

# ! "Psychiatry for USMLE" !

## Section 2: Pathology

### Child Abuse

 ALL suspected cases MUST be reported → Child Protective Services

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### Types of Child Abuse

Type	Key Signs	Epidemiology
Neglect	Poor hygiene, malnutrition, withdrawal, failure to thrive	Most common form
Physical abuse	Non-accidental injuries, multiple healing stages, patterned bruises, burns	40% of deaths occur in children < 1 yr
Sexual abuse	STIs, UTIs, genital/anal/oral trauma; often no physical signs	Peak age 9-12 yr
Emotional abuse	Poor bonding, aggression, anxiety, somatic symptoms	~80% develop ≥ 1 psychiatric illness

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## Physical Abuse — USMLE Red Flags

- Inconsistent history
- Delay in seeking care
- Injuries not compatible with developmental stage
- Shaken baby syndrome:
  - Subdural hematomas
  - Retinal hemorrhages

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## Sexual Abuse — Exam Pearl

Absence of physical findings does NOT rule out sexual abuse

- Behavioral clues often more important than physical signs
- Sexualized behavior inappropriate for age

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## Emotional Abuse — Long-Term Impact

- Emotional lability
  - Anger outbursts
  - Social withdrawal
  - Vague, unexplained somatic complaints
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## Vulnerable Child Syndrome

### Definition

Parents perceive child as unusually fragile or ill →  
WITHOUT intentional fabrication

### Key Points

- Often follows serious illness or near-death event
- Leads to:
  - Excessive medical visits
  - Missed school
  - Overprotection

### Important Distinction

- Not Factitious Disorder Imposed on Another

- No deliberate falsification

## Flowchart: Vulnerable Child Syndrome

Child experiences serious illness



Parental anxiety persists



Perception of child as fragile



Excessive healthcare use / school absence

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## USMLE Takeaways ✨

- Grief  $\neq$  depression unless criteria met
  - Developmental milestones = ranges
  - Always report suspected child abuse
  - Absence of physical findings  $\neq$  absence of abuse
  - Vulnerable child syndrome is unintentional
-

## Childhood & Early-Onset Disorders 🧠

### Attention-Deficit/Hyperactivity Disorder (ADHD)



Onset: Symptoms before age 12 (diagnosis reliably after age  $\geq 4$ )

Core features:

- Inattention, hyperactivity, and/or impulsivity
- Present in  $\geq 2$  settings (school, home, places of worship, etc.)

Key Points

- Normal intelligence
- Often persists into adulthood
- Frequently comorbid with learning and behavioral disorders

Treatment

- First line: Stimulants (e.g., methylphenidate)
- $\pm$  Behavioral therapy

- Alternatives: Atomoxetine,  $\alpha$  2-agonists (clonidine, guanfacine)

## Flowchart (ADHD Diagnosis)

Symptoms before 12



Present in  $\geq 2$  settings



Functional impairment



Exclude other causes



ADHD

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## Autism Spectrum Disorder (ASD)

Onset: Early childhood

Core features:

- Social & communication deficits

- Restricted interests
- Repetitive/ritualized behaviors

## Associations

- Male predominance
- Intellectual disability or isolated superior skills (e.g., music)
- ↑ head/brain size

## USMLE Pearl ★

ASD ≠ language delay alone; social reciprocity deficit is key.

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## Conduct Disorder 🚓

Definition: Persistent violation of societal norms/rights of others

Examples: Aggression, property destruction, theft

Important Distinction

- Children: Conduct disorder
- Adults ( $\geq 18$ ): Antisocial personality disorder

Treatment: Psychotherapy (e.g., CBT)

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## Disruptive Mood Dysregulation Disorder (DMDD)



Onset: Before age 10

Features:

- Severe, recurrent temper outbursts
- Persistent irritability between outbursts

Treatment: CBT, stimulants, antipsychotics

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DMDD helps prevent overdiagnosis of pediatric bipolar disorder.

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Intellectual Disability 

Definition: Global cognitive deficits (vs specific learning disorder)

Impairments

- Reasoning, memory, abstract thinking
- Adaptive functioning (education, employment, independence)

Treatment:

Psychotherapy, occupational therapy, special education

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## Intermittent Explosive Disorder

Onset: After age 6

Features

- Sudden verbal/physical aggression
- Outbursts < 30 minutes
- Out of proportion to provocation
- Not premeditated
- Relief → remorse

Treatment: Psychotherapy, SSRIs

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## Oppositional Defiant Disorder (ODD) 🧒

Definition:  $\geq 6$  months of:

- Anger/irritability
- Argumentative, defiant, vindictive behavior

Target: Authority figures

Treatment: Psychotherapy (CBT)

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## Selective Mutism 🗑️

Onset: Before age 5

Definition: Failure to speak in specific settings despite speaking elsewhere

Key Points

- Anxiety disorder

- Normal speech/language development
- Often comorbid with social anxiety disorder

Treatment: Behavioral, family & play therapy; SSRIs

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## Separation Anxiety Disorder

