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Bedtime Stories for Psychiatry Residents: Psychiatry Board Review Topics A to Z

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Bedtime Stories for Psychiatry Residents

Psychiatry Board Review Topics A to Z



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Please contact me by email at bascombradshaw@hotmail.com if you note any discrepancies, so I can make immediate corrections in future editions.

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A

Absence seizure initial treatment

-Opinions vary about how to rank medications

-U.S. expert opinion, order of preference is **ethosuximide**, *then* valproic acid, and lamotrigine (Wheless et al. 2005)

-European expert opinion prefers to rank valproic acid first, followed by ethosuximide, and finally lamotrigine (Wheless et al. 2007)

-Cochrane Review reports that there is insufficient evidence to inform clinical practice (Posner et al. 2005)

-International League against Epilepsy (ILAE), noted a marked paucity of published data from adequately powered, seizure-type-specific studies (Glauser et al. 2006)

Absence vs. Partial complex seizures

-**abrupt ending** of typical absence seizures, **w/o postictal phase**, is *most* useful clinical feature in distinguishing the 2 conditions

Partial Complex

-aura is often

-consciousness is *impaired*

-movements are usually simple, repetitive but may include complex activity

-postictal behavior; amnesia, confusion, and tendency to sleep

-frequency; 1-2 per week

-duration; 2-3 minutes

-precipitants; none identified

-EEG w/ spikes and polyspike and waves, usually over both temporal regions

-AED tx; carbamazepine, phenytoin

Absence Seizure

-aura does NOT typically occur

-consciousness is *lost at onset*

-movements include blinking and facial and finger automatisms (duration dependent)

-**NO postictal abnormality** except amnesia for ictus

-frequency; several daily

-duration; 1-10 seconds

-precipitants; hyperventilation, photic stimulation

-EEG w/ generalize 3 Hz spike-and-wave complexes

-AED tx; ethosuxamide, valproate

Acculturation; risk for suicide, substance abuse, alcoholism

-individuals who assume a **new cultural identity** *consonant w/* that of the **host culture**

-individuals *may be* at **higher risk for suicide, substance abuse, and alcoholism** if he or she **abandons native culture** but *does NOT incorporate behaviors and values of the host culture*

Acute dystonia and haloperidol

-occurs *most commonly* during the **week after initiation of antipsychotics** or following an **abrupt and rapid dose increase** (Ayd 1961; Barnes and Spence 2000; Remington and Kapur 1996)

-occurs most commonly in **children and young adults**, especially in **males**

-may appear as torticollis, trismus, tongue protrusion, pharyngeal constriction, laryngospasm, blepharospasm, oculogyric crisis, or abnormal contractions of any part of the body

-may complain of tongue thickening, throat tightening, and difficulty speaking or swallowing

- acute tx w/either anticholinergic agent or antihistamine is usually highly effective
- may need to be repeated at intervals if acute dystonia recurs before the dose of the anticholinergic is stabilized
- medications may need to be given parenterally if respiratory difficulty develops

Adoption studies, role of environment in behavioral genetics

- based on knowledge that adoption **separates 2 major influences, genes and rearing**
- provides naturalistic setting w/ ideal separation of genetic factors from environmental influences

-4 types of adoption studies:

Adoptee study method

- study of adopted-away children of parent w/ disorder

Cross-fostering strategy

- study of children born of non-disordered parents adopted into family w/ disordered parent

Adoptees' family method

- study of adoptive and biological relatives of disordered adoptees

Monozygotic twins reared apart

- study of monozygotic twins reared apart

-adoption studies have been carried out for schizophrenia, mood d/o, alcoholism, drug abuse, sociopathy, ADHD, other psychiatric conditions; IQ and personality variables

Aggressive behavior in preschool children; verbal inability

- children behave aggressively for many reasons
- may NOT have anything to do w/ child rearing

- young children do NOT have good language skills compared to older children
- children **may act aggressively** if he or she feels helpless and is **unable to express feelings verbally**
- children generally understand language better than they can use it; children should be spoken to in **age-appropriate language** about why it is important not to hit others
- role-playing may be helpful**; child should be encouraged to use the language that he does have at his disposal to express his feelings to others

