ETIOLOGY IN PSYCHIATRY, CLASSIFICATION/DIAGNOSIS IN PSYCHIATRY

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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

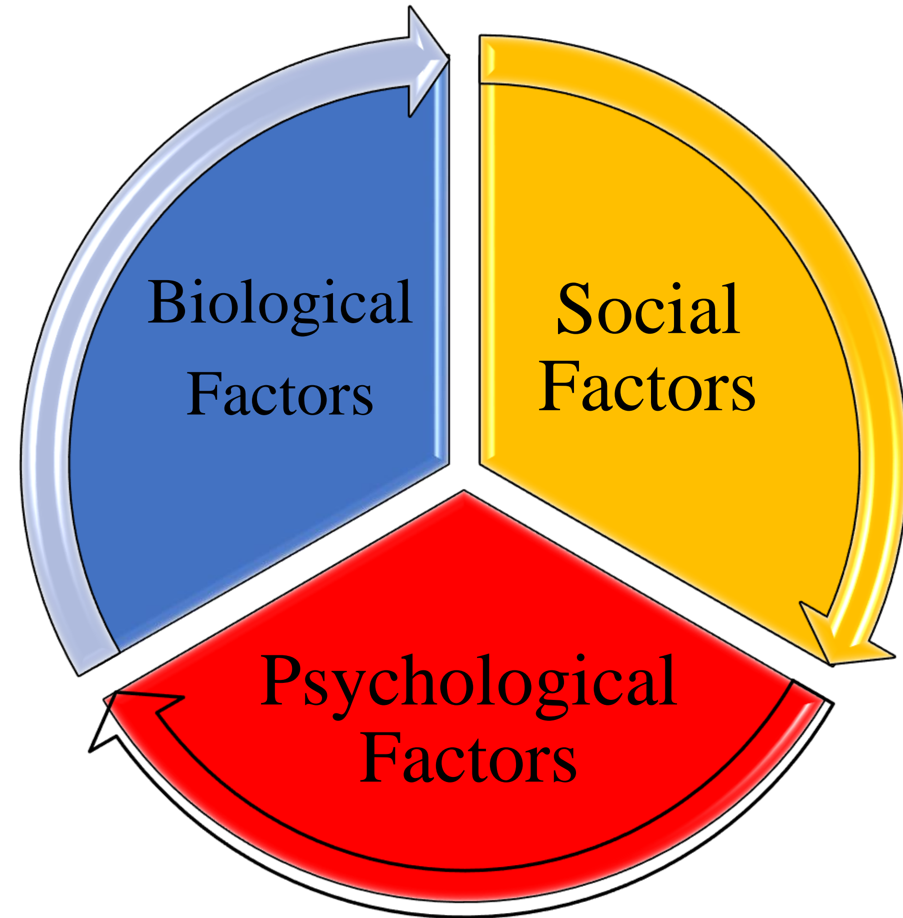
Etiology:

- ***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:

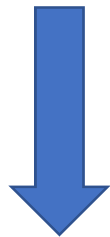
- Like other branches of Medicine, etiology of primary psychiatric illnesses is usually ***multifactorial***

- Etiological factors can be classified into ***biological, psychological, and social factors***: Bio-Psycho-Social Approach (Engel 1977)



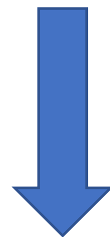
Biological Factors	Psychological factors	Social Factors
❖ **Genetic**: e.g. in schizophrenia ❖ **Neuropathological**: e.g. dementia ❖ **Endocrinological**: e.g. hyper/hypothyroidism ❖ **Biochemical:** the monoamine neurotransmitters ❖ **Pharmacological:** side effects of medications e.g. steroids ❖ **Metabolic**: 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

