



ETIOLOGY IN PSYCHIATRY, CLASSIFICATION/DIAGNOSIS IN PSYCHIATRY

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SPECIAL THANKS TO:

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3. Dr. Mohammed Al-Sughayir, MD, Professor and Consultant of Psychiatry, College of medicine, King Saud University

Objectives:

- To discuss the **etiology of psychiatric disorders**.
- To list the **main classification systems** for Diagnosis in psychiatry.
- To discuss the **differences between ICD & DSM**
- To describe the differences between **primary and secondary psychiatric disorders**.
- To describe the differences between **psychosis and neurosis**.

Etiology:

➤ *The Complexity of etiological factors:*

1. *Time factors:*

- Causes are often remote in time from the effect they produce.

2. *Single cause:*

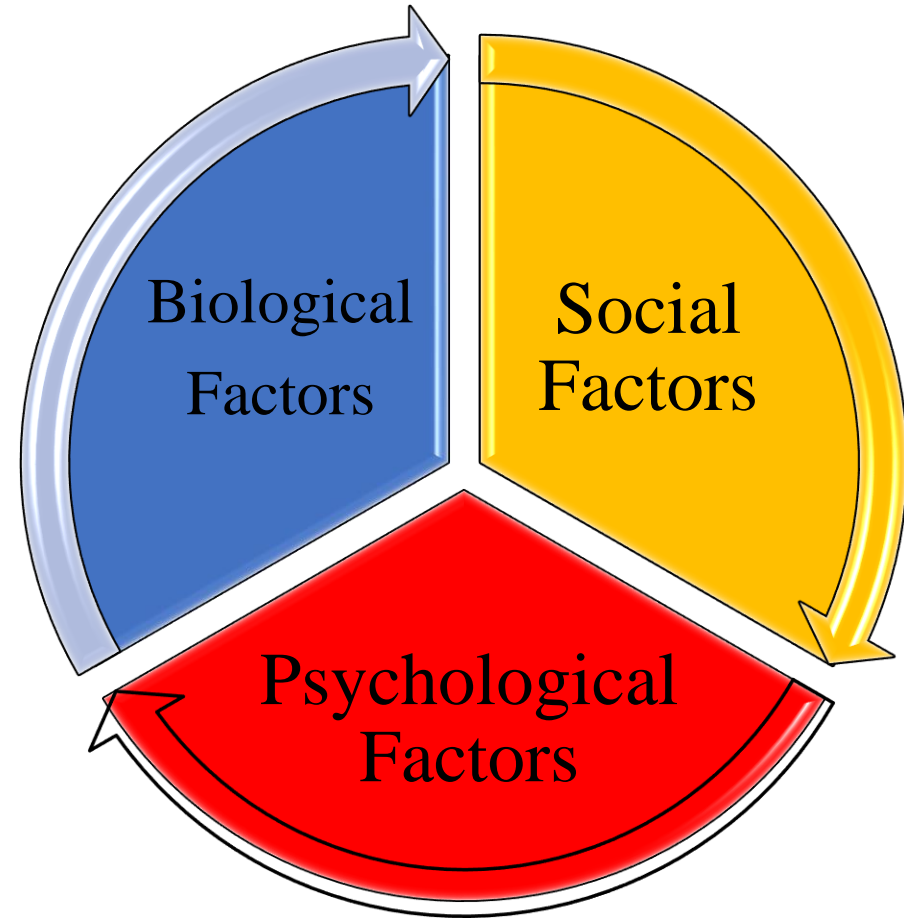
- May lead to several psychological effects e.g. deprivation from parental affection may lead to depression or conduct disorder in children and adolescents.

3. *Single effect:*

- May arise from several causes e.g. depression may be due to accumulation of several causes like endocrinopathies, psychosocial stresses, and side effects of some drugs.

Etiology in Psychiatry:

- Like other branches of Medicine, etiology of primary psychiatric illnesses is usually *multifactorial*
- Etiological factors can be classified into *biological, psychological, and social factors*: Bio-Psycho-Social Approach (Engel 1977)



Biological Factors

Psychological factors

Social Factors

- ❖ **Genetic:** e.g. in schizophrenia
- ❖ **Neuropathological:** e.g. dementia
- ❖ **Endocrinological:** e.g. hyper/hypothyroidism
- ❖ **Biochemical:** the monoamine neurotransmitters.
- ❖ **Pharmacological:** side effects of medications e.g. steroids
- ❖ **Metabolic:** DM
- ❖ **Inflammatory/ autoimmune**

- ❖ **Thinking distortions**
- ❖ **Emotional dysregulation**
- ❖ **Behavioral problems**
- ❖ **Unconscious conflicts**
- ❖ **Others**

- ❖ **Family factors:** lack of social support, criticism, and over protection within the family.
- ❖ **Life events :** Migration, unhappy marriage, problems of work, school, financial issues.