Definition: Excessive fear of separation for  $\geq 4$  weeks

Notes

- Normal up to age 3-4
- May present with factitious physical complaints to avoid school

Treatment: CBT, play therapy, family therapy

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## Specific Learning Disorder

Onset: School age

Definition: Difficulty in a specific domain (reading, writing, math) for  $\geq 6$  months despite intervention

## Key Distinction

- Normal intelligence
- Normal general functioning

Treatment: Academic support, counseling, extracurriculars

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## Tourette Syndrome

Onset: Before age 18

Definition:

- Multiple motor tics and  $\geq 1$  vocal tic
- Duration > 1 year

Associations

- ADHD
- OCD
- Coprolalia (minority)

Treatment

- Psychoeducation, behavioral therapy

- Severe tics: tetrabenazine, antipsychotics,  $\alpha$ 2-agonists
- 

## Orientation

Definition: Awareness of time, place, person

Order of loss:

Time → Place → Person

### Common Causes

- Alcohol/drugs
  - Electrolyte imbalance
  - Head trauma
  - Hypoglycemia
  - Infection
  - Nutritional deficiencies
  - Hypoxia
-

# Amnesias

## Retrograde Amnesia

- Inability to recall events before CNS insult

## Anterograde Amnesia

- Inability to form new memories after CNS insult
  - Most commonly tested
- 

## Korsakoff Syndrome

Cause: Vitamin B1 (thiamine) deficiency

### Features

- Anterograde > retrograde amnesia
- Disorientation
- Confabulations

### Pathology

- Damage to mammillary bodies & anterior thalamus

- Late manifestation of Wernicke encephalopathy

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Always give thiamine before glucose in alcohol use disorder.

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## Dissociative Disorders

Depersonalization / Derealization Disorder

Features

- Detachment from self (depersonalization) or surroundings (derealization)
  - Reality testing intact (vs psychosis)
- 

## Dissociative Amnesia

Definition

- Inability to recall personal information after trauma

May include

- Dissociative fugue: sudden travel away from home
- 

## Dissociative Identity Disorder 🧠👤

Definition

- $\geq 2$  distinct identities with separate memories

Associations

- Childhood sexual abuse
- PTSD
- Depression
- Substance use
- Borderline personality disorder

Epidemiology

- More common in females
-

# Delirium

## Definition

Acute, reversible disturbance of:

- Consciousness
- Attention
- Cognition

## Core Features

- Waxing and waning course
- ↓ attention & arousal
- Disorganized thinking
- Visual hallucinations
- Sleep-wake cycle disturbance
- Agitation

Mnemonic: Delirium = Sensorium changes

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## Common Causes

- Infection
- Metabolic/electrolyte disturbances
- CNS disease or trauma
- Substance use or withdrawal
- Medications (anticholinergics, opioids, benzodiazepines)
- Urinary/fecal retention

## Epidemiology

- Most common cause of altered mental status in hospitalized patients
  - Especially ICU & elderly
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## Investigations

- EEG: Diffuse background slowing 
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## Management

### Primary

- Identify & treat underlying cause

## Supportive

- Orientation aids (clock, calendar)
- Normalize sleep
- Cognitive stimulation

## Medications

- Haloperidol PRN for severe agitation

## Avoid

- Unnecessary restraints
- Anticholinergics
- Benzodiazepines (unless withdrawal)

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-> Flowchart (Delirium Approach)

Acute mental status change



Fluctuating consciousness + ↓ attention



Identify medical cause



Treat underlying illness



Supportive care ± antipsychotic

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## One-Look Exam Summary 🧠 ✨

- ADHD → stimulants
  - ASD → social deficits + repetitive behaviors
  - Conduct → antisocial disorder (adult) or conduct disorder (children)
  - Tourette → motor + vocal tics >1 yr
  - Korsakoff → B1 deficiency + confabulation
  - Delirium → acute, fluctuating, reversible
- 

## Psychosis 🧠

## Definition

Psychosis is a distorted perception of reality characterized by:

- Delusions
- Hallucinations
- Disorganized thought or speech

## Causes

- Primary psychiatric illness (e.g., schizophrenia)
  - Medical conditions (e.g., delirium, dementia)
  - Substance or medication use
- 

## Delusions

### Definition

False, fixed, idiosyncratic beliefs that:

- Persist despite evidence to the contrary

- Are not consistent with the patient's culture or religion

## Examples

- Thought broadcasting ("others can read my thoughts")

## Types (USMLE-Relevant)

- Erotomaniac - someone is in love with me
- Grandiose - special powers, wealth, identity
- Jealous - partner is unfaithful
- Persecutory - being targeted or harmed
- Somatic - false bodily dysfunction
- Mixed / unspecified

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## Disorganized Thought & Speech

### Forms

- Word salad - incoherent speech

- Tangential - never reaches the point
- Loose associations - ideas jump with weak connections

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Disorganized speech strongly suggests schizophrenia spectrum disorders.