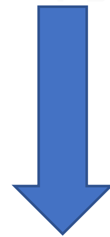
Precipitating Factors



Perpetuating / maintaining Factors

Protective Factors

ILLNESS



Recovery

4P Factor Model	Biopsychosocial Approach		
	Biological	Psychological	Social
Predisposing	Genetic vulnerability, toxic exposure in utero, birth complications, traumatic brain injury	Attachment style, personality traits, isolation, insecurities, fear of abandonment since childhood	Domestic violence, poverty and adversity, unstable home life, divorce
Precipitating	Iatrogenic reaction, poor sleep, substance use/misuse	Recent loss, stress, reexperience abandonment/fears	School stressors, loss of significant relationship, loss of home
Perpetuating	Poor response to medication, chronic illness/pain	Personality traits, coping mechanism, beliefs of self, others and the world	Role of stigma to access treatment, poor finance, ongoing transition
Protective	Adequate diet, sleep, good genes, physical exercise, resilience, intelligence	Insightful and cognitive behaviour strategies, coping skills, psychologically minded	Community, family and faith support, financial or disability support, GP support

	Predisposing	Precipitating (Stressors/Triggers)	Perpetuating
Biological	• Genetic vulnerability • Family medical history • Birth defects • Developmental delays • Age • Race • Sex • Gender • Sexual Orientation	• Onset of acute illness/infection • Onset of severe medical disorder • Major surgery or medical procedures • Physical trauma • Substance use/misuse	• Substance use/misuse • Chronic physical illness • Immunosuppression
Socio-environmental	• SES/Poverty • Geographic region • Childhood experiences • Education level • Chronic job stress	• Life events (having a baby, car accident, getting married, getting laid off from a job, academic struggles, divorce, etc.) • Social/esteem support • Interpersonal conflict • Natural disasters	• Social/esteem support • Work/life schedule rigidity • Social stigma • Financial obligations • SES/Poverty • Unemployment • Social factors (secondary gain)
Psychological	• Personality traits • Temperament • Psychopathology • Distress tolerance • Family mental health history	• Poor coping style/problem solving • Negative/maladaptive thoughts • Psychopathology	• Coping style • Social support • Compensatory behaviors • Negative/maladaptive thoughts • Avoidance behaviors

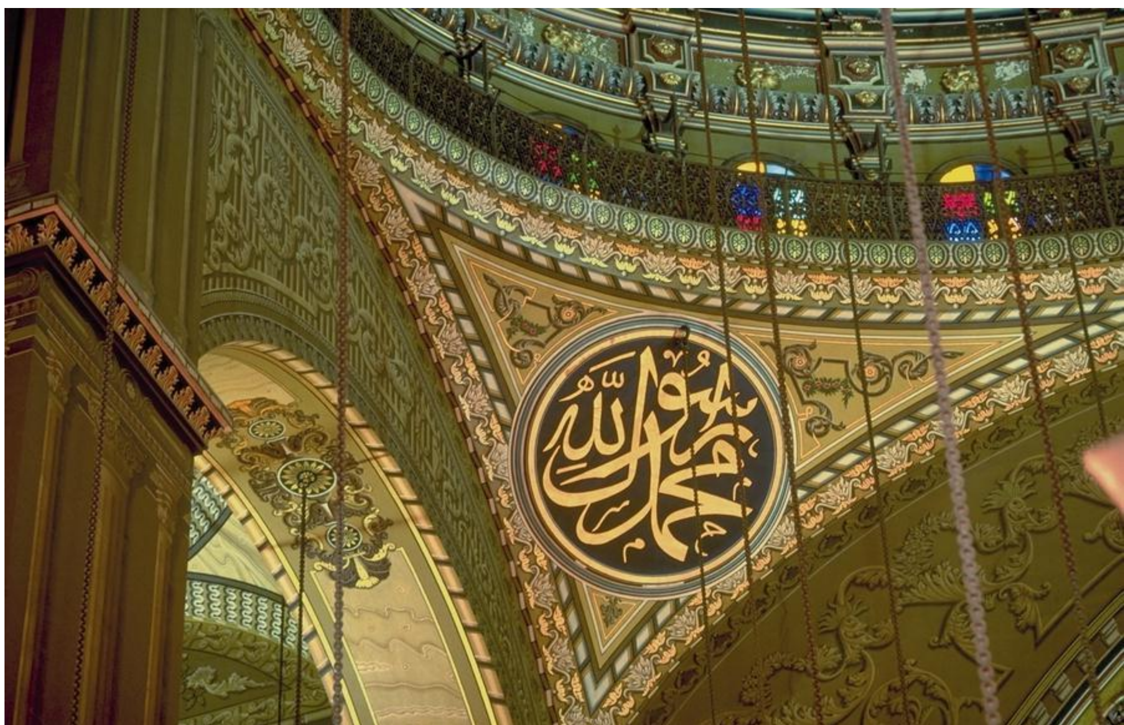
Effect / Nature		Effect			
		Predisposing	**Precipitating**	**Aggravating**	**Maintaining**
NATURE	***Bio***	E.g. Genetic predisposition e.g. panic disorder	E.g. First dose of cannabis abuse	E.g. Further abuse	E.g. Continuation of cannabis abuse
	Psycho	E.g. Abnormal personally traits with poor stress 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