Akathisia, clinical features

- subjective feeling of motor restlessness**, compelling need to be in constant movement; may be seen as extrapyramidal adverse effect from antipsychotic use
- may be mistaken for psychotic agitation
- tx includes **discontinuing medication** causing akathisia; **beta-adrenergic receptor antagonists** (propranolol considered drug of choice), **benzodiazepines**, and **clonidine**
- trial of **anticholinergics** (cyproheptadine, benztropine) for tx neuroleptic-induced acute akathisia is reasonable

Alcohol intoxication and suicide risk assessment

- patients under the influence of alcohol or other substances are at an **increased risk of causing harm to themselves or others**, often accidentally or impulsively
- should generally NOT be discharged** from psychiatric emergency service into less restrictive setting unless he or she has attained clinical **sobriety**
- clinical sobriety is NOT to be equated w/ a particular blood concentration of intoxicant
- patient should be retained for additional observation; should focus on erratic behaviors
- duration of observation will be a *function* of pharmacokinetics of circulating drug

Alcohol intoxication, clinical presentation

-degree of **clinical impairment** from alcohol intoxication is dependent on the individual's **tolerance**; **amount** and **type** of alcoholic beverage ingested; **amount absorbed**

-blood alcohol level of **0.4 g/dL** is a/w **50% mortality risk** in **nonalcoholic** persons

-rule of thumb is that the body metabolizes **~ 1 drink** (~ 0.015 g/dL) **per hour**

Clinical sx's of alcohol intoxication in **nontolerant** patient

Blood alcohol level (mg/dL)	Clinical symptoms
30	Attention difficulties (mild), euphoria
50	Coordination problems, driving is legally impaired
100	Ataxia, drunk driving
200	Confusion, decreased consciousness
> 400	Anesthesia , possible coma , possible death

Alcohol Withdrawal, delirium tremens

-withdrawal typically **begins 6-8 hours after last drink**, **peaks 24-28 hours after last drink**; generally resolves w/in 7 days (Myrick and Anton 2004)

-only ~5% of individuals w/ alcohol dependence will develop more than mild to moderate withdrawal sx's

-alcohol hallucinosis occurs in 3-10% of patients w/ severe alcohol withdrawal

-can present as auditory, visual, or tactile hallucinations in presence of clear sensorium

-delirium tremens (DT), or alcohol withdrawal delirium, is characterized by agitation and tremulousness, autonomic instability, fevers, auditory and visual hallucinations, and disorientation

-DT usually develops 2-4 days from last drink; average duration < 1 week

-DT has been estimated to occur in 5% of patients admitted for alcohol withdrawal (Mayo-Smith et al. 2004)

-considered a medical emergency; **mortality rate** can be as high as **20% w/o prompt and adequate tx of severe withdrawal**

-**seizures** are estimated to occur in **5-15% of patients**; usually **occur in first 24 hours from last drink**, but can occur **any time in first 5 days**

-alcohol withdrawal seizures are usually grand mal in type

-**past hx of alcohol withdrawal seizures** are at **increased risk for seizures** in subsequent episodes of alcohol withdrawal

Alcohol-induced “blackout”

-**anterograde amnesia** for events of any part of drinking episode w/o loss of consciousness; unable to make new long term memories, but still able to retrieve the memories established before alcohol consumption

-characterized by memory impairment during intoxication in relative absence of other skill deficits

-NOT to be confused w/ “passing out”

-may be **complete (en-bloc)** or **partial (fragmentary, or grayout)**

-en bloc blackout is complete amnesia for significant events otherwise memorable under usual circumstances; defining characteristic is permanent memory loss for period and cannot be recalled under any circumstances

-fragmentary blackouts occur more frequently; recall is usually possible and can be aided by cueing

-no longer considered as a signal of irreversible alcoholism

Alcohol-Induced Amnestic Disorder, Korsakoff’s syndrome

-essential feature of alcohol-induced persisting amnestic d/o is disturbance in short-term memory caused by prolonged heavy use of alcohol

-rare in persons younger than age 35

-also described as Wernicke-Korsakoff Syndrome (a set of acute sx’s) and Korsakoff’s syndrome (chronic condition)

