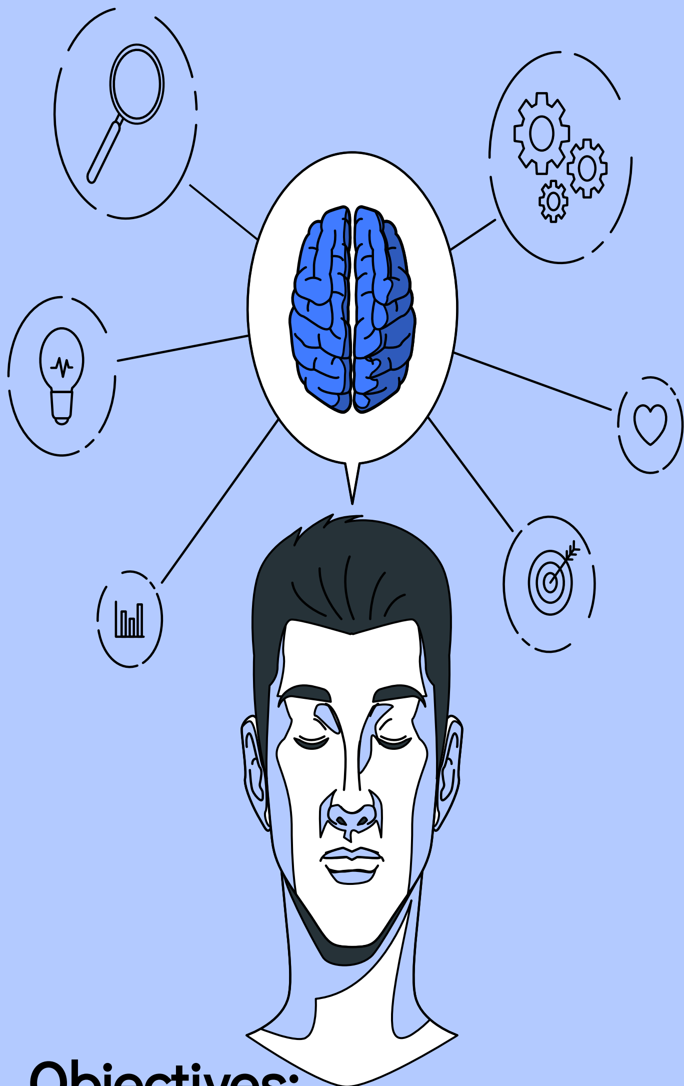
King Saud University

MED437
KING SAUD UNIVERSITY

ETIOLOGY IN PSYCHIATRY, CLASSIFICATION/DIAGNOSIS

IN PSYCHIATRY



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

Done by:
Shahad Aljebreen-Rania Alessa-Norah Alkadi

Dr’s Introduction

Maladaptive behavior common example:
Addiction

Maladaptive mood:
Mood dysregulation such as: bipolar and personality disorder
Mental disorder:
Disturbance in function, mood, cognition and behavior. (subjective distress).

Misconception about psychiatric patients:
١-مجنون
٢-نقص في الدين
٣-مشكلة المريض

Misconception about the causes:
١-عين
٢-سحر
٣-دلع

Misconception about treatment:
Causes addiction

Misconception about ECT:
A way of punishment

Misconception about psychotherapy:
سواليف
Misconception about psychiatrist:
1-Crazy like their patients.
2-They read your mind.

We won’t ask you about the prevalence / numbers in exam

وحدة من الأسباب اللي تجعل المرضى النفسيين لديهم عمر أقصر من غيرهم هو إهمالهم لصحتهم الجسدية خاصة مع سوء صحتهم النفسية

Etiology

The Complexity of etiological factors:

A. Time factors: Causes are often remote in time from the effect they produce. May be far in the past, e.g. Pt's father died when she was a child and later as an adult develops depression.
B. 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
C. 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