Predisposing factors



Constitution



Precipitating Factors



Perpetuating Factors



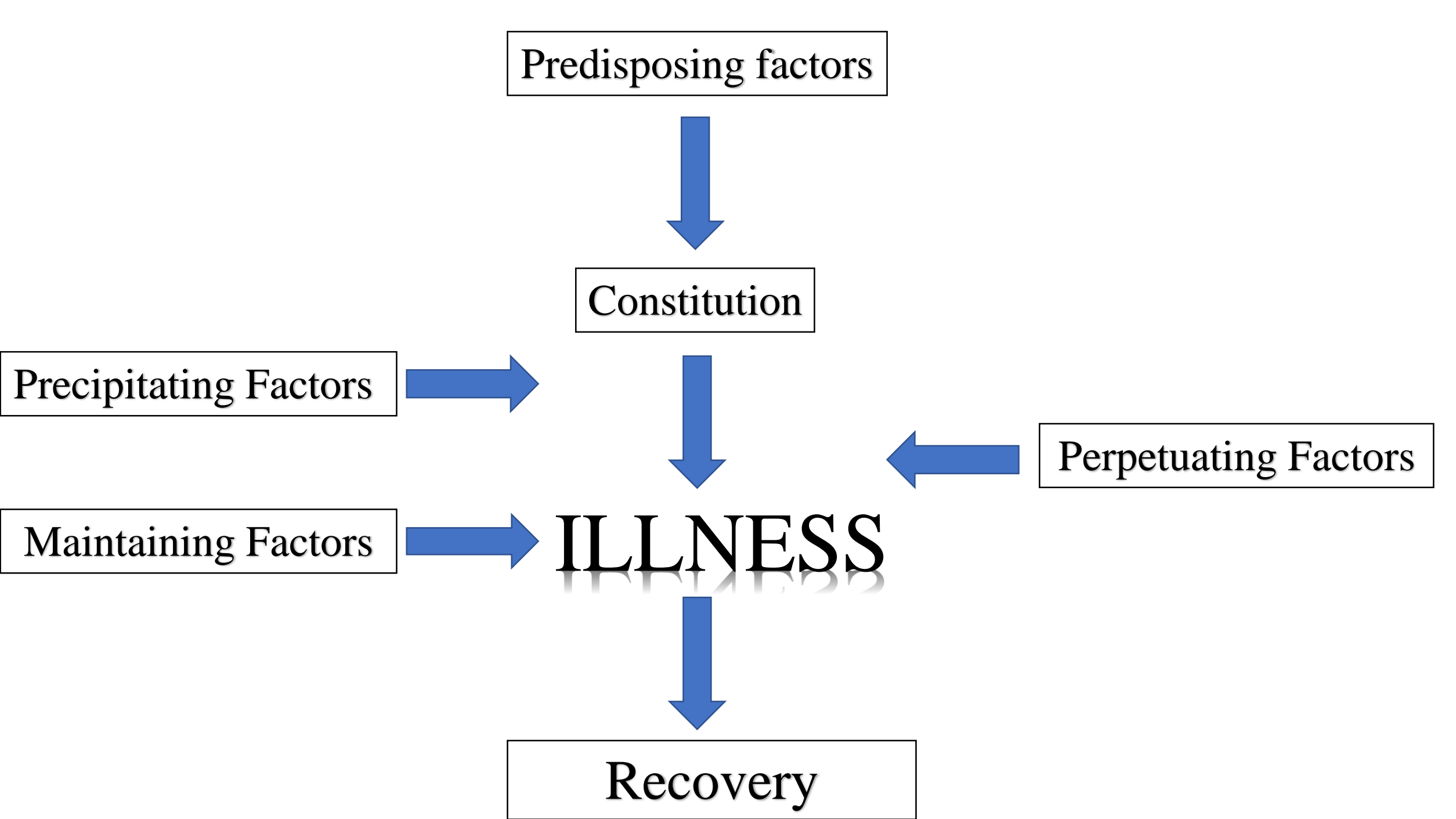
Maintaining Factors



ILLNESS



Recovery



Effect Nature		Effect			
		Predisposing	Precipitating	Aggravating	Maintaining
N A T U R E	<i>Bio</i>	E.g. Genetic predisposition e.g. panic disorder	E.g. First dose of cannabis abuse	E.g. Further abuse	E.g. Continuation of cannabis abuse
	<i>Psycho</i>	E.g. Abnormal personally traits with poor stress adaptation	E.g. Sudden or severe psychological stress	E.g. Further psychological stresses	E.g. Continuation of such stresses
	<i>Social</i>	E.g. Parental separation	E.g. Marriage	E.g. Marital conflict	E.g. continuation of marital problems

SUPERNATURAL

- Evil eye
- Witchcraft
- Possession



Islamic concepts

- ❖ **The effects of evil eyes, witchcraft and possessions on health in general is proven.**