Wernicke’s encephalopathy

- completely reversible w/ tx**; only ~ 20% of patients w/Korsakoff's syndrome recover
- pathophysiological connection b/w 2 syndromes is **thiamine deficiency**, caused either by **poor nutritional habits** or by **malabsorption** problems
- thiamine is a cofactor for several important enzymes; may be involved in conduction of axon potential along axon and in synaptic transmission
- neuropathological lesions are **symmetrical** and **paraventricular**, involving mammillary bodies, thalamus, hypothalamus, midbrain, pons, medulla, fornix, and cerebellum
- tx in early stages of Wernicke's encephalopathy responds rapidly to large doses of parenteral thiamine; believed to be effective in preventing progression into Korsakoff's syndrome; dosage of thiamine is usually initiated at 100 mg by mouth 2-3 times daily and is continued for 1 to 2 weeks
- in patients w/ alcohol-related disorders who are receiving IV glucose solution, it is good practice to include 100 mg of thiamine in each liter of the glucose solution

Korsakoff's syndrome

- chronic amnestic** syndrome that *can follow* Wernicke's encephalopathy
- cardinal features are **impaired mental syndrome** (especially **recent memory**) and **anterograde amnesia** in an **alert and responsive** patient; may or may not have confabulation
- tx of Korsakoff's syndrome is also thiamine given 100 mg by mouth 2-3 times daily; should continue for 3-12 months; few patients ever fully recover, although many have some **improvement in cognitive abilities** w/ **thiamine** and **nutritional support**
- Korsakoff's syndrome can occur in other malnourished conditions, such as marasmus, gastric carcinoma, and HIV

Alexia w/ agraphia; embolic stroke, left angular gyrus

- alexia w/ agraphia is also known as **angular gyrus syndrome** and **central alexia**
- considered **acquired illiteracy**; patients **lose previously acquired reading and writing skills**
- most* **lose spelling** and *ability to understand words spelled to them*
- many patients have **fluent, paraphasic speech**, unlike preserved speech of pure alexia w/o agraphia
- auditory comprehension** is *much superior* to reading comprehension

-lesion usually involves **angular gyrus area in LEFT inferior parietal lobule**

-syndrome was described by Dejerine

-closely related to pure alexia w/ agraphia syndrome, Gerstmann syndrome; Gerstmann brought together 4 deficits of agraphia, acalculia, right-left confusion, and finger agnosia and associated them w/ lesions of dominant parietal lobe; alexia was not originally a cardinal feature of Gerstmann syndrome but is often associated

-modern authors (Benton) have questioned validity of Gerstmann syndrome

-some patients may have one or more deficits w/o the others; stimulation studies in epileptic patients have reproduced combinations of these deficits w/ stimulation in angular gyrus area, confirming association of key elements of Gerstmann syndrome

Alzheimer Disease, early onset

-some forms of **familial early-onset** Alzheimer dz can appear *as early as third decade*; represents a subgroup of **< 10% of all familial cases** of Alzheimer dz

-**familial forms of Alzheimer dz** account for **< 7% of all cases of Alzheimer dz**; most cases are sporadic (not inherited)

-**mutations** in genes coding for **3 proteins** unequivocally cause Alzheimer dz:

amyloid precursor protein (APP, on chromosome 21)

presenilin I (on chromosome 14)

presenilin II (on chromosome 1)

-all lead to a relative **excess in production** of **stickier 42-amino acid** form of **beta-amyloid** peptide over less sticky 40-amino acid form

Alzheimer's Disease, dementia

-**most common** cause of dementia in patients *over age 65*

-**definite dx** requires **histologic** examination of brain tissue

- probable, or clinical, dx includes: **insidious onset** of a progressively **worsening dementia**; clinical and laboratory evaluations that exclude alternative neurologic and systemic illness
- above clinical criteria yields an antemortem diagnostic accuracy of **almost 90%**; would be more reliable by excluding those w/ EPS and frontal lobe dysfunction