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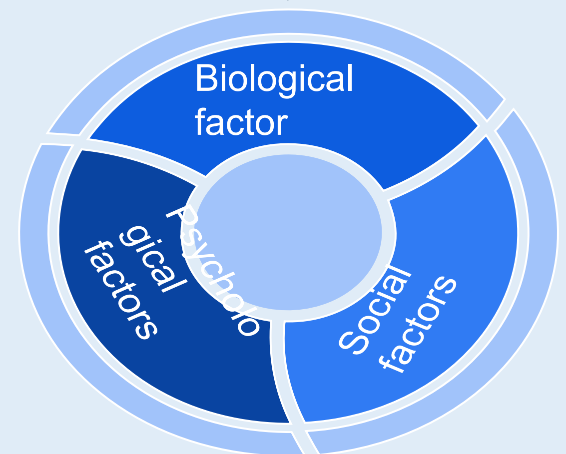
Biological Factors	Psychological factors	Social Factors
- Genetic: e.g. in schizophrenia. -Neuropathological: e.g. dementia. - Endocrinological: e.g. hyper/ hypothyroidism. - Biochemical: monoamine neurotransmitters. - Pharmacological: side effects of medications e.g. steroids. - Metabolic: DM - Inflammatory/ autoimmune: SLE and MS.	- Thinking distortions E.g when you get a call from a friend late at night, people have different reactions depending on the person's automatic thought, if she/he has a tendency for dramatic thinking they will think someone died. - Emotional dysregulation الثبات الانفعالي E.g screaming as a reaction. Behavioral problems E.g addiction and avoidance Unconscious conflicts E.g. Sexual desire that is in conflict w/ society here like homosexuality. 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.

- 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)



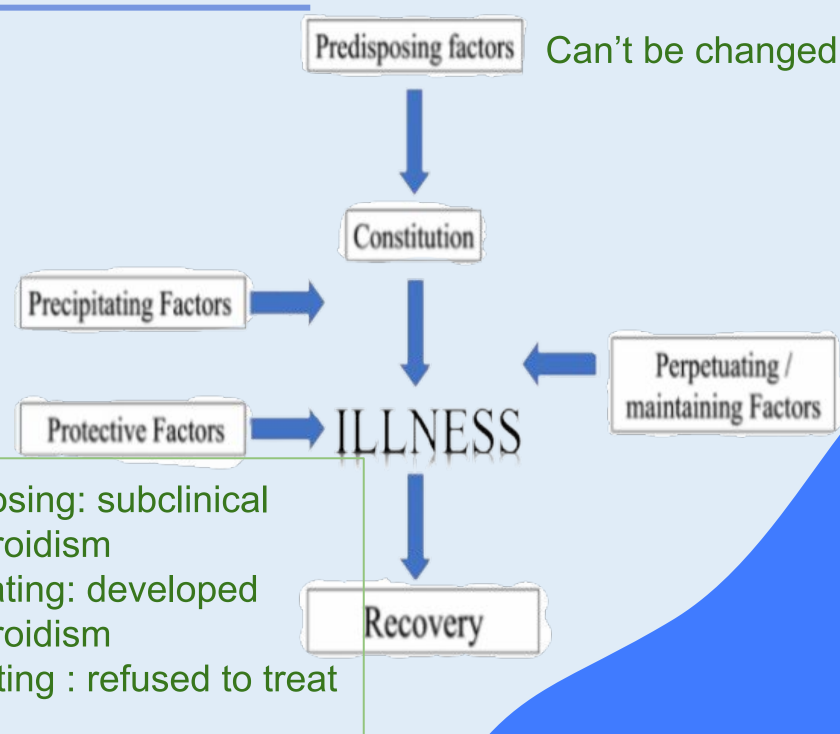
Usually it's a combination of three. (biological factors alone are not enough to develop psychiatric illness)
ADHD has the highest genetic association.
Ideally Rx works on all these three

Predisposing: can be any of the three factors, e.g. person with genetic predisposition (bio), loss of parent (social) and thinking distortion (psych).

ولما صار عمره ٢٠ سنة جاه سكر او تعاطى مخدرات
(precipitating factors) غالبا هي الي تخلي المرض يطلع

Aggravating/ perpetuating factor: العوامل الي تخلي المرض يستمر
Here is what psychiatry works on.
١-جاه كسل في الغدة الدرقية ورفض يعالجها
٢-دخل في زواج فاشل ورفض يطلع منه
٣-ياخذ مخدرات وقرر ما يوقف

تفرق من العوامل الأربعة من خلال الهيستوري
Patient has a subclinical hypothyroidism then developed hypothyroidism and refused to treat it



Predisposing: subclinical hypothyroidism
Precipitating: developed hypothyroidism
aggravating : refused to treat it