- ❖ **They can be one of the major or minor etiological factors for any type of disease.**
- ❖ **The pathophysiology, symptoms and signs are not proven or certain.**
- ❖ **The faith healing (Rogiah) is:**
 - **One important preventive & treatment modality for all types of diseases.**
 - **Not a diagnostic tool**

Cultural concepts and practice

- ❖ **Some people deny the effects of evil eyes, witchcraft and possessions on health.**
- ❖ **Others exaggerate their effects and over blame them.**
- ❖ **The pathophysiology, symptoms and signs are related to specific kind of illnesses.**
- ❖ **Some faith healer are ignorant:**
 - **Use faith healing as a diagnostic tool.**
 - **Verbally and physically aggressive with patients.**
 - **Advice patients against medical management.**

Islamic vs sociocultural concept



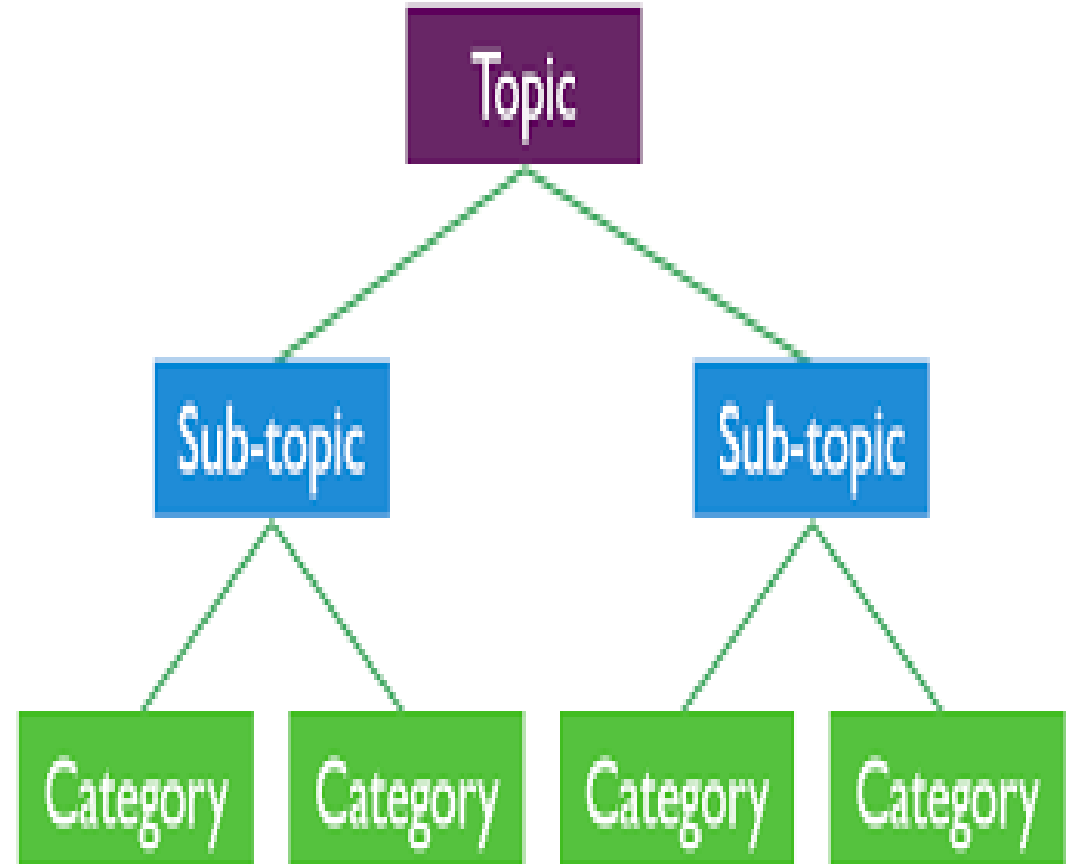
النظرة الاجتماعية لا تمثل الشرع

(لا تطابق تماما و لا تخالف تماما)