SUPERNATURAL

- Evil eye
- Witchcraft
- Possession

Islamic concepts	Cultural concepts and practice
❖ The effects of evil eyes, witchcraft and possessions on health in general is proven.	❖ Some people deny the effects of evil eyes, witchcraft and possessions on health.
❖ They can be one of the major or minor etiological factors for any type of disease.	❖ Others exaggerate their effects and over blame them.
❖ The pathophysiology, symptoms and signs are not proven or certain.	❖ The pathophysiology, symptoms and signs are related to specific kind of illnesses.
❖ The faith healing (Rogiah) is: ➢ One important preventive & treatment modality for all types of diseases. ➢ Not a diagnostic tool	❖ 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



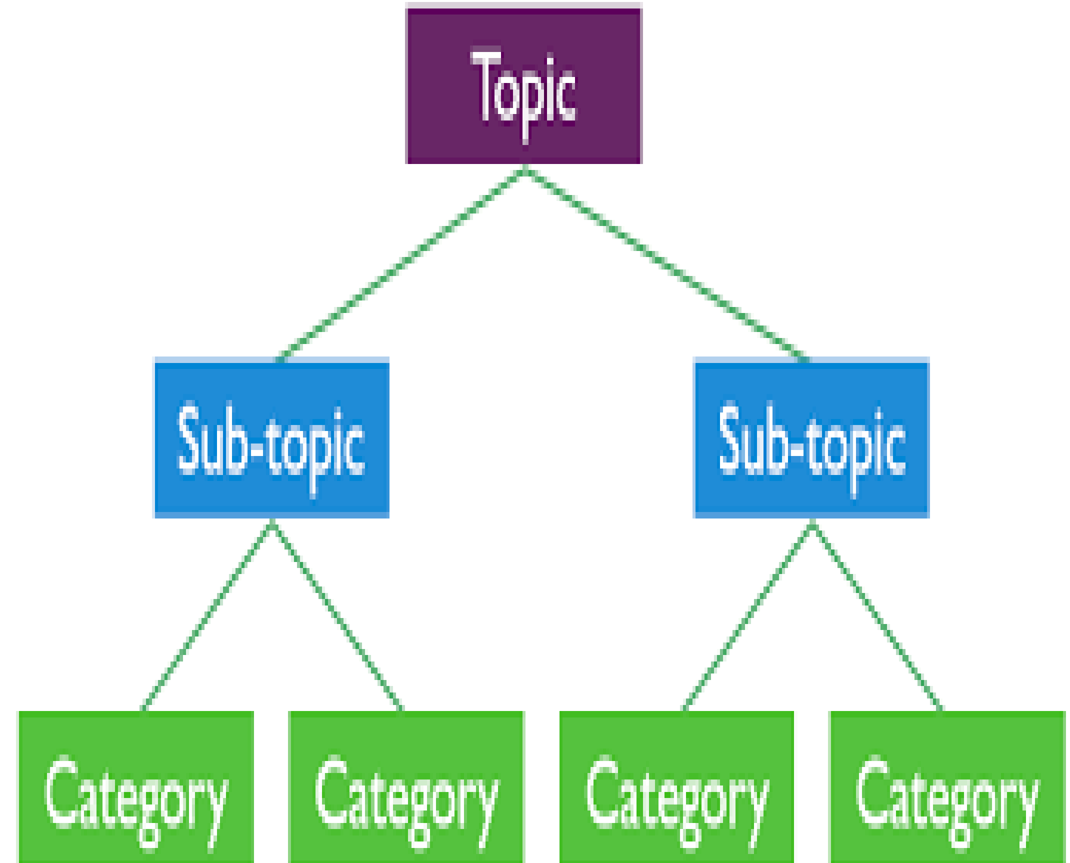
النظرة الاجتماعية لا تمثل الشرع

(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



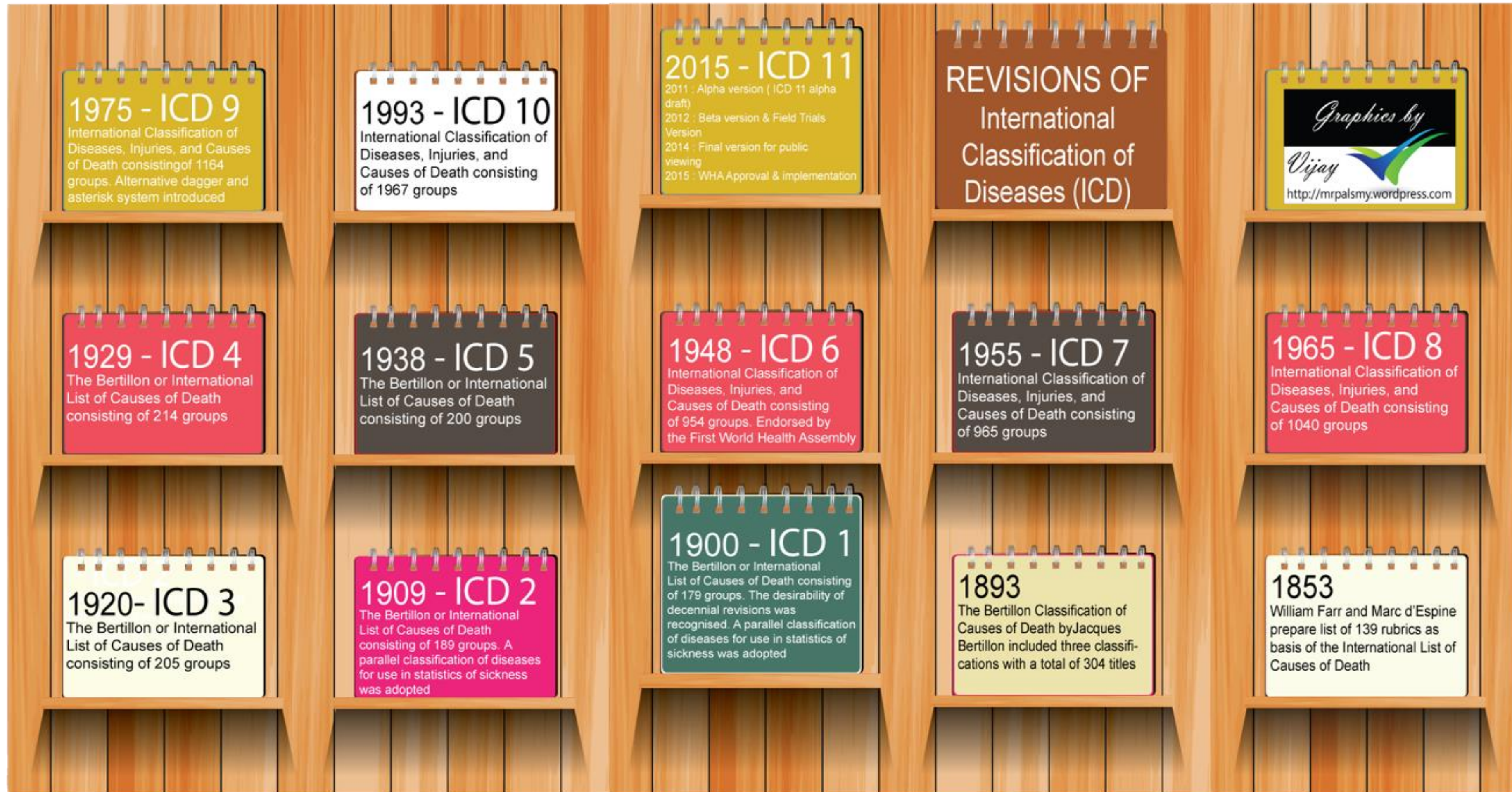
Why to classify ?