	Predisposing	Precipitating	Aggravating/perpetuating	Protective
Bio	Genetic, toxic exposure in uterus, birth complications, traumatic brain injury, birth defects Developmental delays, age, race, sex, sexual orientation.	Onset of acute illness/ infection, onset of severe medical disorder, major surgery, physical trauma, substance use, poor sleep	Chronic illness, poor response to medication, substance use and immunosuppression	Adequate diet, good sleep, good genes, exercise, resilience and intelligence.
Psycho	Pathological personality traits, temperament, psychopathology, distress tolerance, family mental health, attachment style, isolation and poor stress adaptation.	Poor coping style/ problem solving, negative thoughts, psychopathology, recent loss and stress.	Social support, compensatory behaviors, negative thoughts, avoidance behaviors, coping style, beliefs of self and others, and personality traits.	Insightful and cognitive behavior strategies and coping skills
Social	Poverty, geographic region, childhood experiences, abuse, education level and chronic job stress	Major life events (fired off job, marriage, RTA), Social support, interpersonal product, school stressor	Socisl stigma, poverty, social support, rigid work schedule, unemployement and social factors (secondary gain)	Community/ family/ faith support, financial support, Physician support

Supernatural Powers, Islamic concepts vs. Cultural concepts and practices

Nature \ Effect		Predisposing	Precipitating	Aggravating	Maintaining
NATURE	Bio	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
	Psycho	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
	Social	E.g. Parental separation	E.g. Marriage	E.g. Marital conflict	E.g. continuation of marital problems

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 most common

- 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.

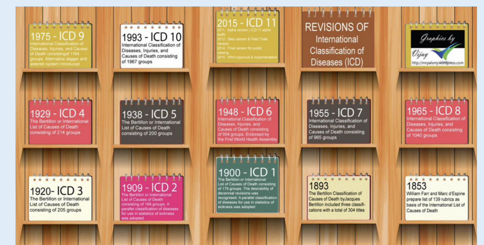
Classification And Diagnosis In Psychiatry

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

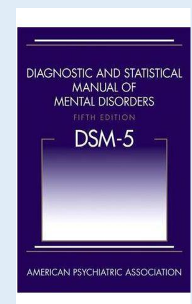
- Why classify?
  - Introduces order and structure to our thinking and reduces the complexity of clinical phenomena.
  - To distinguish one diagnosis/illness from another.
  - Facilitate communication among clinicians about diagnosis, treatment, & prognosis.
  - Help to predict outcome (e.g. schizophrenia 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.

Classification of diseases:
WHO International Classification of Diseases (ICD) vs. Diagnostic and Statistical Manual of Mental Health (DSM)



- **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



We diagnose in saudi arabia based on DSM5
It's used in north america, canada and all middle east

Similarities between DSM-5 and ICD-10

- Both are diagnosis and categorizing manuals require two or more symptoms to make a diagnosis. Diagnosis is never based on one symptom it should be 1 or more.
- 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-10

DSM-5	ICD-10
• 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 • DSM criteria very specific and detailed • DSM always been multi-axial except now • DSM used by licensed mental health professionals with advanced degrees	• ICD Internationally • ICD is larger manual, encompasses all typesof 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 • 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 rage 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: Used clinically not for diagnosis

Neurosis Classification عصاب	Psychosis Classification ذهان
• Intact insight & reality testing. • Good judgment. • Abnormal quantity of symptoms and there are No psychotic features. • E.g. anxiety disorders. • Presence of these symptoms is a normal but the issue is in the amount.	• 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 • Presence of these symptoms is a problem by itself