CLASSIFICATION/DIAGNOSIS IN PSYCHIATRY

Classification & Diagnosis In Psychiatry

- Depends mainly on **signs & symptoms** (psychopathology).
- Rarely we use external validation
 - lab tests , brain imaging , ...etc
- **Clinical skills are essential.**



Why to classify ?

- *Introduces order* and structure to our thinking and reduces the complexity of clinical phenomena.
- *To distinguish* one diagnosis/illness from another.
- *Facilitate communication* among clinicians about diagnosis, treatment, & prognosis.
- *Help to predict* outcome (e.g. schizophrenia has chronic course).
- Often used to choose an *appropriate treatment*.
- Ensure that *psychiatric research* can be conducted with comparable groups of patients.

Definition of Mental Disorder

- A syndrome characterized by clinically significant disturbance in an individual's *cognition*, *emotion regulation*, or *behavior* that reflects a dysfunction in the *psychological*, *biological*, or *developmental processes* underlying mental functioning.
- Mental disorders are associated with significant *subjective distress* or *impairment* in social, occupational, or other important activities.



Classifications of diseases

WHO | International Classification of Diseases (ICD)



Diagnostic and Statistical Manual of Mental Disorders (DSM)

- Published by APA: a **common language** and **standard criteria** for the **classification of mental disorders**.
- The manual evolved from **systems for collecting census and psychiatric hospital statistics**.
- Developed by the US Army, 1952.
- Five revisions since it was first published.
- The last major revision was the fourth edition ("DSM-IV"), published in 1994, although a "text revision" was produced in 2000.
 - **DSM-5 was published in May 2013.**

