

# Chapter-2 (j)

## Psychiatric Disorders

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### (j) Psychiatric Disorders

- **Depression**
- **Anxiety**
- **Psychosis**

Psychiatric disorders.

Psychiatric disorder also called mental health disorders, refers to a wide range of mental health conditions — disorders that affect your mood, thinking and behaviour. It includes as-

- **Depression.**
- **Anxiety disorders.**
- **Schizophrenia.**
- **Eating disorders and**
- **Addictive behaviours**
- **Psychosis.**

### **Depression.**

**Introduction**— It is not a disorder. It is just a imbalance condition of the brain activity of the individual leads to sadness or downswings in mood are normal reactions to life struggle, setbacks, and disappointments. Many people use the

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word “depression” to explain of some kinds of feeling/emotion, but depression is much more than just sadness.

Some people describes the depression as “living in a black hole” or having a feeling of impending doom. However, some depressed people do not feel sad at all-they may feel angry, aggressive, and restless. Depression interferes our ability to work, study, eat, sleep, and have fun leads to helplessness, hopelessness, and worthlessness.

## **Etiopathogenesis.**

Depression is varying on sex or age. It is describing as

1. Depression in men— Depressed men are less likely than women to acknowledge feelings of self-loathing and hopelessness. Instead, they tend to complain about fatigue, irritability, sleep problems, and loss of interest in work and hobbies.
2. Depression women— Rate of depression in women are twice as high as they are in men. This is due in part to hormonal factors, particularly when it come to premenstrual syndrome (PMS), premenstrual dysphoric disorder (PMDD), postpartum depression, and perimenopausal depression.
3. Depression in teens— Major cause for depression in teens is sadness. A depressed teenager may be hostile, grumpy, or easily lose his or her temper.
4. Depression in older adults— older adults face bereavement, loss of independence, and health problem can lead to depression. It is associated with poor health, a high mortality rate, and an increased risk of suicide.
5. Postpartum depression— Postpartum depression, in contrast, is a longer lasting and more serious depression triggered, in part, by hormonal changes associated with having a baby. It develops soon after delivery, but any depression that occurs within six months of childbirth may be postpartum depression.

## **Clinical manifestations.**

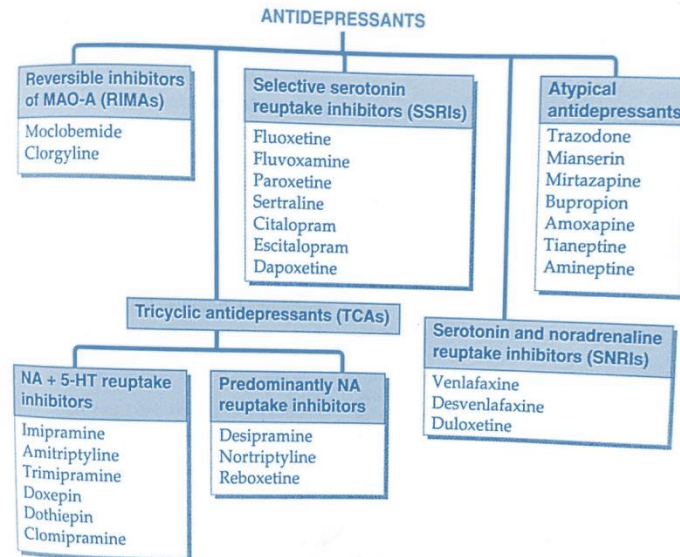
- Epilepsy (repeated, unpredictable seizures)
- Appetite or weight changes.
- Sleep changes (Insomnia or hypersomnia).
- Anger or irritability.
- Loss of strength, feeling fatigued, sluggish, and physically drained.
- Self-loathing.

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- Reckless behaviour.
- Concentration problem.
- Unexplained aches and pains.

## Pharmacological managements



## Non-pharmacological managements.

- Follow the diet rules and pattern because any disturbance in the digestive activity leads to the mental manifestations.
- Visit the religious and graceful places and try to spending much time on that place.
- Multimedia, internet etc. are one among the cause of the psychiatric disorder, so try to use those such things with proper time and need.
- Avoid the overthinking and bad habits and try to always indulges with your own work, which makes you pleasant.
- Regular practice of yoga and meditation it is the most important factor for managing the psychiatric disorders.

## Anxiety.

**Introduction**— The term anxiety has been used for decades to refer to thoughts and behaviours that were distressful in nature. But before they referred to these as “anxiety disorders”, they are called “neurosis” which means nervousness that was not based in fact. Anxiety can be described as a feeling of alarm or worry. It may be about something specific or it may be non-specific in nature. At certain level it improves our performance and allow people to avoid dangerous situations.

