

Psychiatry and Social Dysfunction

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Programme

- Dysthymic Disorders
- Cyclothymic Disorders
- Depressive Disorder NOS
- Substance-induced Mood Disorders
- Mood Disorders due to GMC
- Adjustment Disorders
- Suicide and Family Murder
- Continuous assessment

Dysthymic Disorder

- Depressed mood – present almost continuously
- Feelings of inadequacy
- Guilt
- Irritability
- Anger
- Withdrawal from society

- Loss of interest
- Inactivity
- Lack of productivity
- Appetite problems
- Decreased libido
- Chronic pain

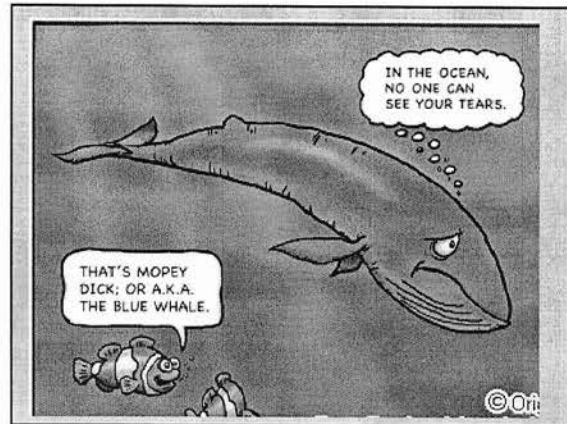
Symptoms in children

- Irritability
- Poor school performance
- Pessimistic attitude
- Lack of social skills

- “ill - humoured”; 1980 – “neurotic depression”
- Always depressed
- Early onset
- Childhood or adolescence
- 20s
- Late-onset subtype - middle-aged and geriatric populations – rare

• **Subaffective or subclinical depressive disorder:**

- (1) low grade chronicity for at least 2 years
- (2) insidious onset, with origin often in childhood or adolescence;
- (3) persistent or intermittent course



Epidemiology

- Common in general population
- 5 to 6 %
- Psychiatric clinics - one half to one third of all patients
- Incidence rates – no gender differences

- women < 64 years of age than in men of any age
- Unmarried
- Young people
- Low income earners

Comorbidities

- Major Depressive Disorder
- Anxiety disorder
- Panic disorder
- Borderline personality disorder
- Substance abuse

Aetiology

- Biological Factors / Biochemical
- Sleep Studies
Decreased REM latency and increased REM density
- Neuro-endocrine Studies
Adrenal axis – (DST)
Thyroid axis - (TRH) - stimulation test
- Psychosocial Factors / Environmental
- Genetic

DSM-IV Diagnostic Criteria

- Depressed mood – 2 years

Additional Criteria:

- Poor appetite / overeating
- Sleep Problems
- Fatigue or lack of energy
- Low self esteem
- Hopelessness
- Poor concentration
- Trouble making decisions

- Specify if:

- Early onset:
If onset is before age 21 years

- Late onset:
If onset is age 21 years or older

- Specify
With atypical features

Differential Diagnosis

- Minor Depressive Disorder
- Recurrent Brief Depressive Disorder



Complications

- Reduced quality of life
- Major Depression
- Suicidal behaviour
- Substance abuse
- Relationship difficulties

- Family conflicts
- Social Isolation
- School and work problems
- Decreased productivity



Cyclothymic Disorders

- A mild form of bipolar II disorder, characterized by episodes of hypomania and mild depression
- "chronic, fluctuating disturbance"

Epidemiology

- 3 to 5 % of psychiatric outpatients
- Prevalence –1 %
- Coexists with borderline personality disorder – 10-20%
- Female-to-male ratio = 3:2
- Onset - 15 to 25

Diagnosis and Clinical Features

- DSM IV
- Chaotic hypomanic episodes
- Sociopathic behavioural problems
- Marital difficulties
- Unstable relationships

- Shorter cycles than in BMD 1
- Irregular and abrupt mood changes
- Within hours
- Unpredictable
- Out of control
- Stress
- Disagreements