## Hallucinations

### Definition

Perception without external stimulus

### Types & Associations (HIGH-YIELD)

Type	Common Association
Auditory	Psychiatric illness (schizophrenia)
Visual	Neurologic disease, delirium, dementia, intoxication
Tactile	Alcohol withdrawal, stimulants ("cocaine crawlies")
Olfactory	Temporal lobe epilepsy, brain tumors (e.g., burning rubber)

Gustatory	Rare; epilepsy
Hypnagogic	Occurs while falling asleep (narcolepsy)
Hypnopompic	Occurs while waking up (narcolepsy)

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## Hallucinations vs Illusions ⚠️

- Hallucination → no external stimulus
  - Illusion → misinterpretation of real stimulus
    - Example: mistaking a shadow for a black cat 🐱
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## Mood Disorders 😊😞

### Definition

Disorders characterized by:

- Abnormal mood states
- Loss of emotional regulation
- Functional impairment

Includes

- Major depressive disorder
- Bipolar disorder
- Dysthymic disorder
- Cyclothymic disorder

## Psychotic Features

- Can occur during mood episodes
  - Not during hypomania
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## Schizophrenia Spectrum Disorders

### Schizophrenia

#### Definition

Chronic psychotic illness causing severe functional impairment

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#### Symptom Categories

Positive (Added behaviors) +

- Delusions
- Hallucinations
- Disorganized speech
- Bizarre behavior

### Negative (Loss of function) —

- Flat/blunted affect
- Apathy
- Anhedonia
- Alogia
- Social withdrawal

### Cognitive

- Impaired working memory
- Poor planning
- Inattention

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### Diagnostic Criteria (VERY HIGH-YIELD)

≥ 2 symptoms, with ≥1 from first 3, lasting:

- $\geq 1$  month active symptoms
- $\geq 6$  months total duration

## Symptoms

1. Delusions
2. Hallucinations (often auditory)
3. Disorganized speech
4. Disorganized or catatonic behavior
5. Negative symptoms

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## Pathophysiology & Associations

- $\uparrow$  Dopamine activity
- $\uparrow$  Serotonin activity
- $\downarrow$  Dendritic branching
- Ventriculomegaly on imaging
- $\uparrow$  Suicide risk

## Epidemiology

- Lifetime prevalence  $\sim 1.5\%$

- Males > females
- Earlier onset:
  - Males: late teens-early 20s
  - Females: late 20s-early 30s

### Substance Association

- Heavy adolescent cannabis use → ↑ psychosis risk & severity
- 

### Treatment

- First line: Atypical antipsychotics (e.g., risperidone)
- ⚠ Negative symptoms often persist even after positive symptoms improve.
- 

### Flowchart: Psychotic Disorder Duration

Psychotic symptoms present



1 day-1 month → Brief psychotic disorder



1-6 months → Schizophreniform disorder



≥6 months → Schizophrenia

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## Other Schizophrenia Spectrum Disorders

### Brief Psychotic Disorder

- ≥1 positive symptom
  - Duration 1 day-1 month
  - Often stress-related
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### Schizophreniform Disorder

- ≥2 symptoms
  - Duration 1-6 months
-

## Schizoaffective Disorder

- Features of schizophrenia + mood disorder

### Key Diagnostic Rule (EXAM FAVORITE ★)

≥ 2 weeks of psychosis WITHOUT mood symptoms

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## Delusional Disorder

- ≥1 delusion lasting >1 month
  - No other psychotic symptoms
  - Overall functioning largely intact
  - May be shared (folie à deux)
- 

## Schizotypal Personality Disorder

- Cluster A personality disorder
- Odd beliefs, behavior, speech
- Brief, mild psychotic episodes

- Less severe than schizophrenia
- 

## Manic Episode

### Definition

Distinct period of:

- Elevated, expansive, or irritable mood
- ↑ energy and activity

### Duration

- $\geq 1$  week
  - Any duration if hospitalization required
- 

### Diagnostic Features — DIG FAST

- Distractibility
- Impulsivity / indiscretion
- Grandiosity

- Flight of ideas
- Activity ↑ / psychomotor agitation
- Sleep ↓ (decreased need)
- Talkativeness / pressured speech

Requires

- ≥3 symptoms
  - Marked functional impairment
- 

Flowchart: Mania vs Hypomania

Elevated or irritable mood



Marked impairment or hospitalization?



Yes → Mania

No → Hypomania

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Final USMLE Rapid Review ⚡

- Auditory hallucinations → psychiatric
  - Visual hallucinations → delirium/neurologic
  - Schizophrenia →  $\geq 6$  months
  - Schizoaffective → 2 weeks psychosis alone
  - Mania → DIG FAST + impairment
- 

## Hypomanic Episode

Definition:

Similar to mania but less severe

Key Features

- Elevated or irritable mood
- ↑ energy or activity 
- No psychotic features
- No marked social/occupational impairment
- No hospitalization required
- Duration  $\geq 4$  consecutive days

 USMLE trap:

If hospitalization or psychosis → mania, not hypomania

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## Bipolar Disorders

### Bipolar I Disorder

Requires:

- $\geq 1$  manic episode
- $\pm$  hypomanic or depressive episodes

### Bipolar II Disorder

Requires:

- $\geq 1$  hypomanic episode
- $\geq 1$  major depressive episode
-  No manic episodes ever

 Mood usually returns to baseline between episodes

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## Key Clinical Pearls

- Antidepressants alone can destabilize mood 
- High suicide risk
- Patients may appear "normal" between episodes

## Treatment

- Mood stabilizers: lithium, valproate, carbamazepine, lamotrigine
  - Atypical antipsychotics
- 

## Cyclothymic Disorder

Definition:

Chronic, milder bipolar-like disorder

Criteria

- Fluctuating hypomanic + mild depressive symptoms
- Duration  $\geq 2$  years
- Symptoms present  $\geq 50\%$  of the time

- Remission  $\leq$  2 months

 Think: "emotional roller coaster, but never extreme"

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## Major Depressive Disorder (MDD)

### Diagnostic Criteria

- $\geq$  5 symptoms
- Duration  $\geq$  2 weeks
- Must include depressed mood OR anhedonia

### SIG E CAPS (memorize!)

- Sleep disturbance
- $\downarrow$  Interest (anhedonia)
- Guilt / worthlessness
- $\downarrow$  Energy
- $\downarrow$  Concentration
- Appetite / weight change
- Psychomotor agitation or retardation
- Suicidal ideation

 Always screen for past mania/hypomania → rule out bipolar disorder

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## Treatment

- First line: CBT + SSRIs
  - Alternatives: SNRIs, mirtazapine, bupropion
  - Severe/refractory: ECT, ketamine
- 

## MDD With Psychotic Features

### Definition

- MDD + hallucinations or delusions
- Psychosis is mood-congruent
  - Guilt, punishment, nihilism, disease, death

 Occurs ONLY during depressive episode  
(vs schizoaffective disorder)

### Treatment

- Antidepressant + atypical antipsychotic
  - ECT highly effective ⚡
- 

### Persistent Depressive Disorder (Dysthymia)

- Chronic, low-grade depression
- $\geq 2$  depressive symptoms
- Duration  $\geq 2$  years ( $\geq 1$  year in children)
- Remission  $\leq 2$  months

 Often described as "I've always felt this way"

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### MDD With Seasonal Pattern

- Depressive episodes in specific seasons (usually winter)
- Present  $\geq 2$  consecutive years
- Atypical features common

Treatment

- Standard MDD therapy
  - + Light therapy 
- 

## Depression With Atypical Features

### Features

- Mood reactivity 
- Hypersomnia
- Hyperphagia
- Leaden paralysis
- Rejection sensitivity

 Most common depression subtype

### Treatment

- CBT + SSRIs (first line)
  - MAOIs effective but not first line 
- 

## Peripartum Mood Disorders

## Postpartum Blues

- 50-85%
  - Onset: 2-3 days postpartum
  - Tearfulness, fatigue
  - Resolves  $\leq$  2 weeks
  - Treatment: reassurance & support
- 

## MDD With Peripartum Onset

- 10-15%
  - Meets full MDD criteria
  - Onset during pregnancy or  $\leq$  4 weeks postpartum
  - Treatment: CBT + SSRIs
- 



## Postpartum Psychosis

- 0.1-0.2% (psychiatric emergency)
- Delusions, hallucinations
- Thoughts of harming baby or self

## Risk factors

- Bipolar disorder
- First pregnancy
- Family history
- Recent med change

## Treatment

- Hospitalization
  - Atypical antipsychotic
  - ECT if severe or refractory
- 

## Electroconvulsive Therapy (ECT)

### Indications

- Refractory depression
- Depression with psychosis
- Catatonia
- Acute suicidality

## Mechanism

- Induces controlled tonic-clonic seizure under anesthesia

## Adverse effects

- Headache
  - Disorientation
  - Temporary anterograde/retrograde amnesia (resolves  $\leq$  6 months)
- 📌 No absolute contraindications
- 📌 Safe in pregnancy and elderly
- 

## 💀 Suicide Risk Factors (Death)

Mnemonic: SAD PERSONS 🧠

- Sex (male)
- Age (young or elderly)
- Depression

- Previous attempt (⚠️ strongest predictor)
- Ethanol/drugs
- Rational thinking loss (psychosis)
- Sickness
- Organized plan
- No social support
- Stated future intent

📌 Women attempt more; men die more

📌 Firearms = most common method in the US

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### 🛡️ Protective Factors

- Effective psychiatric care
  - Strong family/community ties
  - Religious or cultural beliefs
  - Problem-solving skills
- 

## 😓 Anxiety Disorders

## Definition

- Excessive fear or worry disproportionate to stressors
  - Includes panic disorder, phobias, GAD, selective mutism
  - Not due to medical illness or substances
- 

## Panic Disorder

### ◆ Core Features

- Recurrent, unexpected panic attacks
  - Episodes of intense fear or discomfort
  - May occur with or without a trigger
  - Strong genetic component
  - ↑ suicide risk
- 

## Panic Attack Characteristics

- Abrupt onset

- Peaks within ~10 minutes
- Symptoms are systemic manifestations of fear

 ≥ 4 of the following symptoms:

- Palpitations
- Chest pain
- Shortness of breath
- Choking sensation
- Sweating
- Shaking
- Chills
- Paresthesias
- Lightheadedness
- Abdominal distress or nausea
- Depersonalization or derealization
- Fear of dying
- Fear of losing control

 Exam pearl:

Chest pain + dyspnea + fear of dying + rapid peak  
→ think panic attack, not MI.