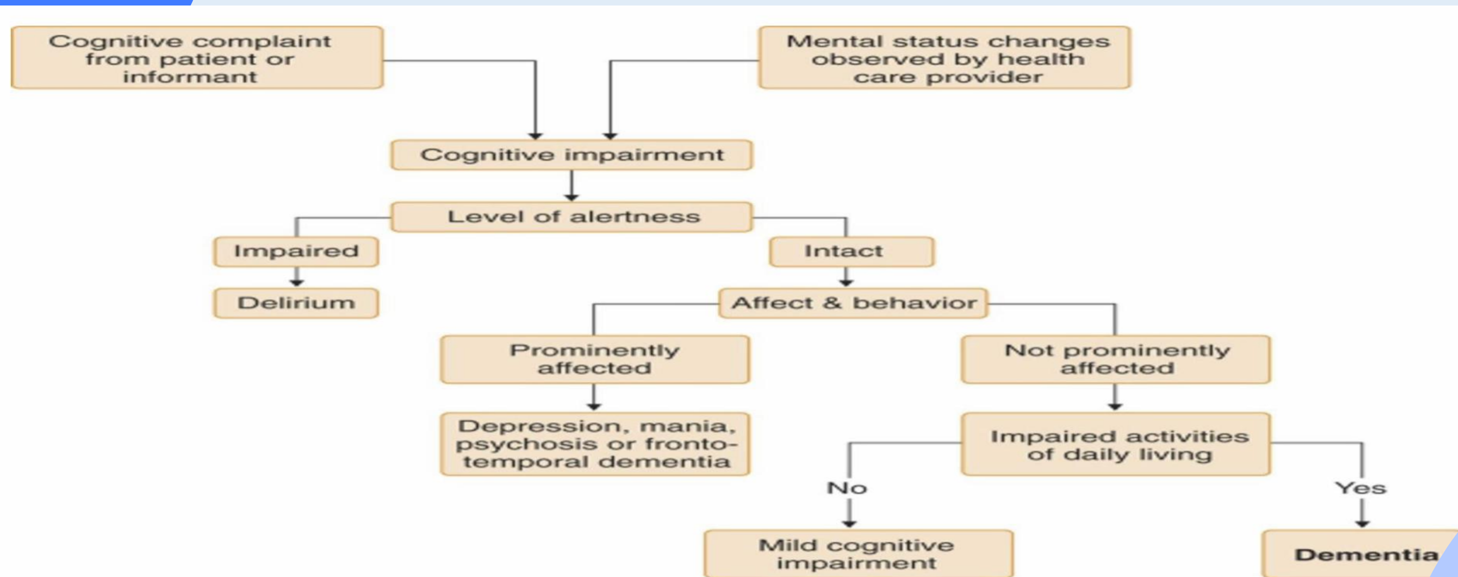
We like to ask about these in the exam

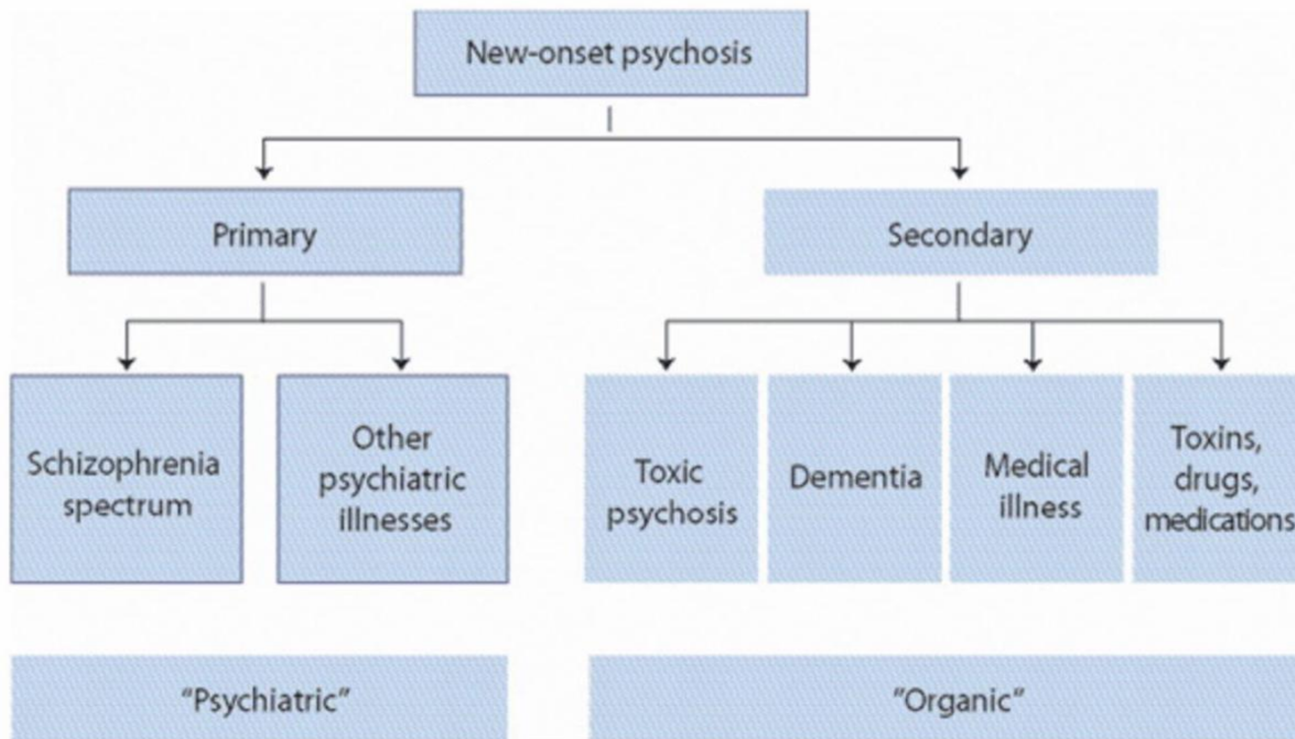
	Primary Disorders	Secondary Disorders Can't be treated without treating the cause
Etiology	Multi-factorial e.g. schizophrenia Major depressive disorder	one diagnosable systemic medical disease, CNS disease or substance e.g. Depression due to SLE or Psychosis due to amphetamine/ hyporhyroid/ pancreatic cancer.
In medicine	like Essential hypertension	like secondary HTN due to renal artery stenosis
Suggestive Clues	• Normal consciousness & vital signs. • Presence of: Auditory hallucinations. • Soft neurological signs • No related physical illness • Young age onset	• Disturbance of consciousness or vital signs • Presence of: non-auditory hallucinations e.g. visual • Hard neurological signs such as weakness and paralysis • Physical illness • old age