Diagnostic Criteria

- Numerous episodes of hypomania and depression for at least two years
- Periods of stable mood < 2 months
- No manic episodes, major depression or SAD
- Not caused by substances or a GMC
- Affects social and/or occupational/school functioning

Hypomanic phase of Cyclothymic D/O

- Euphoria or cheerfulness
- Extreme optimism
- Inflated self-esteem
- Poor judgement
- Rapid speech
- Racing thoughts
- Aggressive or hostile behaviour

- Inconsiderate of others
- Agitation
- Increased physical activity
- Risky behaviour
- Spending sprees
- Increased sexual drive
- Decreased need for sleep
- Poor concentration

Depressive Phase of Cyclothymic D/O

- As in Dysthymia



Causes

- Heredity
- Biochemical
- Environment

Differential Diagnosis

- Medical and substance related causes
- Borderline PD
- Antisocial PD
- Histrionic PD
- Narcissistic PD
- ADHD

Treatment

- Biological Therapy
 1. Mood stabilizers and antimanic drugs
 - Lithium
 - Carbamazepine
 - Valproate
 2. Antidepressants
 3. SGA's

• **Psychosocial Therapy**

1. Supportive Therapy
2. Group Therapy
3. Family Therapy
4. Social Rhythm Therapy

Depressive Disorder NOS

- Do not meet criteria for MDD, Dysthymic D/O, Adjustment Disorder with depressed mood or with mixed anxiety and depressed mood
1. Premenstrual Dysphoric Disorder
 2. Minor Depressive Disorder
 3. Recurrent Brief Depressive Disorder
 4. Post-psychotic Depressive Disorder of Schizophrenia

5. MDD superimposed on Delusional Disorder, Psychotic Disorder NOS, or the active phase of Schizophrenia

6. A current depressive disorder with no certainty if it is primary, substance induced, or due to a GMC.

Substance induced mood disorders

- Either:
 - a. Symptoms develop during or within a month of substance intoxication or withdrawal
 - a. Medication use is aetiologically related to the disturbance

• **Drugs**

- Alcohol
- Cannabis
- LSD, etc

• **Medication**

- Steroids
- Hormones
- Antihypertensives
- Digitalis

Mood Disorders due to a GMC

- **Conditions related to depression**
 1. Neuro: Parkinsons, Huntington's, Intracranial Tumours
 2. Systemic: Viral/bacterial infxns of CNS
 3. Endocrine: Hypo/hyperthyroidism, Cushing's, Addison's Disease
 4. Inflammatory Sickneses: SLE, Rheumatoid Arthritis

Mood Disorders due to a GMC

- **Conditions related to mania**

1. Neurological: Huntington's, Post-encephalitic Parkinsonism, Wilson's Disease
2. CNS Infections
3. Temporal Lobe Epilepsy, Multiple Sclerosis, Tumours

Adjustment Disorders

Doctor Conrad Murray's first day in prison

- An emotional response to a stressful event
- Stressor - financial issues, a medical illness, or a relationship problem
- Symptom complex – anxious or depressive affect or disturbance of conduct

Subtypes

Adjustment disorder with:

- Depressed mood
- Anxious mood
- Mixed anxiety and depressed mood
- Disturbance of conduct
- Mixed disturbance of emotions and conduct
- Unspecified type

Epidemiology

- 2 to 8 percent
- Women 2x > than men
- Single women – increased risk
- Children and adolescents – boys = girls
- Any age : > in adolescents

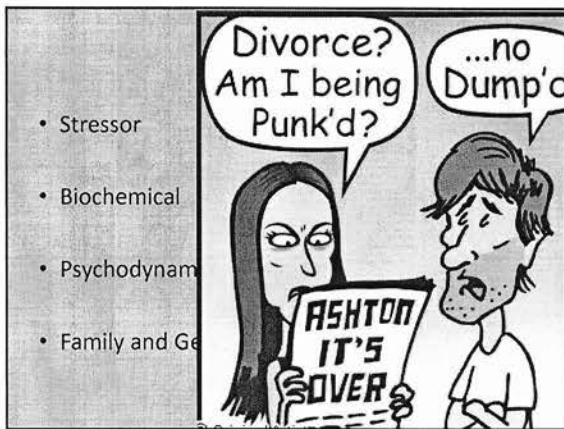
Precipitating Stressors

Adolescents:

- school problems,
- parental rejection
- divorce
- substance abuse

Adults:

- marital problems
- Divorce
- moving to a new environment
- financial problems



Diagnosis and Clinical Features

- DSM IV
- Up to 3 months between a stressor and symptoms
- Stress levels not in keeping with stressor, or
- Significant problems at work, school or in relationships
- Sx improve within 6 months of cessation of stressor

- Acute < 6 months
- Chronic course > 6 months
- Occur at any age
- Adults - depressive, anxious, and mixed features
- Children and elderly - Physical symptoms

Emotional Symptoms of Adjustment D/O

- Hopelessness
- Sadness
- Lack of enjoyment
- Crying spells
- Nervousness
- Suicidal thoughts

- Anxiety
- Worry
- Desperation
- Trouble sleeping
- Difficulty concentrating
- Feeling overwhelmed

Behavioural Symptoms of AD

- Fighting
- Reckless driving
- Ignoring bills
- Avoiding family or friends
- Poor work/school performance
- Truancy
- Vandalism

Differential Diagnosis

- Bereavement
- Major depressive disorder
- Brief psychotic disorder
- Generalized anxiety disorder
- Somatization disorder

- Substance related disorder
- Conduct disorder
- Academic problem
- Occupational problem
- Identity problem
- PTSD

Complications

- Depression
- Alcohol/Drug addiction
- Suicidal behaviour
- Schizophrenia
- Bipolar Disorder
- Antisocial Personality D/O

Treatment

- No treatment
- Psychotherapy
- Crisis intervention
- Pharmacotherapy

Prevention



Suicide and Para-suicide

"Suicidium" from sui caedere

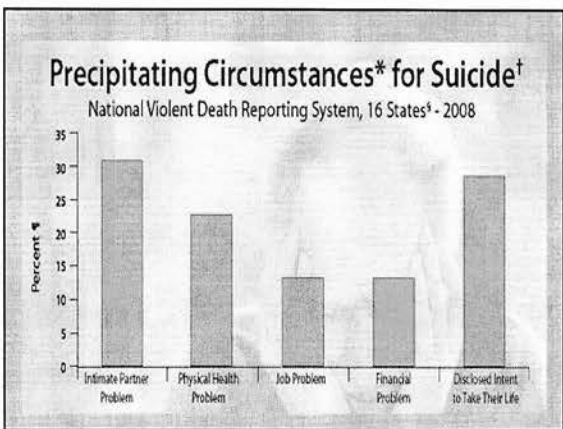
- All population groups
- All age groups
- Triggers - young: school or relationship related
- Triggers - older: financial and health related
- 10 per 100.000 to 25 per 100. 000

- WHO – 13th leading cause of death – world
- National Safety Council – 6th – USA
- Under 35 – leading cause
- Males 3-4x more
- 10-20 million non-fatal attempted suicides annually

- 1 million annually
- 17 per 100 000
- 1 suicide every 40 seconds
- Suicides > Homicides by 2:1

- ### Demographics
- Gender:
 - ❖ Males > completers
 - ❖ Females > attempters
 - Socio-economic:
 - ❖ > in higher classes and very low classes
 - ❖ fall in class increases risk
 - ❖ occupational groups: doctors, dentists, police
 - ❖ > in the jobless