- ***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

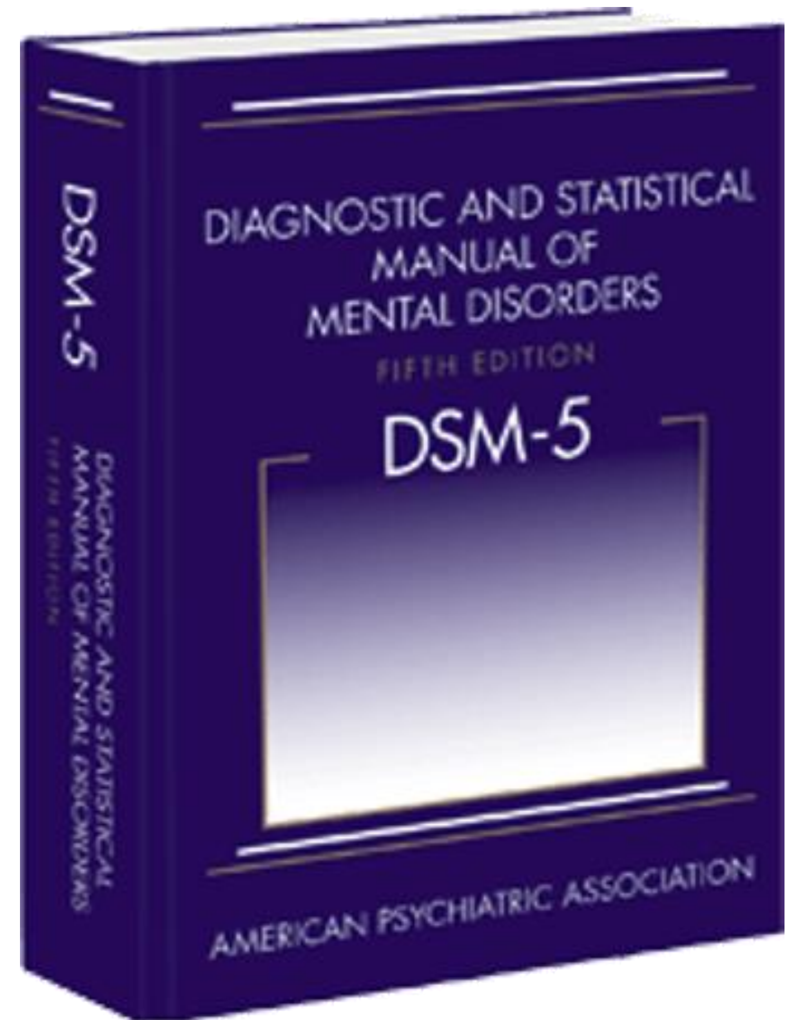


TABLE 1

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 includes 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-10

- 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-10

FIGHT

DSM-5	ICD-10
❖ DSM used mainly in the USA	❖ ICD Internationally
❖ DSM is purely for mental disorders	❖ ICD is larger manual, encompasses all types of diseases/disorders; Only chapter V is relevant for mental disorders
❖ DSM issued by single national professional body- American Psychiatric Association	❖ ICD brought out of international collaboration; ICD produced by a global health agency with a constitutional public health mission
❖ DSM primary constituency is U.S. Psychiatrists	❖ ICD primary focus on classification is to help countries to reduce burden of mental disorders. Its development is global, multidisciplinary and multilingual
❖ DSM approved by assembly of APA members	❖ ICD approved by World Health Assembly comprising of 193 member countries
❖ DSM is copyrighted and generates income for APA	❖ ICD is low cost and available free on internet

DSM-5	ICD-10
❖ DSM criteria very specific and detailed	❖ ICD more of prototype descriptions with less detailed criteria and minimum background information to guide diagnosis
❖ DSM always been multi-axial except now	❖ ICD always been non-axial
❖ DSM used by licensed mental health professionals with advanced degrees	❖ ICD accessible to wide rage of health care professionals with wide educational backgrounds