will be explained later

Positive Psychotic Symptoms	Negative Psychotic Symptoms
• Perception e.g.hallucination. • Thinking e.g. delusions. • Mood e.g. extreme euphoria. • Behavior e.g. disorganized behaviour.	• Poverty of thoughts & speech. • Lack of ambition, interest & initiation. • Restricted affect. • Self-neglect, Poor self care & hygiene.

Diagnostic tree for Cognitive Improvement: Dr. skipped these





2- Diagnosis & Classification in Psychiatry

Channel and video.

Significance of Dx & Classification:

1. To distinguish one diagnosis from another.
2. To enable clinicians to communicate with one another about dx, treatment and prognosis.
3. To ensure that psychiatric research can be conducted with comparable groups of patients.

Organic vs. Functional Classification : in everyday psychiatric practice the distinction between **organic** (neurocognitive) and **functional** mental disorders is still commonly used and useful in the management.

Organic Mental Disorders: psychiatric disorders characterized by neurocognitive structural brain pathology that can be detected by clinical assessment or usual tests. E.g. delirium, dementia, substance-induced mental disorders, and medication-induced mental disorders.

***Features Suggestive of Organic Mental Disorders** (CNS pathology);*
Disturbed consciousness +/- other cognitive disturbance in: attention, concentration, orientation or memory. Physical illness (e.g. diabetes, hypertension). Vital signs disturbances (e.g. fever, high BP). Neurological features (e.g. ataxia, dysarthria).

Non-organic (functional) Mental Disorders:

No obvious structural brain pathology. E.g. Schizophrenia, mood disorders, anxiety disorders, adjustment disorders.

Psychosis vs. Neurosis Classification: although this classification is no longer used in the official current systems of classification (DSM & ICD), in everyday clinical practice these terms are still used widely; hence it is of practical value to know this distinction.

Psychoses (pleural of psychosis -الذهان)	**Neuroses** (pleural of neurosis -العُصاب)
Mental disorders in which the patient lacks insight and is unable to distinguish between subjective experience and external reality, as evidenced by disturbances in thinking (delusions), perception (hallucinations), or behavior (e.g. violence). Examples: schizophrenia, severe mood disorders, delusional disorders. It can be due to an organic cause (organic psychosis) e.g. delirium, dementia, substance abuse, head injury. Features are abnormal in quality (e.g. delusions, hallucinations).	Generally less severe forms of psychiatry disorders in which the patient is able to distinguish between subjective experience and external reality. No lack of insight, delusions or hallucinations. Examples: dysthymic disorder, anxiety, panic & phobic disorders. Features are abnormal in quantity (e.g. excessive fear and avoidance).

DSM-5 Classification (May 2013) is an evidence-based manual useful in accurately and consistently diagnose mental disorders. In preparation for the release of DSM-5, experts from psychiatry, psychology, social work, neuroscience, pediatrics and other fields have committed years to reviewing scientific research and clinical data, analyzing the findings of extensive field trials and reviewing thousands of comments from the public. DSM-5 represents the contributions of more than 700 distinguished mental health and medical experts during an extensive and rigorous 14-year development process.***(Source: http://www.dsm5.org/)***

DSM-5 Categories

Neurocognitive Disorders
- Delirium
- Mild Neurocognitive Disorders
- Major Neurocognitive Disorders

Schizophrenia Spectrum and Other Psychotic Disorders
- Schizophrenia
- Brief Psychotic Disorder
- Schizophreniform Disorder
- Schizoaffective Disorder
- Delusional Disorder
- Substance/Medication-Induced Psychotic Disorder
- Psychotic Disorder Due to Another Medical Condition
- **Catatonia**