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### Diagnostic Criteria (Beyond the Attack)

Diagnosis requires  $\geq 1$  month after an attack of  $\geq 1$  of the following:

- Persistent concern about additional attacks
  - Worry about consequences (eg, "I'm having a heart attack")
  - Behavioral change related to attacks (avoidance)
- 

### Treatment

- First line: CBT + SSRIs or venlafaxine
- Acute severe attacks: benzodiazepines (short term only)

 Avoid long-term benzos due to dependence.

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## Phobias

### ◆ Definition

- Severe, persistent fear of a specific object or situation
- Duration  $\geq$  6 months
- Patient usually recognizes fear is excessive

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### Types of Phobias

Type	Key Feature
Specific phobia	Fear of object/situation (eg, heights, animals)
Social anxiety disorder	Fear of embarrassment or scrutiny
Agoraphobia	Fear of being unable to escape or get help

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### Treatment (All Phobias)

- CBT with exposure therapy = cornerstone 

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## Social Anxiety Disorder

### ◆ Key Features

- Intense fear of social or performance situations
- Fear of embarrassment or negative evaluation
- Examples: public speaking, eating in public, using public restrooms

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## Treatment

- CBT
- SSRIs or SNRIs

### Performance-only subtype (eg, public speaking):

- $\beta$ -blockers or benzodiazepines PRN

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## Agoraphobia

## ◆ Definition

Fear or avoidance of  $\geq 2$  situations due to concern that escape or help may be unavailable

## Common Situations

- Public transportation
- Open spaces
- Enclosed spaces
- Lines or crowds
- Being outside home alone

 Often associated with panic disorder

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## Treatment

- CBT
  - SSRIs
- 

## Generalized Anxiety Disorder (GAD)

## ◆ Definition

- Excessive, uncontrollable worry
  - About multiple aspects of daily life
  - Occurs most days for  $\geq 6$  months
- 

## Associated Symptoms

Adults require  $\geq 3$  (children  $\geq 1$ )

Mnemonic: CRIMES 

- Concentration difficulty
  - Restlessness
  - Irritability
  - Muscle tension
  - Energy low (fatigue)
  - Sleep disturbance
- 

## Treatment

- First line: CBT, SSRIs, SNRIs
- Second line: buspirone, TCAs
- Third line: benzodiazepines (short term only)

 Exam tip:

GAD = chronic, diffuse worry

Panic disorder = episodic, intense fear

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## Obsessive-Compulsive & Related Disorders

### Obsessive-Compulsive Disorder (OCD)

#### ◆ Core Components

- Obsessions: intrusive, distressing thoughts or urges
- Compulsions: repetitive behaviors to reduce distress

 Behaviors are time-consuming and impair function

 Poor insight = worse prognosis

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## Associations

- Tic disorders
  - Anxiety disorders
- 

## Treatment

- First line: CBT (exposure + response prevention) + SSRIs
  - Second line: clomipramine, venlafaxine
- 

## Body Dysmorphic Disorder

### ◆ Definition

- Preoccupation with imagined or minor physical defects
- Causes significant distress
- Repetitive behaviors (mirror checking, grooming)

 Common in eating disorders

## Treatment

- CBT
- 

## Trichotillomania

### ◆ Definition

- Compulsive hair pulling
- Persistent despite attempts to stop
- Causes distress or impairment

## Clinical Clue

- Patchy hair loss
- Remaining hairs of different lengths  
(vs alopecia areata → smooth bald patches)

## Treatment

- CBT
  - SSRIs
-

## Trauma & Stressor-Related Disorders

### Adjustment Disorder

#### ◆ Definition

- Emotional or behavioral symptoms
- Occur within 3 months of identifiable stressor
- Resolve < 6 months after stressor ends

 Does NOT meet criteria for another psychiatric disorder

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### Diagnostic Flow

Stressful life event



Symptoms begin within 3 months



Symptoms < 6 months after stressor ends



No criteria met for MDD, GAD, PTSD



## → Adjustment disorder

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### Treatment

- CBT (first line)
  - Antidepressants/anxiolytics if needed
- 

### Post-Traumatic Stress Disorder (PTSD)

#### ◆ Trigger

- Exposure to actual or threatened death, injury, or sexual violence
- 

### Core Features

Mnemonic: HARD 

- Hyperarousal

- Avoidance
  - Re-experiencing (flashbacks, nightmares)
  - Distress / negative cognition or mood
- 

### Duration

- > 1 month
  - Causes functional impairment
- 

### Treatment

- First line: CBT, SSRIs, venlafaxine
  - Nightmares: prazosin 🌙
- 

### Acute Stress Disorder

- ◆ Key Differences from PTSD
  - Same symptom clusters
  - Duration: 3 days - 1 month