Amantadine, treatment of antipsychotic side effects, Parkinsonism

- FDA-approved for **tx of neuroleptic-induced Parkinsonism (NIP)** and Parkinson's dz, as well as tx and prophylaxis of influenza A respiratory illness; NOT effective in tx of akathisia
- dosages of **100-300 mg/day** are used for tx of NIP, and plasma concentrations may have some correlation w/ improvement
- water-soluble tricyclic amine; binds to M2 protein, membrane protein that functions as an ion channel on influenza A virus
- activity in reducing EPS is not known; shown to be **active at glutamate receptors**
- slowly and well absorbed from GI tract, w/ unchanged oral bioavailability over dose range of 50-300mg
- reaches steady state in 4-7 days; plasma concentrations (0.12-1.12 g/mL) may have some correlation w/ improvement in EPS
- relatively constant blood levels and long duration of action; excreted unchanged by kidneys
- half-life for elimination is ~16 hrs; prolonged in elderly patients and in impaired renal function
- has no anticholinergic activity in animal tests, only 1/209,000th as potent as atropine
- appears to cause release of dopamine and other catecholamines from intraneuronal storage sites in amphetamine-like mechanism; also shown to have activity at glutamate receptors, which may contribute to its antiparkinsonian effect
- no reported interactions b/w amantadine and other drugs

Anosognosia

-failure to recognize a deficit or dz

-most common example is **ignoring a left hemiparesis** because of a **right cerebral infarction**

-another example is **denial of blindness** from occipital lobe infarction (**Anton's syndrome**)

Antipsychotic use in elderly

-*increasingly* used in geriatric patients, particularly dementia given difference in prevalence rates; prevalence of schizophrenia remains < 1%, prevalence of dementia is ~2-5% for people > 60 yrs, increases to 15-40% for > 85 yrs

-**not FDA-approved** for tx of psychosis or behavioral dyscontrol in **dementia**

-drug interactions need to be considered in elderly patients

-age-related **decreases in gut motility** and **anticholinergic effects** of antipsychotics may decrease absorption rates

-antipsychotic drugs undergo **biotransformation primarily in the liver**, w/ GI tract, lungs, and kidneys being secondary sites; antipsychotics have slightly **longer half-lives in elderly**; drugs take **longer to reach therapeutic blood levels** and **longer to leave the system**

-dopamine neurons degenerate w/ aging, particularly after 70 yrs, **decrease in number** of available **dopaminergic receptors** *reduces tolerance* of elderly patients to antipsychotics, thereby increasing likelihood of neurological side effects, including EPS and TD

-more sensitive to side effects, **sedation**, **cardiac** effects (e.g., tachycardia, orthostatic hypotension), **anticholinergic** side effects (e.g., dry mouth, blurred vision, constipation, urinary retention), **NMS** w/ hyperpyrexia, **autonomic instability** and tachycardia, pigmentary retinopathy, weight gain and associated metabolic changes, allergic reactions, and seizures

-chlorpromazine and thioridazine and atypical antipsychotics clozapine, risperidone, olanzapine, and quetiapine antipsychotics most likely to cause orthostatic hypotension

-a/w **increased risk of sudden cardiac death**; **thioridazine** appears to carry highest risk of sudden unexplained death; risperidone prolongs QTc interval but has no effect on QT dispersion

Antiretroviral drugs, hepatotoxicity

-antiretroviral related liver injury (ARLI) is a **common cause of morbidity, mortality and tx discontinuation** in HIV-infected patients

-*every* licensed antiretroviral medication has been **a/w liver enzyme elevations**; some may cause liver injury more frequently than others

-several major mechanisms of ARLI include metabolic host mediated injury, hypersensitivity reactions, mitochondrial toxicity and immune phenomena

Antisocial Personality Disorder, alcohol abuse and dependence

-epidemiologic studies, **association b/w ASPD and alcohol abuse and dependence**

-Epidemiologic Catchment Area Survey, individuals meeting DSM criteria for **ASPD** were **21 times more likely** to develop **alcohol abuse and dependence** at some point during their lives

-study found that people w/ **ASPD before developing drinking problems** consumed **significantly more drinks per day**; experienced **significantly more alcohol-related problems** compared w/ people who did not meet criteria for ASPD

Anxiety Disorder, differential diagnosis

-**organic causes must be considered first w/ any acute change in mental status or sudden-onset change in behavior** in a previously well individual

-especially when **signs and sxs overlap w/ life-threatening condition** and when psychiatric syndrome being considered occurs outside of usual age window of presentation

-initial presentation w/ dyspnea, tachycardia, diaphoresis, chest pain, and light-headedness **should receive thorough medical evaluation before** being assigned dx of panic d/o

