

Rapid Review Psychiatry: Diagnosis and Treatment

Jason Beaman D.O., M.S., M.P.H.

Assistant Clinical Professor

Chair, Department of Psychiatry and Behavioral Sciences

Oklahoma State University

Board Certified:
Forensic Psychiatry
Psychiatry
Family Medicine
Addiction Medicine



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Disclosures

Funding

- SAMHSA
 - Mental Health Awareness Training
 - Medication Assistant Treatment Training

- National Institutes of Justice
 - Oklahoma Methamphetamine Data Initiative



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Objectives

- Review different psychiatric disorders
- Understand treatment options for psychiatric disorders
- Review classes of medications available for treatment



Diagnosis

- Mood Disorders
- Psychotic Disorders
- Substance Disorders
- Personality Disorders
- Anxiety Disorders
- Childhood Disorders
- Dementias



Mood Disorders

- Major Depressive Disorder (MDD)
- Bipolar Disorder
- Adjustment Disorder



Major Depressive Disorder

- SIG E CAPS (+Depressed mood)
- MUST have either depressed mood or anhedonia
- MUST last for longer than two weeks
- MUST have at least 5/9 symptoms



SIG E CAPS

- Sleep (Insomnia or hypersomnia)
- Interests (Diminished interest or pleasure from activities)
- Guilt (Excessive or inappropriate guilt; feelings of worthlessness)
- Energy (Loss of energy or fatigue)
- Concentration (Diminished concentration or indecisiveness)
- Appetite (decrease or increase in appetite; weight loss or gain)
- Psychomotor retardation/agitation
- Suicide (Recurrent thoughts of death, suicidal ideation, or suicide attempt)



Major Depressive Disorder Treatment

- Antidepressant (usually SSRI)
- Therapy (CBT)
- Electroconvulsive Therapy (ECT)



Bipolar Disorder

- Bipolar I or Bipolar II
- Difference is Manic vs. Hypo (almost) manic
- Bipolar II must have a depressive episode also



Manic Episode

- DIG FAST lasting at least a week (unless hospitalized)
- Causes impairment
- Can have psychotic features



DIG FAST

- Distractibility
- Insomnia
- Grandiosity
- Flight of ideas
- Activities
- Speech
- Thoughtlessness



Hypomanic

- No impairment, hospitalization or psychotic features



Bipolar Disorder Treatment

- Mood Stabilizer



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Adjustment Disorders

- With Depression
- Related to a very specific trigger (divorce, termination, etc).
- Symptoms disappear with resolution of trigger
- Does not meet criteria for MDD



Psychotic Disorders

- Schizophrenia
- Schizophreniform
- Brief Psychotic Disorder
- Schizoaffective Disorder
- Delusional Disorder



Schizophrenia Diagnosis

- MUST last 6 months
- MUST have 2/5 symptoms
- MUST have Delusions or Hallucinations or Disorganized Speech
- Cannot be due to other problems (depression, drugs, bipolar etc.)



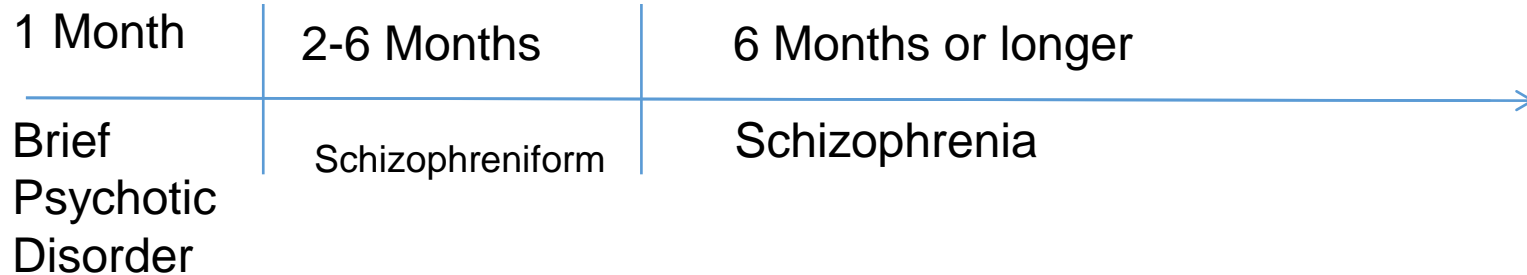
Schizophrenia

Symptoms

- Delusions
 - Fixed false belief outside cultural norm
- Hallucinations
 - False sensory (i.e. auditory, visual) perception
- Disorganized Speech
- Disorganized Behavior
- Negative Symptoms
 - Flattened affect, avolition, anhedonia, asociality, alogia