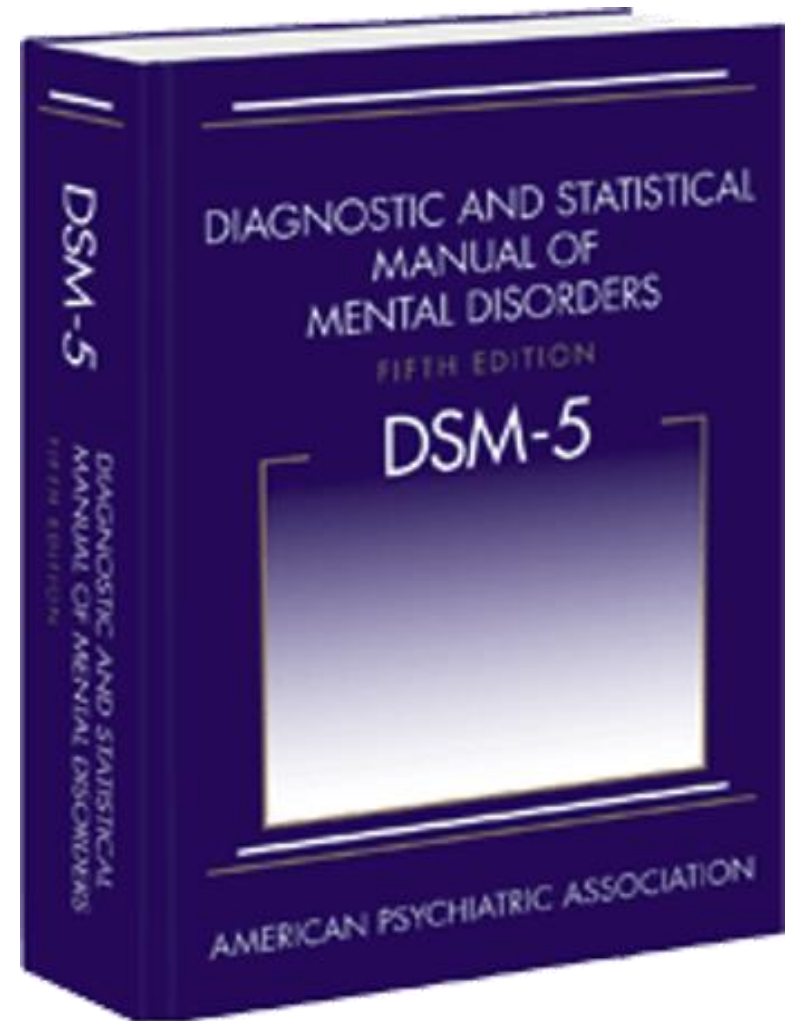


TABLE 1

CHAPTERS IN DSM-5

- Neurodevelopmental Disorders
- Schizophrenia Spectrum & Other Psychotic Disorders
- Bipolar & Related Disorders
- Depressive Disorders
- Anxiety Disorders
- Obsessive-Compulsive & Related Disorders
- Trauma- & Stressor-Related Disorders
- Dissociative Disorders
- Somatic Symptom Disorders
- Feeding & Eating Disorders
- Elimination Disorders
- Sleep-Wake Disorders
- Sexual Dysfunctions
- Gender Dysphoria
- Disruptive, Impulse Control & Conduct Disorders
- Substance Use & Addictive Disorders
- Neurocognitive Disorders
- Personality Disorders
- Paraphilic Disorders
- Other Disorders

The number of total disorders in DSM-5 has not increased significantly, but some disorders have now had their importance recognized by being allocated separate chapter headings (e.g. Obsessive Compulsive Disorder). The chapter on Neurodevelopmental Disorders is a new heading containing autism spectrum disorders, intellectual development disorder, and attention/hyperactivity disorder (ADHD). The chapter on Substance Use & Addictive Behaviours will now include gambling disorder. The importance of both Bipolar Disorder and Depressive Disorders is recognized by them being allocated to separate chapters.

Similarities between DSM-5 and ICD-11

- Both are **diagnosis** and **categorizing manuals** *require two or more symptoms to make a diagnosis.*
- Both are **NOT self diagnosis manuals**; Intended for **use by qualified health professionals**, more *specifically psychiatrists.*
- Both are **officially recognized manuals** used to *categorize* and *diagnose* mental disorders.
- Attempts are on, to further harmonize between the two systems of disease classification.



Differences between DSM-5 and ICD-11



FIGHT



DSM-5

- ❖ **DSM used mainly in the USA.**
- ❖ **DSM is purely for mental disorders.**
- ❖ **DSM issued by single national professional body- American Psychiatric Association.**
- ❖ **DSM primary constituency is U.S. Psychiatrists.**
- ❖ **DSM approved by assembly of APA members.**
- ❖ **DSM is copyrighted and generates income for APA.**

ICD-11

- ❖ **ICD Internationally.**
- ❖ **ICD is larger manual, encompasses all types of diseases/disorders; Only chapter V is relevant for mental disorders.**
- ❖ **ICD brought out of international collaboration; ICD produced by a global health agency with a constitutional public health mission.**
- ❖ **ICD primary focus on classification is to help countries to reduce burden of mental disorders. Its development is global, multidisciplinary and multilingual.**
- ❖ **ICD approved by World Health Assembly comprising of 193 member countries.**
- ❖ **ICD is low cost and available free on internet.**

DSM-5

- ❖ **DSM criteria very specific and detailed.**
- ❖ **DSM always been multi-axial except now.**
- ❖ **DSM used by licensed mental health professionals with advanced degrees.**

ICD-11

- ❖ **ICD more of prototype descriptions with less detailed criteria and minimum background information to guide diagnosis.**
- ❖ **ICD always been non-axial.**
- ❖ **ICD accessible to wide range of health care professionals with wide educational backgrounds.**

- **Conceptual differences; Ex: Bulimia nervosa is characterized by 'morbid dread of fatness' while DSM requires 'self evaluation'.**
- **PTSD is much broader in ICD-10 than DSM-5.**
- **Differences can cause problems in research comparisons**

Other Classification:



Neurosis Vs. Psychosis Classification

NEUROTIC ILLNESSES

- ❖ Intact insight & reality testing.
- ❖ Good judgment.
- ❖ Abnormal quantity of symptoms and there are No psychotic features.
- ❖ E.g. anxiety disorders