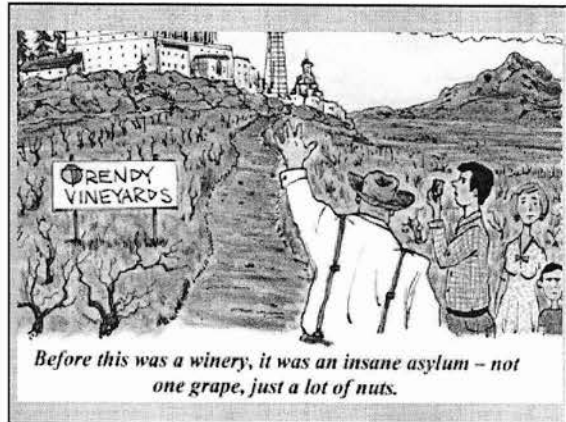
- Marital status:
 - ❖ Previously married > never married > married > married with children
 - ❖ Recent loss of meaningful relationship
 - ❖ Divorced men
- Religion:
 - ❖ Protective role
 - ❖ Roman Catholics, Muslims



- ### Other risk factors
- ❖ Biomedical:
 - Serious physical illness
 - Chronic pain
 - Physical disability/TBI
 - Medication
 - Sleep Disturbances

❖ Psychiatric Disorders:

- Depressive Disorders – 30 %
- Alcohol – related conditions – 18 %
- Drug – related conditions
- Schizophrenia (~ 10 %)
- Anxiety Disorders (Panic D/O)



Psychosocial Factors

❖ Maladaptive personality traits: (13 %)

- Borderline
- Antisocial
- Narcissistic
- Obsessive-compulsive

❖ Socio-economic factors

❖ Previous attempt/s

❖ Life events:

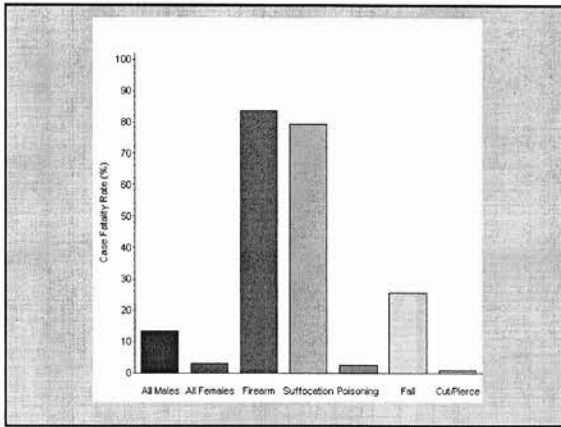
- Loss of a loved one
- Divorce
- Separation from family
- Loss of social support
- Cultural alienation

Aetiology

- Serotonin
- Ventromedial Prefrontal Cortex
- Genetic inheritance
- Epigenetics

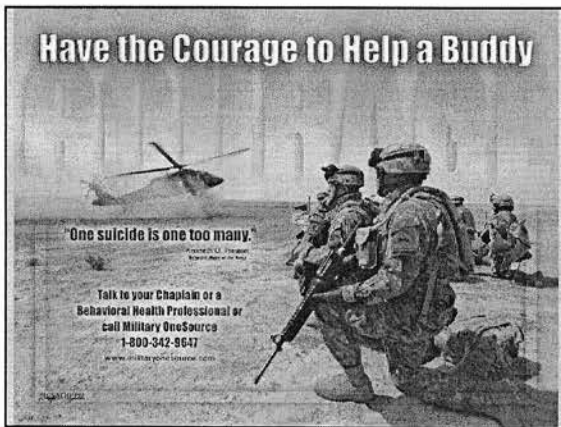
Methods

- Hanging
- Pesticide poisoning
- Firearms
- Asphyxiation
- Blunt force trauma
- Exsanguination
- Overdose



Prevention

- Global and collective
- Screening
- Crisis hotlines
- Restrict access
- Treat underlying disorders
- Admission



Family Murder

- Definition: The intentional extinction of the existing family system by a member of the family, or the intention to exterminate the system
- Mood Disorder > Psychotic Disorder
- Personality Disorders
- Dependent traits
- Psychosocial stressors

Contributing Factors

- Childhood abuse
- Infidelity
- Alcohol/Drug Abuse
- Psychosis
- Perpetrator suicidality