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This normally lasts for a short period causing no impairment in social or occupational functioning. When this anxiety is prolonged and affects social or occupational functioning, it is abnormal and accounts for anxiety “disorder”.

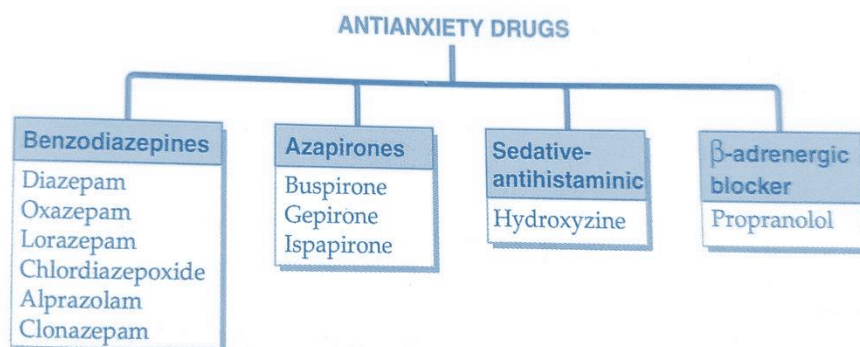
## Etiopathogenesis.

- Anxiety is of a greater degree than just everyday worries and patients do mention that they are not able to control these worries. They are frequently accompanied with physical symptoms as well. These symptoms have to present for most days at least for several weeks at a time.
- Patients often experience a state of intense apprehension, uncertainty, and fear resulting from the anticipation of a threatening event or situation, often to a degree that normal physical and psychological functioning is disrupted. This may be precipitated due to several reasons which are generally easily identified by patient himself.

## Clinical manifestations.

- Feelings that something undesirable.
- Dry mouth, swallowing difficulty, hoarseness.
- Rapid breathing and heartbeat, palpitations.
- Twitching or trembling.
- Muscle tension headaches backache.
- Dizziness or faintness.
- Difficulty in concentrating.
- Nausea, diarrhoea, weight loss.
- Memory problems and difficulty in concentrating.
- Sweating, fatigue, irritability.
- Sleeplessness and nightmare.

## Pharmacological managements



## **Non-pharmacological managements.**

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## **Psychosis.**

**Introduction**— Psychosis and the specific diagnosis of schizophrenia represent a major psychiatric disorder (or cluster of disorders) in which a person's perceptions, thoughts, mood and behaviour are significantly altered.

Psychosis is a common and functionally disruptive symptom of many psychiatric, neurodevelopmental, neurologic, and medical conditions and an important target of evaluation and treatment in neurologic and psychiatric practice.

### **Etiopathogenesis.**

A psychotic episode or disorder will result in the presence of one or more of the following five categories: delusions, hallucinations, disorganized thought, disorganized behaviour, negative symptoms. Some common causes similar to the anxiety but is also induced as-

- Genetic/heredity.
- Chemical imbalances.

### **Clinical manifestations.**

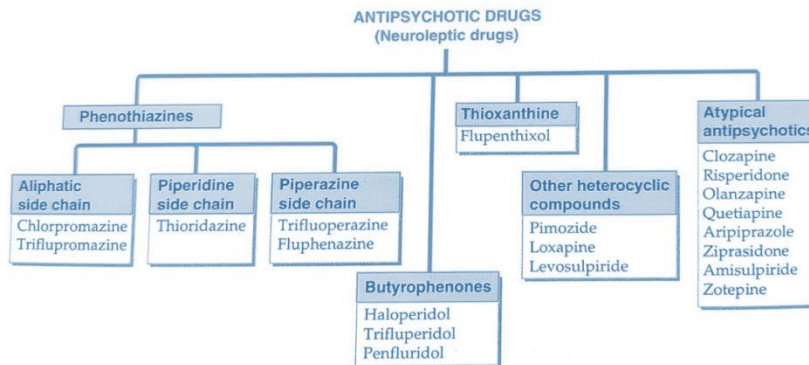
- Unusual and extremely slowed movements.
- Incoherent or disorganised speaking.
- Hallucinations, usually related to hearing voices or strange sounds.

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- Delusions
- Isolating behaviour.
- Feeling suspicious paranoid or afraid.
- Not caring about their hygiene and appearance.
- Depression anxiety and suicidal thought.

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