-should r/o unstable angina and MI, hypoglycemia, anemia, pulmonary embolism, asthma, obstructive pulmonary dz, GERD, irritable bowel dz, hyperparathyroidism, hyperthyroidism, pheochromocytoma, Huntington's dz, Parkinson's dz, seizure d/o, and autoimmune disorders, such as systemic lupus erythematosus

-use of benzodiazepine may be helpful to make patient more comfortable, but care should be taken not to mask sx's of more serious underlying condition

Aphasia

-disorder of verbal or written language rather than simply speech production

-almost always results from **discrete lesions** in the **dominant cerebral hemisphere's perisylvian language arc**

-aspects of aphasia may occasionally result from Alzheimer's dz and degenerative conditions

Apraxia

-**loss of the ability** to execute or carry out **learned purposeful movements**, despite having the physical ability and motivation to perform the movements

-it is a disorder of motor planning which may be acquired or developmental

-NOT caused by incoordination, sensory loss, or failure to comprehend simple commands

-types include: ideomotor, ideational, verbal, constructional, oculomotor, limb kinetic

Asperger Disorder, clinical description

-in distinction from autistic d/o, "clinically significant general delay in language" and "cognitive delay" are exclusionary criteria

-significant **impairments in social interaction** and restricted and repetitive interests and behaviors are hallmarks

-unusual communication is common; often characterized by **pedantic speech**, intense **preoccupations**, and **poor or nonexistent nonverbal communication**

-it is commonly held that individuals w/ Asperger's d/o are clumsy

Aspirin and Vascular dementia

- observational data *suggest* **low-dose aspirin** *may* be **a/w reduced risk** of **cognitive decline and dementia**
- mechanism w/ Alzheimer's dz is uncertain
- low-dose aspirin reduces risk of stroke and this probably reduces risk of cognitive decline secondarily
- prospective randomized trials are needed to confirm whether aspirin can prevent cognitive decline

Astasia abasia

- inability to stand or walk** in a normal manner
- normal leg movements can be performed** in a sitting or lying down position

Astereognosis

- a variety of cortical sensory loss
- inability to identify objects by touch**
- seen w/ lesions of the **contralateral parietal lobe**

Athetosis

- involuntary** movement disorder
- usually results from **basal ganglia damage** from perinatal jaundice, anoxia, or prematurity
- characterized by **slow writhing, sinuous movement** of the arms or legs
- more pronounced in the distal part of the limbs

Atomoxetine, adolescents with ADHD and substance use disorder

-adolescents presenting for substance use disorder (SUD) tx have *increased* rates of ADHD, ranging from **30-50%**

-**co-occurring ADHD** is a/w **more severe substance use and worse substance use d/o outcomes**

-atomoxetine is **typically used to tx ADHD** in adolescents w/ **substance use d/o** because of its limited abuse potential

Attention-Deficit Hyperactivity Disorder, comorbidity

-individuals w/ADHD have poorer academic performance and **higher rates of Learning Disorders** than other children

-**inattentive** subtype may have more **anxiety and somatic complaints** than those w/combined or hyperactive–impulsive type; they have higher rates of Learning Disorders as well

Attention-Deficit Hyperactivity Disorder, comorbid depression

-comorbid conditions *should be considered* simultaneously; better understand sx's and optimal tx

-depressed patients demonstrate diminished concentration; w/ bipolar d/o often manifest psychomotor agitation and distractibility; *may be difficult to differentiate sx's* from cardinal sx's of ADHD

-long-term follow-up studies have demonstrated that individuals w/ **ADHD and comorbid disorders** have **poorer prognoses and greater hospitalization rates** than ADHD alone; ADHD and/or comorbid condition often persists for several years

-overlap b/w depression and ADHD is well recognized; children and adults referred for ADHD demonstrate higher than chance incidence of depression, individuals referred for depression show elevated rates of ADHD

-**depressed children** tend to present w/ **irritability, negativism, social withdrawal, school dysfunction, and somatic d/o**

-family studies suggest some genetic link b/w depression and ADHD, rates of ADHD among relatives of children w/ ADHD w/ or w/o depression were significantly higher than among relatives of controls