Bipolar and Related Disorders
- Bipolar I & II Disorders
- Cyclothymic Disorder
- Substance/Medication-Induced Bipolar and Related Disorder
- Bipolar and Related Disorder Due to Another Medical Condition

Depressive Disorders
- Disruptive Mood Dysregulation Disorder
- Major Depressive Disorder, Single and Recurrent Episodes
- Persistent Depressive Disorder (Dysthymic Disorder)
- Premenstrual Dysphoric Disorder
- Substance/Medication-Induced Depressive Disorder
- Depressive Disorder Due to Another Medical Condition
- Other Specified Depressive Disorder
- Unspecified Depressive Disorder

Anxiety Disorders
- Panic Disorder
- Agoraphobia
- Social Phobia
- Specific Phobia
- Generalized Anxiety Disorder
- Separation Anxiety Disorder
- Selective Mutism
- Substance/Medication-Induced Anxiety Disorder
- Anxiety Disorder Due to Another Medical Condition

Obsessive-Compulsive and Related Disorders
- Obsessive-Compulsive Disorder
- Body Dysmorphic Disorder
- Hoarding Disorder
- Trichotillomania (Hair-Pulling Disorder)
- Excoriation (Skin-Picking) Disorder
- Substance/Medication-Induced Obsessive-Compulsive and Related Disorder
- Obsessive-Compulsive and Related Disorder Due to Another Medical Condition

Trauma- and Stressor-Related Disorders
- Adjustment Disorders
- Acute Stress Disorder
- Posttraumatic Stress Disorder
- Reactive Attachment Disorder
- Disinhibited Social Engagement Disorder
- Other Specified Trauma- and Stressor-Related Disorder

Somatic Symptom and Related Disorders
- Somatic Symptom Disorder
- Illness Anxiety Disorder
- Conversion Disorder (Functional Neurological Symptom Disorder)
- Psychological Factors Affecting Other Medical Conditions
- Factitious Disorder
- Other Specified Somatic Symptom and Related Disorder

Dissociative Disorders
- Dissociative Identity Disorder
- Dissociative Amnesia
- Depersonalization/Derealization Disorder
- Other Specified Dissociative Disorder

Personality Disorders

Neurodevelopmental Disorders
- Intellectual Disabilities
- Communication Disorders
- Autism Spectrum Disorder
- Attention-Deficit/Hyperactivity Disorder
- Specific Learning Disorder
- Motor Disorders
- Other Neurodevelopmental Disorders

Feeding and Eating Disorders
- Pica - Rumination Disorder
- Avoidant/Restrictive Food Intake Disorder
- Anorexia Nervosa - Bulimia Nervosa
- Binge-Eating Disorder
- Other Specified Feeding or Eating Disorder

Elimination Disorders
- Enuresis
- Encopresis
- Other Specified Elimination Disorder

Sleep-Wake Disorders
- Insomnia Disorder
- Hypersomnolence Disorder
- Narcolepsy
- Breathing-Related Sleep Disorders
- Obstructive Sleep Apnea
- Central Sleep Apnea

3- Etiology in Psychiatry

Channel and video.

The Complexity of etiology in Psychiatry

1. Time factor: 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. Most psychiatric disorders are multifactorial.

Classification of Causes

Etiological Factors can be classified into biological, psychological, and social factors; *Bio-Psycho-Social Approach* [Engel 1977]:

Effect / Nature		**Effect**			
		Predisposing	**Precipitating**	**Aggravating**	**Maintaining**
NATURE	***Bio***	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
	Psycho	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
	Social	E.g. Parental separation	E.g. Marriage	E.g. Marital conflict	E.g. continuation of marital problems

Main causative factors in psychiatry:

A. **Genetic :** e.g. in schizophrenia , mood disorders , panic disorder and agoraphobia.
B. **Neuropathological**: e.g. dementias ,delirium.
C. **Endocrinopathological**: e.g. hyperthyroidism / hypothyroidism.
D. **Pharmacological**: side effects of medications e.g. steroids > mood changes.
E. **Social**: e.g. marital discord /occupational problems/financial difficulties.
F. **Psychological** : behavioral ,cognitive , or psychodynamic problems (subconscious processes that involve distortion of reality in order to deal with, and resolve the intra-psychic conflict (defense mechanism).

Supernatural causal attributions; although many cultures view black magic (sorcery), evil eye, and devil possession hidden causes of mental diseases it is impossible to subjects such supernatural matters to empirical research.

