignment DOES-NOT-EQUAL Identity - desire to BE, or to be TREATED as dif gender - Wanting to rid sex char - Belief that they are another gender KIDS - Add REJECT roles of assignment - Add ACCEPT roles of opposite
Dx:	Clx
Tx:	Therapy >> surgery reassignment and hormones

Defining Paraphilias	
Common	
Pedophilia	Sexual focus on children Often Male adult → female child
Exhibitionism	Exposing genitals to strangers
Voyeurism	Observing private activities of unaware victims
Frotteurism	Touching, rubbing or a nonconsenting person
Uncommon	
Fetishism	Inanimate objects
Masochism	Being humiliated or forced to suffer
Sadism	Inflicting humiliation or pain on others
Transvestic disorder	Sexually aroused by cross dressing

Somatic Symptom Disorder

Somatic Symptom Disorder (new Somatization)	
Path:	Somatic anxiety disorder with or without explanation
Pt:	≥ 6 months AND One or more somatic symptoms OR - High level of Health related anxiety - Disproportionate concern to seriousness - Excessive time and energy devoted to them
Tx:	Psychotherapy

Conversion Disorder	
Path:	Life Stressor NOT intentional NOT fabricated
Pt:	Sensory or Motor Related to the Stressor La belle Indifference Will not harm self
Tx:	Psychotherapy Confront Stressor

Illness Anxiety Disorder (hypochondriasis)	
Pt:	Preoccupation with GETTING SICK Usually has no illness or complaint
Dx:	r/o organic disease
Tx:	One provider, set limits – do not over test Psychotherapy

Factitious / Munchausen's	
Pt:	Conscious, intentional fabrication to play the sick role Grid-Iron Abdomen Flight at Confrontation Abuse of a dependent (By Proxy)
Tx:	Confrontation of Factitious Jail of Factitious by proxy

Malingering	
Pt:	Conscious, intentional fabrication to obtain secondary gain Get money (disability), get drugs (ED, UC), get freedom (out of jail)
Tx:	Confrontation

01 | PRIME: Notes

02 | ACQUIRE: Video & Audio

03 | CHALLENGE: Questions

04 | ENFORCE: Flashcards & Quicktables

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