## Treatment

- CBT
  - Medications usually not indicated
- 

## High-Yield Comparison Flowchart

Trauma exposure



Symptoms < 1 month → Acute stress disorder

Symptoms > 1 month → PTSD

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## Personality Disorders

Definition:

- Inflexible, maladaptive, pervasive patterns of behavior
- Cause distress or impaired functioning
- Usually egosyntonic (patient unaware)

- Present by early adulthood

Clusters (easy mnemonics):

Cluster	Mnemonic	Core Features	Key Associations
A	Weird	Odd, eccentric, socially awkward	Genetic ↑ with schizophrenia
B	Wild	Dramatic, emotional, erratic	Genetic ↑ with mood disorders, substance use
C	Worried	Anxious, fearful	Genetic ↑ with anxiety disorders

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### Cluster A - Odd / Eccentric

Disorder	Key Features
Paranoid	Distrust, suspicious, accusatory, hypervigilant

Schizoid	Social withdrawal, solitary, limited emotions, indifferent
Schizotypal	Eccentric, magical thinking, interpersonal awkwardness, brief psychotic episodes possible

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### Cluster B - Dramatic / Emotional / Erratic

Disorder	Key Features	Notes / Treatment
Antisocial	Disregard for others, lack of remorse, impulsive, manipulative	Must be $\geq 18y$ with CD $< 15y$ ; M>F
Borderline	Unstable mood & relationships, fear of abandonment, self-harm, splitting	Females>males; Dialectical Behavior Therapy (DBT)
Histrionic	Attention-seeking, dramatic, shallow emotions, seductive	

Narcissistic	Grandiosity, entitlement, lack of empathy, fragile self-esteem	Reacts to criticism with rage; "must be best"
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## Cluster C - Anxious / Fearful

Disorder	Key Features
Avoidant	Hypersensitive to rejection, socially inhibited, desires relationships
Obsessive-Compulsive	Preoccupation with order, perfectionism, control; egosyntonic
Dependent	Clingy, submissive, low confidence, prone to abusive relationships

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 Malingering vs Factitious vs Somatic Disorders

Feature	Malingering	Factitious	Somatic Symptom Disorders
Symptoms	Intentional	Intentional	Unconscious
Motivation	External (secondary gain: avoid work, compensation)	Internal (primary gain: sick role, attention)	None / unconscious
Compliance	Poor with treatment/tests	Often undergoes procedures	Regular visits, seeks reassurance

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## Factitious Disorders

Type	Key Features	Notes
Imposed on self	Chronic, physical symptoms, multiple hospitalizations	Munchausen syndrome; more common in females & HCWs

Imposed on another	Illness created or fabricated in someone else	Munchausen by proxy; form of child/elder abuse
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## Somatic Symptom & Related Disorders

Disorder	Key Features	Typical Demographics / Notes
Somatic Symptom Disorder	≥1 physical complaint (eg, pain, fatigue), persistent anxiety about symptoms	Chronic, may co-occur with medical illness; treatment = regular follow-up & reassurance
Conversion Disorder	Loss of sensory/motor function, la belle indifférence, often post-stressor	Females, adolescents, young adults
Illness Anxiety Disorder	Preoccupation with serious illness, minimal/no somatic symptoms	Excessive health-related anxiety

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## ⚡ High-Yield Tips / Mnemonics

- Clusters:
  - A = Weird, B = Wild, C = Worried
- Factitious vs Malingering:
  - "FM S" → Factitious = Sick role (internal),  
Malingering = Money / gain (external), Somatic =  
Subconscious"
- Borderline hallmark: Splitting ("all good" vs "all bad")
- Conversion clue: la belle indifférence → patient  
indifferent to symptom severity

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## 🍴 Eating Disorders

Disorder	Key Features	Typical Findings / Complications	Treatment
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Anorexia Nervosa	Fear of weight gain, distorted body image, calorie restriction	BMI <18.5; bradycardia, hypotension, hypothermia, lanugo, amenorrhea, osteoporosis; refeeding syndrome risk	Nutritional rehab, psychotherapy, olanzapine
- Restricting type	Dieting, fasting, over-exercising	No purging/bingeing	Same
- Binge-eating/purging type	Recurrent purging or bingeing	Hypokalemia common	Same
Bulimia Nervosa	Recurrent binge eating + compensatory purging $\geq 1$ /week	Often normal BMI; parotid hypertrophy, Russell sign, enamel erosion, electrolyte disturbances, metabolic alkalosis	Psychotherapy, nutritional rehab, SSRIs; avoid bupropion
Binge-Eating Disorder	Recurrent bingeing without purging $\geq 1$ /week	Obesity, $\uparrow$ diabetes risk	Psychotherapy, SSRIs, lisdexamfetamine
Pica	Eating non-food substances $\geq 1$ month	Iron deficiency anemia, malnutrition	Psychotherapy, nutritional rehab, SSRIs

Gender Dysphoria	Incongruence between gender identity & assigned sex ≥6 months; distress	Interferes with social, academic, or occupational function	Social, legal, and/or medical gender affirmation
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## Sexual Dysfunction