الأسباب الغيبيّة : المس والسحر والعين
Supernatural Causes

في الشرع

١ - تأثيرها على صحة البشر ثابت.

٢ - أما الكيفية والعلامات لكل منها فلم يرد فيها تفصيل بخلاف ما يفعله كثير من الرقاة.

٣ - الرقية الشرعية للاستشفاء لا لتشخيص الأمراض وأسبابها.

في المجتمع

١ - النظرة الاجتماعية لا تمثل الشرع (لا تطابق تماما و لا تخالف تماما).

٢ - مبالغة وتعميم وقلة علم بالشرع وبالطب.

٣ - وسيلة شهرة وتكسب و ...

Etiology in Psychiatry - Prof. Alsughayir 2007

الأسباب الغيبيّة : المس والسحر والعين
Supernatural Causes

آثار سلبية للتخبط في هذا المجال:

١ - حرمان المرضى من العلاج الطبي السليم.

٢ - التدخل في التشخيص والجزم بناء على خبرات شخصية.

٣ - التدخل في طريقة التداوي دون مسئولية.

٤ - إيذاء المرضى بالضرب والكهرباء وغيرها.

٥ - تجاوزات أخلاقية / مالية / اجتماعية ...

تساؤلات

١ - هل الطب النفسي ينكر السحر / المس/ العين ؟

٢ - هل السحر والمس والعين تسبب أمراضاً نفسية أم لا ؟

٣ - هل نستطيع أن نضبط أعراضها ونعزلها عن الأمراض النفسية؟

٤ - هل يكتفى بالرقية الشرعية في علاج الحالات النفسية ؟

هل .... هل .... هل ...

Etiology in Psychiatry - Prof. Alsughayir 2007

المبالغة في العين والسحر والمس: يبالغ بعض الناس في عزو أسباب العلل النفسية إلى العين والسحر متجاهلين دور العوامل الأخرى التي قد تسبب الأمراض النفسية وهي كثيرة ومتنوعة. فالوراثة لها دور كبير في عدد من الأمراض النفسية كالفصام العقلي واضطرابات الوجدان ونوبات الهلع والوسواس القهري وغير ذلك مما أوضحته دراسات عالمية علمية متعددة وكذا الضغوط الاجتماعية والمادية والنفسية لها دور في ذلك (كشقاق الوالدين وانفصالهما وخلافات الأبناء مع الآباء والخلافات الزوجية ونحو ذلك). والأمراض الجسدية العضوية كذلك سواء أثرت على الدماغ مباشرة (كأورام والتهابات الدماغ) أو أثرت على بعض الأعضاء الحيوية (كالقلب أو الكبد أو الكلى أو الرئتين) وغير ذلك.

جعل الرقية وسيلة تشخيص : الرقية دعاء و تضرع إلى الله تعالى أن يكشف المرض ، ولم يجعلها الله تعالى وسيلة للتشخيص وطريقة لاختبار أسباب المرض كما يفعله بعض الرقاة اليوم ممن توسعوا في تنويع طريقة الرقية والآيات المستخدمة فيها على نحو يريدون من خلاله الوصول إلى معرفة سبب المرض (أهو عين أم مس أم سحر)، ولذا كثُر اختلافهم فيما بينهم في الحالة الواحدة بل إن الراقي نفسه قد يشخص اليوم تشخيصاً ينقضه في غده ثم ينقضه أخرى وذلك لأجل اعتماده على تأثر المريض بآيات دون غيرها في كل مرة وجعل ذلك وسيلة لتشخيص المرض فإن تأثر المريض عند قراءة آيات السحر شُخّص بأنه مسحور وإن تأثر عند قراءة ما يتعلق بالعين شُخّص بأنه مصاب بعين وهكذا مع المس وإن تأثر بذلك كله شُخّص بأنه مصاب بالثلاثة (سحر وعين ومس).

هل الرقية محصورة في أناس دون غيرهم ؟: يظن كثير من الناس أن الرقية لا تنفع إلا إذا كانت من راق مختص بها وأن المريض إذا كان ذا ذنوب ومعاصٍ فلا ينتفع برقيته على نفسه أو أن للرقية طريقة معقدة مفصلة لاتعرف إلا بدراسة خاصة أو خبرة معينة، ولذا فإن كثيراً منهم يذهب يطلب الرقية عند الرقاة وقد يسافر إليهم في بلاد بعيدة ويظن أن الرقية من هؤلاء لها شأن مختلف من حيث قوة التأثير وسرعته. ويهمل كثير من الناس الاستشفاء بالقرآن مباشرة والرقية الشرعية على أنفسهم دون وسيط. والصواب أن الرقية ليست محصورة في أناس دون غيرهم وكلما قوي تضرع المريض إلى الله تعالى صار مظنة الاستجابة وقد قال الله تعالى: {أَمَّن يُجِيبُ الْمُضْطَرَّ إِذَا دَعَاهُ وَيَكْشِفُ السُّوءَ} [النمل: ٦٢].