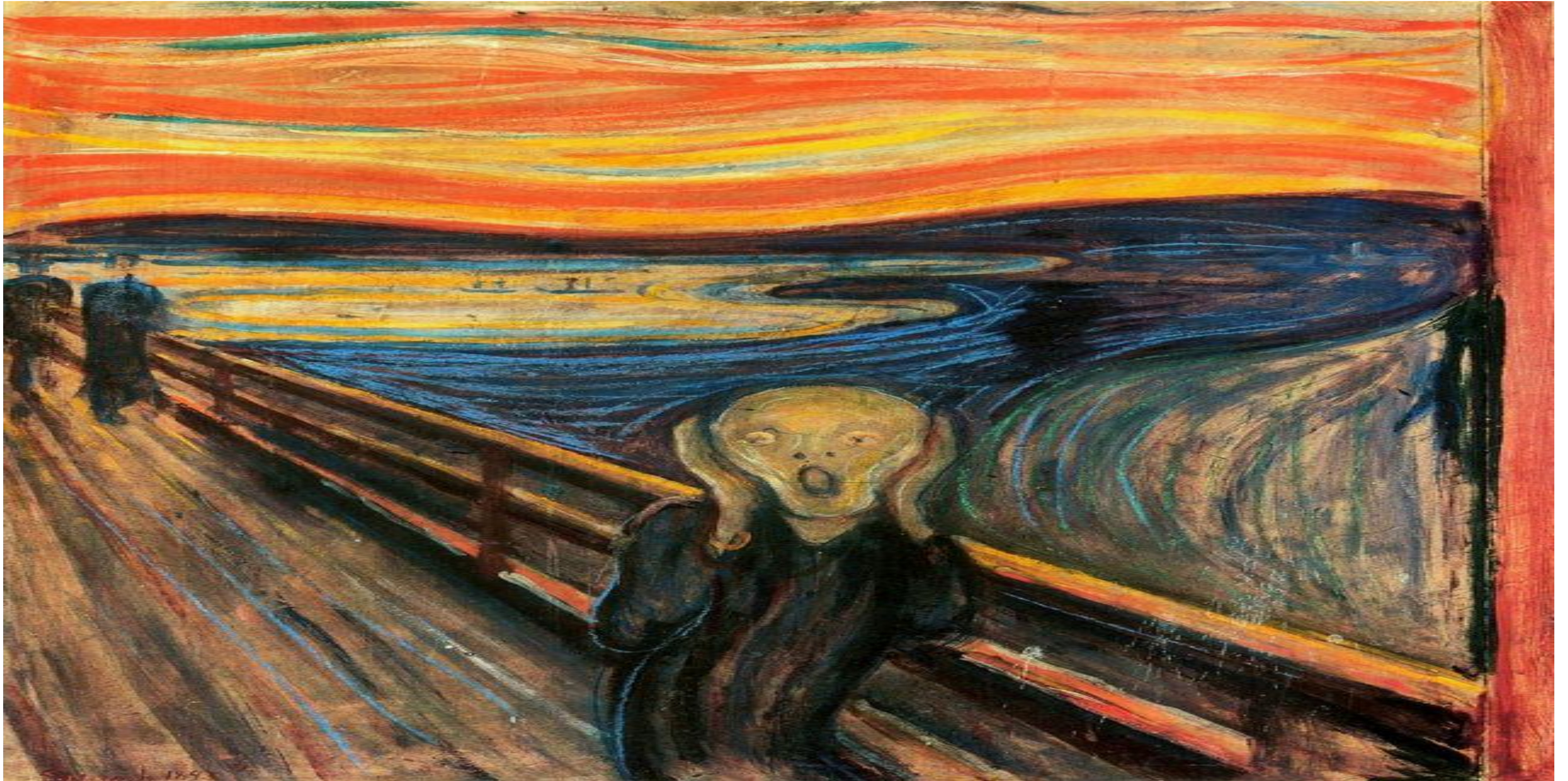
- **Conceptual differences; Ex: Bulimia nervosa is characterized by ’morbid dread of fatness’ while DSM requires ‘self evaluation’**
- **PTSD is much broader in ICD-10 than DSM-5**
- **Differences can cause problems in research comparisons**

Other Classification:

Neurosis Vs. Psychosis Classification

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

Primary Vs Secondary Psychiatric Disorders



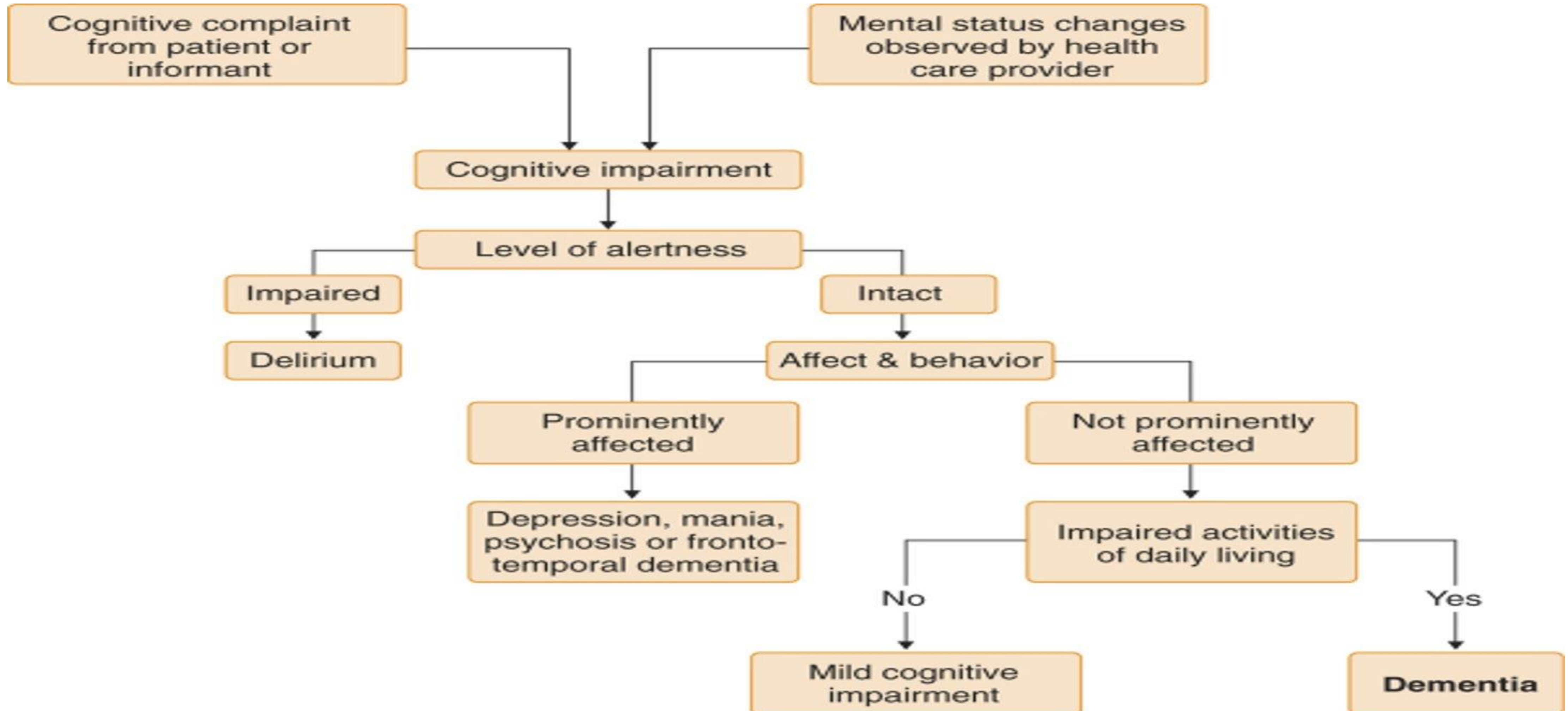
Primary Vs Secondary Psychiatric Disorders

Primary	Secondary
❖ Etiology is: Multi-factorial e.g. schizophrenia Major depressive disorder	❖ Etiology : one diagnosable systemic medical disease, CNS disease or substance e.g. Depression due to SLE or Psychosis due to amphetamine
In medicine: like Essential hypertension	In medicine: like secondary HTN due to renal artery stenosis
Clues suggestive of being primary : ➢ Normal consciousness & vital signs ➢ Presence of : Auditory hallucinations ➢ Soft neurological signs ➢ No related physical illness ➢ Young age onset	Clues suggestive of being secondary: ➢ 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