- Types: Desire disorders (hypoactive/aversion), arousal disorders (ED), orgasmic (anorgasmia, premature ejaculation), pain disorders (genito-pelvic pain)
  - Differential (PENIS mnemonic):
    - Psychological → nighttime erections still occur
    - Endocrine → diabetes, low testosterone
    - Neurogenic → post-op, spinal cord injury
    - Insufficient blood flow → atherosclerosis
    - Substances → meds, alcohol, SSRIs
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## Sleep Disorders

Disorder	Key Features	Notes / Treatment
Sleep Terror Disorder	Screaming, inconsolable, during N3 non-REM, no memory	Children, triggered by stress/fever/lack of sleep; usually self-limited
Enuresis	Nighttime incontinence $\geq 2x/week$ $\geq 3$ months, $>5y$ old	Behavioral modification first-line; alarms or desmopressin if refractory
Narcolepsy	Excessive daytime sleepiness $\geq 3/week$ for 3 months	$\downarrow$ Orexin, cataplexy, hypnagogic/hypnopompic hallucinations, sleep paralysis; treatment = sleep hygiene, stimulants, sodium oxybate

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## Substance-Related Disorders

Substance Use Disorder: Maladaptive pattern of use  $\geq 2$  of the following in 12 months:

- Tolerance, withdrawal
- Craving, using more/longer than intended
- Failed attempts to cut down
- Impaired functioning, social conflicts
- Dangerous use, continued use despite harm

Note: Tolerance/withdrawal from prescribed use (eg, opioids, stimulants) does not automatically indicate SUD.

Gambling Disorder:  $\geq 4$  of the following:

- Preoccupation, needing more excitement
- Failed attempts to stop
- Restlessness/irritability when stopping
- Gambling to escape negative feelings
- Chasing losses, lying, risking relationships, financial dependence
- Treatment: psychotherapy

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## ⚡ High-Yield Mnemonics / Tips

- Eating disorder red flags: "A B B P" → Anorexia, Bulimia, Binge-eating, Pica
- Refeeding syndrome: Malnourished → sudden ↑ calories → ↑ insulin → ↓  $\text{PO}_4^{3-}$ ,  $\text{K}^+$ ,  $\text{Mg}^{2+}$  → cardiac/rhabdo/seizures
- Narcolepsy mnemonic: CATS → Cataplexy, Altered sleep onset (REM), Tiredness (daytime), Sleep hallucinations
- Russell sign: Dorsal hand calluses in bulimia from induced vomiting



## Transtheoretical Model of Change

Stage	Features	Motivational Strategies
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Precontemplation	Denies problem; unaware of consequences	Encourage introspection, link risks to personal priorities, affirm availability
Contemplation	Acknowledges problem, ambivalent about change	Discuss pros/cons, suggest support, provide resources
Preparation / Determination	Committed, planning behavior change	Motivational interviewing, encourage initial steps, provide resources
Action / Willpower	Executes change	Self-efficacy strategies, coping skills, contingency management
Maintenance	Sustained behavior change	Reinforce habits, evaluate relapse risk, praise progress
Relapse	Regression to old behavior	Tailor response based on severity, reassure, encourage restart

Key: Change is cyclical, not linear; relapse is common and part of the process.

## Psychiatric Emergencies

Emergency	Cause / Trigger	Manifestation	Treatment / Notes
Serotonin Syndrome	↑ S-HT (MAOIs, SSRI/SNRI, TCAs, tramadol, MDMA, linezolid, St. John's wort)	3 A's: Activity (clonus, hyperreflexia, tremor, seizure), Autonomic (hyperthermia, diaphoresis, diarrhea), Altered mental status	Benzodiazepines & supportive care; Cyproheptadine if severe; prevention = avoid multiple serotonergic drugs/washout
Hypertensive Crisis	MAOIs + tyramine-rich foods (cheese,	Severe hypertension via ↑ NE	Phentolamine

	cured meats, wine, chocolate)		
Neuroleptic Malignant Syndrome (NMS)	Antipsychotics (typical > atypical) + genetic risk	Malignant FEVER: Fever, Encephalopathy, Vitals unstable, Enzymes ↑ (CK), Rigidity ("lead pipe")	Dantrolene, bromocriptine/amantadine, benzodiazepines; discontinue causative agent
Delirium Tremens	Alcohol withdrawal (2-4 days after last drink)	Altered mental status, hallucinations, autonomic hyperactivity, seizures, tremors, agitation	Long-acting benzodiazepines
Acute Dystonia	Typical antipsychotics, anticonvulsants	Sudden muscle spasms, oculogyric crisis, stiffness; may	Benztropine or diphenhydramine

	(carbamazepine), metoclopramide	→ laryngospasm	
Lithium Toxicity	↑ dose, ↓ renal clearance (AKI, ACE inhibitors, thiazides, NSAIDs)	Nausea, vomiting, slurred speech, hyperreflexia, seizures, ataxia, nephrogenic diabetes insipidus	Discontinue lithium, aggressive hydration (NaCl), consider hemodialysis
Tricyclic Antidepressant (TCA) Toxicity	Overdose	Sedation, anticholinergic effects, prolonged QT/QRS, convulsions, coma, cardiotoxicity	Supportive care, ECG monitoring, NaHCO <sub>3</sub> to prevent arrhythmia, activated charcoal