هل يُكتفى بالرقية في علاج الحالات النفسية وهل يجوز التداوي بالأدوية النفسية؟ الرقية الشرعية سبب عظيم من أسباب الشفاء للأمراض كلها (نفسية وجسدية) ولا تعارض الرقية الأسباب الأخرى المباحة والتي منها الأدوية النفسية، والعبد مأمور ببذل الأسباب المباحة (سواء كانت شرعية أو طبية) وقد أباحت الشريعة التداوي للعلل النفسية بالمباح من الأطعمة والأدوية ويشهد لهذا الحديث الصحيح " **التلبينة مجمّة لفؤاد المريض تذهب ببعض الحزن**" والتلبينة نوع من الطعام (حساء من دقيق الشعير وعسل).

المرض النفسي ليس وصمة عار وقد يُصيب المؤمن: المؤمن عرضة للابتلاء (لتكفير الذنوب ورفعة الدرجات) وقد يصيبه المرض النفسي كغيره من الناس متى ما وجدت أسباب المرض وليس في ذلك عار عليه ولا عيب وإن توهم كثير من الناس اليوم أن المرض النفسي إنما يعكس عيباً في شخصية المريض وسلوكه أو في تدينه وإيمانه ولا شك أن للإيمان بالله تعالى دوراً كبيراً في قوة النفس ورفع درجة صبرها وتحملها وتخفيف معاناتها.

صحيفة عاجل الإلكترونية:

(٢٨/٨/ ١٤٣٥) تمكنت وحدة مكافحة السحر والشعوذة بهيئة الأمر بالمعروف والنهي عن المنكر في المدينة المنورة، من القبض على شاب يمارس الرقية الشرعية عبر المواقع الإلكترونية. وجاء ذلك بعد تورط الشاب الذي يقطن في إحدى الدول الخليجية، بالتحرش بفتاة في العقد الثالث بالمدينة المنورة مستغلًا معاناتها مع السحر. وفقًا لما أوردته صحيفة "عكاظ" الخميس (٢٦ يونيو ٢٠١٤. وفي التفاصيل، أبلغت الفتاة عن تعرضها للتحرش من قبل شخص يدعي الرقية الشرعية، ويملك موقعًا على شبكة الإنترنت، ويقطن في دولة خليجية بالإضافة إلى المشاركة في عدة برامج في تلفزيون البلد المضيف له. وقالت الفتاة إنها عندما تواصلت معه طالبة العلاج، عرض عليها مقابلتها والخلوة بها. وبناء عليه تم إعداد كمين محكم للقبض عليه، حيث طلب أعضاء الهيئة من الفتاة التواصل مع الراقي، وبعد أن أوهمته بقبول طلبه بمقابلتها وحضر إلى المدينة المنورة واستأجر شقة بطريق المطار، وأثناء انتظاره حضور الفتاة تم القبض عليه.

Channel and video.

Questions:

1- A 24-year-old man become increasingly aggressive, over suspicious and hypervigilance for the past 7 weeks, what is the most important diagnostic step?

A. Drug screening B. Brain CT scan C. Thyroid function test D. Mini-mental state exam

Answer: A

2- A 29-year-old woman came to the primary care clinic asking for investigation/ abdominal distention, shoulder pain, headache and numbness over her left arm, nausea and discomfort in her pelvis for 8 months. What is the most important first management step?

A. Hospitalization. B. Request brain MRI. C. Explore psychosocial stressors. D. Request liver function test.

Answer: C

3- Effect of psychosocial stresses on immunity?

A. Decrease cytokine activation B. Inhibition of immunity by glucocorticoid C. No effect D. increase the immunity

Answer: B

4 Which of the following is considered a (physiological) mediating factor between depression & medical illnesses?

A- poor adherence to medication B- smoking C- physical inactivity D- release of pro-inflammatory cytokines

Ans: D

5-Which of the following is a sign of secondary psychiatric disease ?

A- Onset at young age B- Normal vital signs C- Visual hallucinations D- Auditory hallucinations

Ans: C