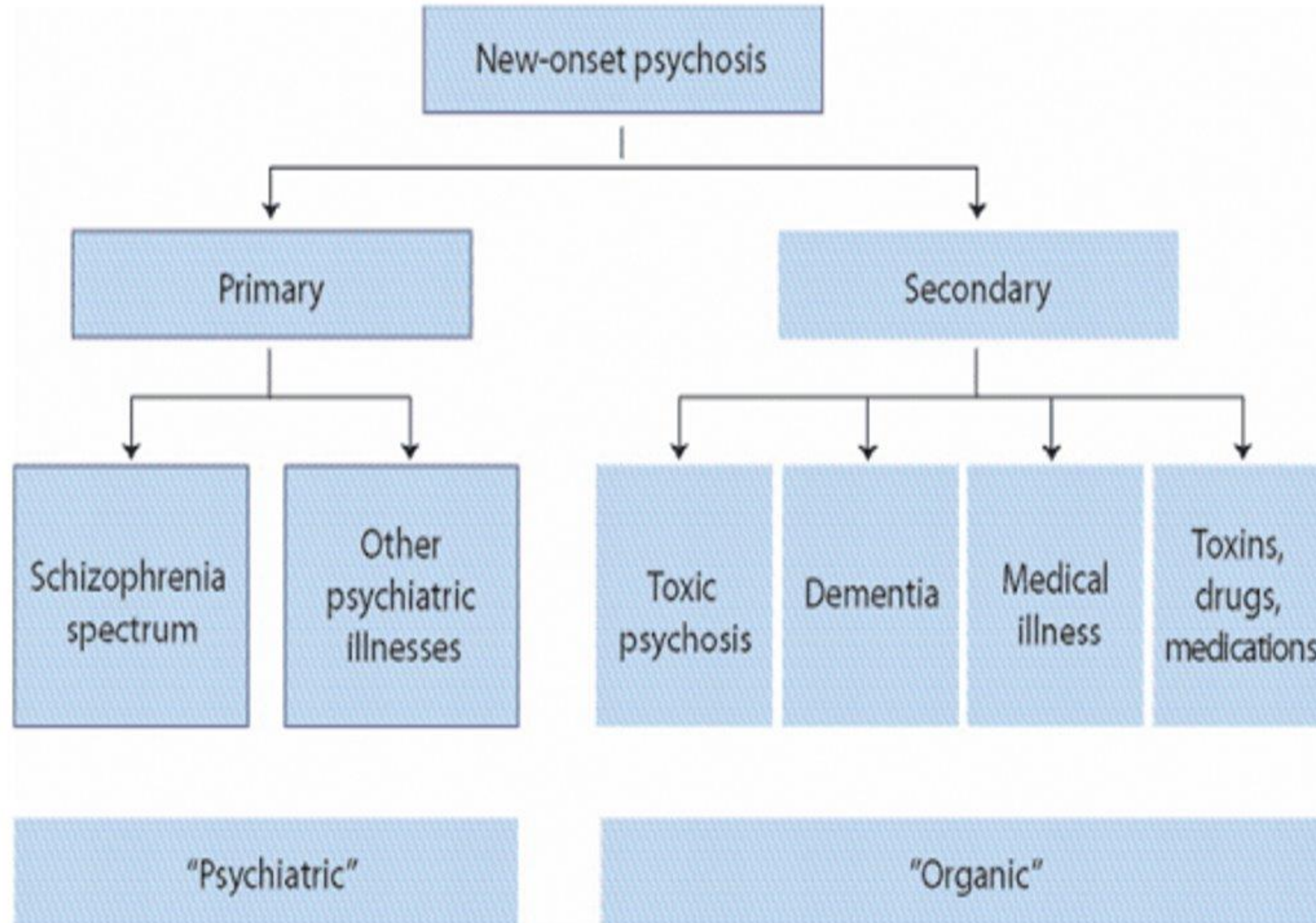
Positive Symptoms	Negative Symptoms
❖ Perception e.g. hallucination	❖ Poverty of thoughts & speech
❖ Thinking e.g. delusions	❖ Lack of ambition , interest & initiation
❖ Mood e.g. extreme euphoria	❖ Restricted affect
❖ Behavior e.g. disorganized behaviour	❖ Self-neglect, Poor self care & hygiene

Diagnostic tree for Cognitive Impairment



Figure

Differential diagnosis of new-onset psychosis



thank you