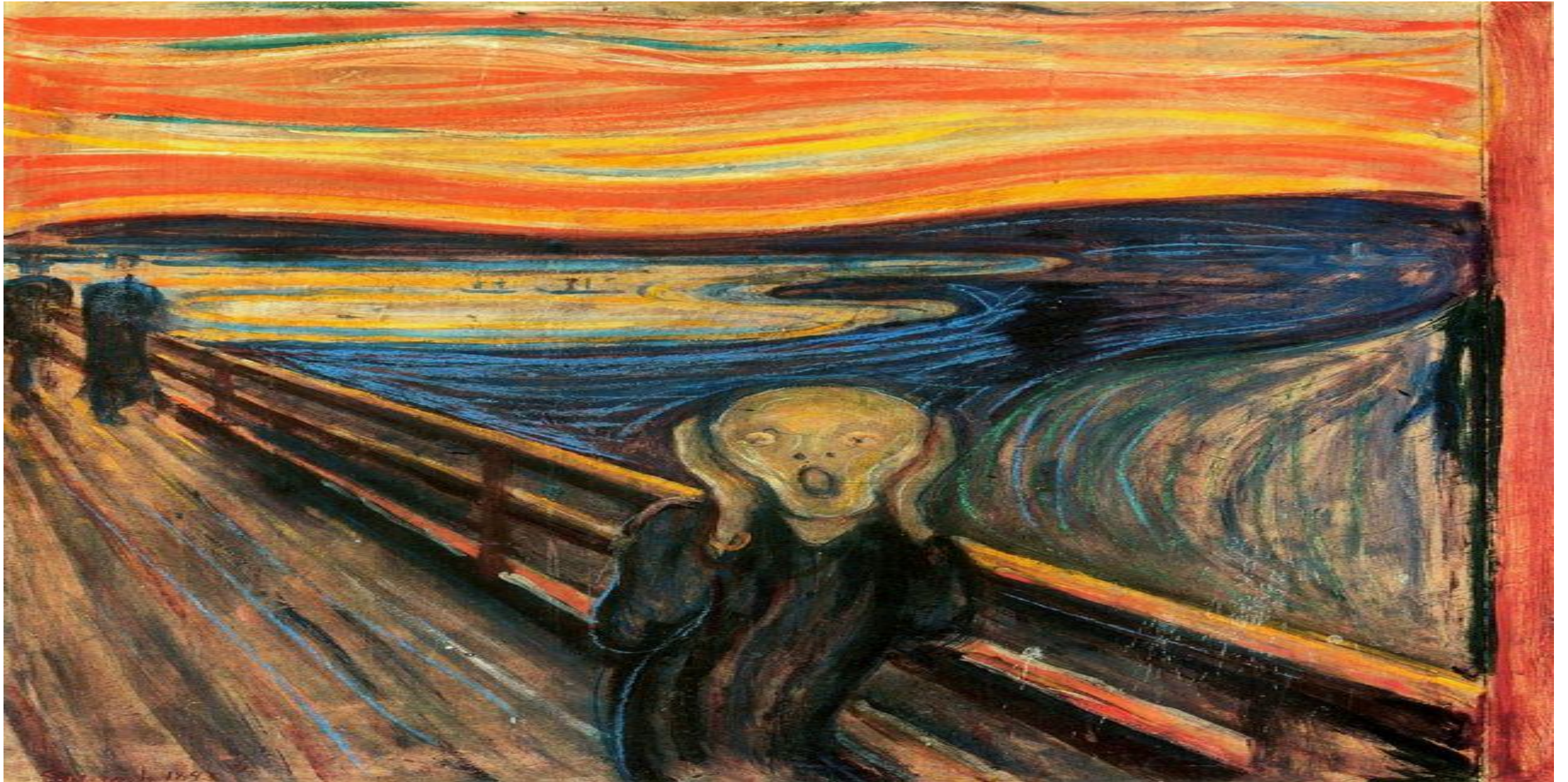
PSYCHOTIC ILLNESSES

- ❖ Impaired insight & reality testing.
- ❖ Impaired judgment.
- ❖ Presence of active/positive psychotic features like delusion and hallucinations & negative like poverty of thoughts & speech, lack of ambition, initiation and restricted affect.
- ❖ E.g. schizophrenia



