

Psychiatric diagnosis and effect on communication

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Major Mental illness

Low prevalence disorder-

- psychotic disorders
- major mood disorders
 - BPAD
 - MDD
- OCD

High Prevalence disorders

- the anxiety d/os

Schizophrenia and related disorders

Positive symptoms

Negative symptoms

Affective symptoms

Cognitive deficits

Positive symptoms

Delusions

- Fixed false belief not in keeping with social/cultural background
- non-understandability
- Preoccupying+++
- Delusional disorder- often a degree of understandability.

Hallucinations

- Usually auditory
- In external space vs “minds eye”
- Often derogatory, running commentary
- Usually not recognisable

Passivity phenomena- thought insertion/ withdrawal/ broadcasting

Thought disorder

- Formal thought disorder
 - “Loosening of associations”
 - Disorganisation of language
 - In extreme a word salad
 - A challenge to understand
- Correspondence with disorganisation of behaviour
- Impulsivity/ unpredictability

Negative symptoms

- Amotivation/anergia
- Blunting of affect- inability to communicate emotion non-verbally
- Blunting of personality
- Executive dysfunction
- “cancer of the soul”
- Can be secondary to other factors including medication/ co-morbidities

Affective symptoms

Depression

Mania

Anxiety.

Cognitive deficits

Primarily executive- frontal lobe

Planning (self care)

Working memory

Attentional difficulties primary or secondary

Social intelligence/ awareness

Bipolar Affective Disorder

- Mania
 - Elevated mood/ labile mood
 - Decreased need for sleep, increased energy/ activity, increased risk taking behaviour, increased libido
 - Impulsive
 - Grandiose
 - Pressure of speech, racing thoughts
 - Can become psychotic (mood congruent)
 - Thought disordered- flight of ideas
 - Requires hospitalisation
 - Hypomania- attenuated symptoms- not psychotic or thought disordered

Major Depression

- Pervasively depressed mood, anhedonia, diurnal variation
- Insomnia, decreased appetite/ energy levels, poor concentration
- Cognitive and motor slowing (psychomotor retardation)
- Becks triad- hopelessness, helplessness, worthlessness
- Can become psychotic (mood congruent)
- Agitated depression
- Atypical depression
- dysthymia

Obsessive Compulsive Disorder

- Can be extremely debilitating
- “quasi- psychotic”
- Obsessions- intrusive egodystonic thoughts
- Compulsive behaviours- “undoing” – not always consciously
- Getting stuck
- Obsessional doubt- difficult when talking about risk- what ifs