- stimulants do NOT significantly improve depression; tx for mood d/o are generally not helpful for ADHD
- in presence of a comorbid mood d/o, stimulants are less effective for ADHD; nonstimulant tx that is noradrenergic but not serotonergic are effective for ADHD; serotonergic antidepressants are effective for juvenile depression but not for ADHD
- bupropion** (both noradrenergic and dopaminergic) shown to be efficacious for **adolescents w/ comorbid ADHD and depression**

Attention-Deficit Hyperactivity Disorder, course and prognosis

- course is variable; **~50%** of cases have sx **persist into adolescence or adulthood**
- hyperactivity may disappear in some cases but decreased attention span and impulse-control problems persist
- overactivity is usually first symptom to remit; distractibility is last
- ADHD does NOT usually remit during middle childhood
- persistence is **predicted by family hx** of ADHD, **negative life events**, and **comorbidity** w/conduct sx, depression, and anxiety d/o
- remission** is unlikely before 12 yrs; **usually occurs b/w ages 12-20 yrs**
- most patients w/ ADHD have partial remission and are vulnerable to **antisocial behavior, substance use d/o, and mood d/o**
- learning problems** often continue throughout life; **~40-50%** of cases have sx persist into adulthood
- adults w/ ADHD may show diminished hyperactivity**, but remain impulsive and accident-prone
- educational attainments as a group are lower than those w/o ADHD; early employment hx do not differ from those w/similar education
- children w/ sx persisting into adolescence are at risk for developing conduct d/o
- children w/ both ADHD and conduct d/o are also at risk for developing a substance-related d/o; appears to be related to presence of conduct d/o rather than ADHD alone
- Most children w/ ADHD have some social difficulties; significantly higher rates of comorbid psychiatric disorders and experience more problems w/ behavior in school as well as w/ peers and family

Attunement

-Daniel Stern (1985) looked at developmental research and issues from a psychoanalytic perspective

-**affect attunement** is the ability to **know what the other person is experiencing subjectively**; not only empathic understanding but also the **basis for early meaningful communication** and, most importantly, provides a **way for mutual appreciation of the other's mental state**

-highly attuned mothers foster **infant progression from being skilled dyadic partners to being skilled triadic partners**, who communicate readily about shared experiences in the world

-from an early age, Stern suggests that the child has the capacity to integrate different sensory information about an object in the world, and play an active role in their relationships w/ others

-children are gradually organizing and ordering them

-relationships to others are vital both for a sense of self and a sense of other as a separate other person in his or her own right

-affect attunement means a sharing or alignment of internal states in the domain of intersubjective relatedness

-attunement relates to the a) intensity b) timing and c) shape of a behavior; an example would be a mother responding w/ a sound and/or movement to her 9 month old child that corresponds equally to duration and amplitude of the child's cooing

Autism spectrum disorder, pharmacological treatment

Atypical antipsychotics

-**risperidone**; *only* atypical antipsychotic studied using randomized, double-blind methods and large number of patients, Research Units on Pediatric Psychopharmacology (RUPP) Autism Network

-tx w/ risperidone (dosage range, 0.5-3.5 mg/day) resulted in 56.9% reduction in irritability scores, compared to 14.1% decrease in placebo group

-improvements noted in stereotypic behavior and hyperactivity

-2/3 of children w/ positive response to risperidone at 8 weeks, benefit was maintained at 6 mos

-social isolation and interest in communicating w/ others did not differ significantly b/w tx and placebo

-similar results in children w/ subaverage intelligence and no autism; sx's of conduct problems, irritability, and hyperactivity responded to risperidone

Selective Serotonin Reuptake Inhibitors

-demonstrated effectiveness in **reducing aggression, irritability, stereotypies**, and other **disruptive behaviors**, no SSRI has been shown to be superior to another

-**no SSRI** has been shown to improve specific **social communication sx's**

Aversive conditioning, or punishment

-procedure in which **punishment** or **aversive stimulus** is used to **reduce frequency** of a target behavior

Avoidant Personality Disorder, differential diagnosis

-schizoid PD also involves social isolation, but schizoid person does NOT desire relationships

-avoidant person **desires relationships** but avoids them because of anxiety and fears of humiliation and rejection

-avoidant PD is characterized by **avoidance of situations and relationships** involving **possible rejection, disappointment, ridicule, or shame**

-Axis I social phobia usually consists of specific fears related to social performance (e.g., fear of saying something inappropriate or of being unable to answer questions in front of other people)

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