Mnemonic Tips:

- Serotonin syndrome → 3 A's: Activity, Autonomic, Altered mental status
  - NMS → FEVER: Fever, Encephalopathy, Vitals unstable, Enzymes ↑, Rigidity
  - Transtheoretical model → "PC-PAM-R":  
Precontemplation → Contemplation → Preparation  
→ Action → Maintenance → Relapse
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## Psychoactive Drug Intoxication & Withdrawal

Class	Drug / Mechanism	Intoxication Features	Withdrawal Features / Treatment
Depressants			
Alcohol	GABA-A positive allosteric modulator, inhibits NMDA	Emotional lability, slurred speech, ataxia, coma, blackouts, AST>ALT ("ToAST 2 ALcohol")	Tremors, insomnia, diaphoresis, seizures, hallucinosis, delirium tremens; Tx: long-acting benzodiazepines

Barbiturates	GABA-A positive allosteric modulator	CNS depression, respiratory depression	Delirium, CV collapse; Tx: supportive, assist respiration/BP
Benzodiazepines	GABA-A positive allosteric modulator	Ataxia, minor respiratory depression	Seizures, sleep disturbance, depression; Tx: taper, flumazenil in overdose
Opioids	$\mu$ -opioid receptor agonist	Euphoria, CNS/resp depression, miosis, $\downarrow$ GI motility	Mydriasis, diarrhea, rhinorrhea, yawning, piloerection; Tx: symptom mgmt, methadone, buprenorphine
Inhalants	Enhance GABA signaling	Disinhibition, euphoria, ataxia, slurred speech, periorbital rash	Irritability, dysphoria, sleep disturbance, headache
Stimulants			
Amphetamines	Reverse monoamine transporters (DAT, SERT, NET, VMAT)	Euphoria, grandiosity, mydriasis, insomnia, hyperalertness, HTN, paranoia; skin excoriations	"Meth mites" (tactile hallucinations); Tx: benzos for agitation/seizures

Caffeine	Adenosine receptor antagonist	Palpitations, agitation, tremor, insomnia	Headache, difficulty concentrating, flu-like symptoms
Cocaine	Blocks reuptake of DA, NE, S-HT	Impaired judgment, mydriasis, diaphoresis, hallucinations, paranoia, angina, sudden cardiac death	Restlessness, hunger, depression, sleep disturbance; Tx: benzos for agitation
Nicotine	Central nicotinic ACh receptor stimulant	Restlessness	Irritability, anxiety, poor concentration, ↑ appetite; Tx: NRT, bupropion, varenicline
Hallucinogens / Other			
LSD	5-HT <sub>2A</sub> receptor agonist	Visual/auditory distortions, depersonalization, anxiety, paranoia, flashbacks, mydriasis	No specific withdrawal
Cannabis / THC	CB <sub>1</sub> receptor agonist	Euphoria, anxiety, paranoia, slowed time perception, ↑ appetite, dry mouth, conjunctival injection	Irritability, anxiety, insomnia, ↓ appetite, depression

MDMA (ecstasy)	Reverses monoamine transporters (SERT>DAT, NET)	Euphoria, hallucinations, hyperactivity, bruxism, hyperthermia, hyponatremia, serotonin syndrome	Depression, fatigue, appetite changes, difficulty concentrating, anxiety
Phencyclidine (PCP)	NMDA receptor antagonist	Violence, nystagmus, impulsivity, psychomotor agitation, tachycardia, HTN, analgesia, psychosis, delirium, seizures	No specific withdrawal; manage symptoms



### Mnemonic tips for withdrawal effects

- Alcohol: "6-48-96" timeline: tremors (6h), seizures (12-48h), hallucinosis (24-48h), delirium tremens (48-96h)
- Opioid: "COWS" - Cold turkey symptoms: yawning, lacrimation, rhinorrhea, diarrhea, piloerection
- Stimulants: Post-use crash → depression, lethargy, sleep disturbance, appetite changes



## Alcohol Use Disorder & Complications

- Diagnosis: Using general substance use disorder criteria.
- Complications: Thiamine (B1) deficiency, cirrhosis, hepatitis, pancreatitis, peripheral neuropathy, testicular atrophy.
- Treatment:
  - Naltrexone → reduces cravings (avoid in liver failure)
  - Acamprosate → supports abstinence (avoid in renal failure)
  - Disulfiram → aversive conditioning
  - Support groups: AA, therapy for patient & family

## Wernicke-Korsakoff Syndrome

- Cause: Thiamine (B1) deficiency, precipitated by glucose administration before thiamine.
- Triad: Confusion, ophthalmoplegia, ataxia (Wernicke) → chronic memory loss, confabulation, personality changes (Korsakoff).

- Treatment: IV thiamine before glucose.
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-> The End <-