Neurosis vs. Psychosis

Primary vs Secondary Psychiatric Disorders



Primary vs Secondary Psychiatric Disorders

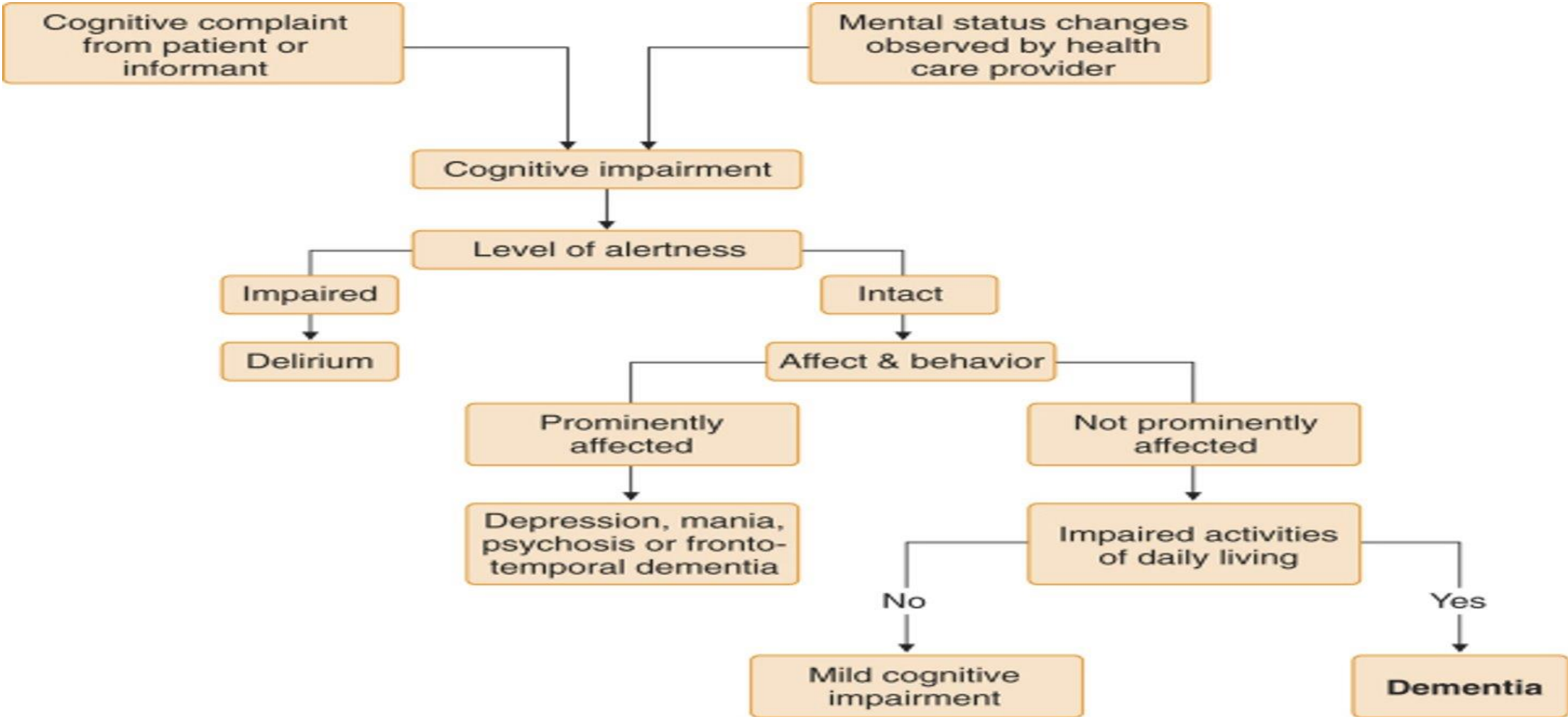
Primary	Secondary
<p>❖ Etiology is: Multi-factorial e.g. schizophrenia Major depressive disorder</p>	<p>❖ Etiology : one diagnosable systemic medical disease, CNS disease or substance. e.g. Depression due to SLE or Psychosis due to amphetamine</p>
<p>In medicine: like Essential hypertension</p>	<p>In medicine: like secondary HTN due to renal artery stenosis.</p>
<p><u>Clues suggestive of being primary :</u></p> <ul style="list-style-type: none">• Normal consciousness & vital signs.• Presence of : Auditory hallucinations• Soft neurological signs• No related physical illness• Young age onset	<p><u>Clues suggestive of being secondary:</u></p> <ul style="list-style-type: none">• Disturbance of consciousness or vital signs• Presence of : non-auditory hallucinations (e.g. visual)• Hard neurological signs• Physical illness• old age onset

Positive Vs Negative Psychotic Symptoms/Features

Positive Symptoms	Negative Symptoms
<ul style="list-style-type: none">❖ Perception e.g. hallucination.❖ Thinking e.g. delusions.❖ Mood e.g. extreme euphoria.❖ Behavior e.g. disorganized behaviour.	<ul style="list-style-type: none">❖ Poverty of thoughts & speech.❖ Lack of ambition , interest & initiation.❖ Restricted affect.❖ Self-neglect, Poor self care & hygiene

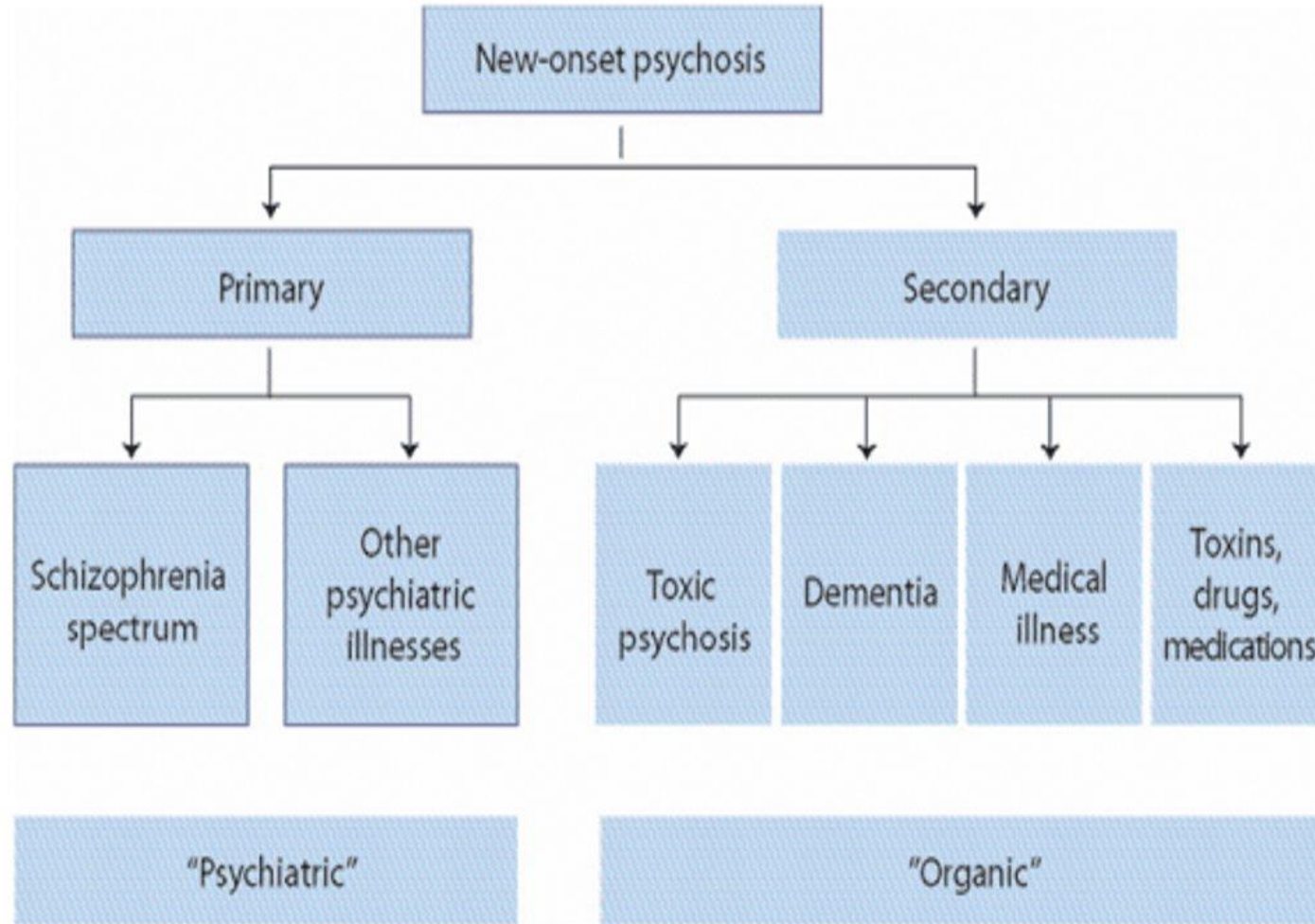


Diagnostic tree for Cognitive Impairment



Figure

Differential diagnosis of new-onset psychosis



Thank
you