Psychotic Disorders Timeframe



Delusional Disorder

- Delusion lasting > 1 month
- No other impairment



Psychotic Disorders Treatment

- Antipsychotics
- Hospitalization



Substance Disorders

- Intoxication
- Withdrawal
- Dependence



Intoxication

Table 1 Intoxication syndromes			
	Alcohol/Sedatives	Opioids	Marijuana
Symptoms	Disinhibition Behavioral arousal Impaired concentration Impaired memory Mood lability	Euphoria Dysphoria Apathy Psychomotor agitation Psychomotor retardation Drowsiness Impaired attention Impaired memory	Impaired concentration Impaired attention Decreased reaction time Euphoria Relaxation Paranoia Anxiety Increased appetite Nausea
Signs	Sedation Conjunctival injection Odor alcoholic beverage Slurred speech Impaired gait/balance Nystagmus	Sedation Miotic pupils Decreased respiratory rate Track marks	Odor of marijuana Tachycardia Orthostatic hypotension Dry mouth Conjunctival injection

Adapted from American Psychiatric Association. Diagnostic and statistical manual of mental disorder. 5th edition. Arlington (VA): American Psychiatric Association; 2013.



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Substance Intoxication

- Alcohol
 - Ataxia
 - Slurred Speech
- Opiates
 - CNS depression
 - Pinpoint Pupils
- Cocaine
 - Pupillary dilation
- PCP
 - Crazy Violent



Substances

- Uppers
- Downers
- Hallucinogens



Uppers

- Amphetamines
- Cocaine
- Caffeine
- Nicotine



Downers

- Alcohol
- Opiates
- Benzodiazepines
- Barbiturates



Hallucinogens

- Phencyclidine (PCP)
- Lysergic Acid Diethylamide (LSD)
- Marijuana (THC)
- Ecstasy (MDMA)



Substance Withdrawal

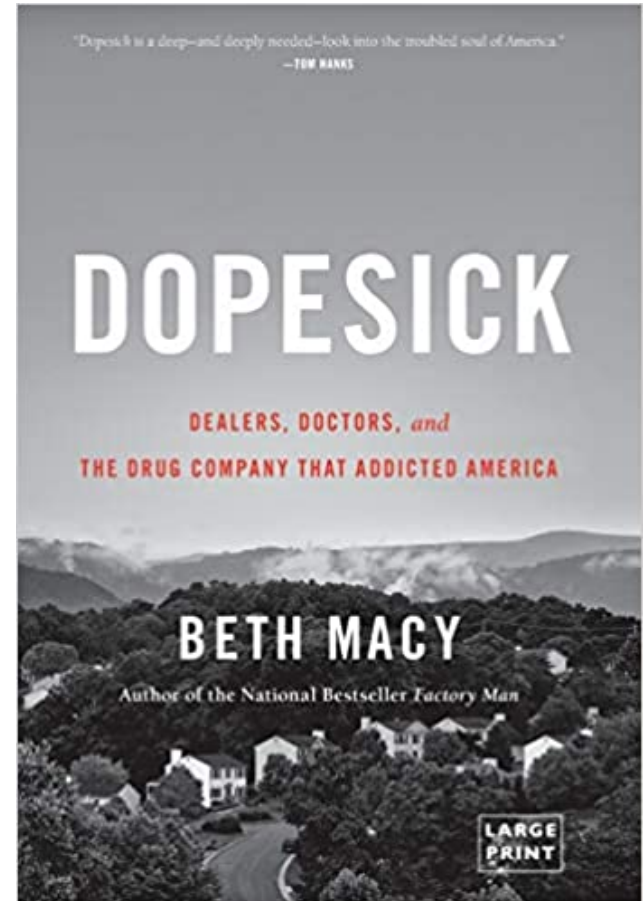
- Deadly:
 - Alcohol, Benzos and Barbiturates
 - Same mechanism (GABA and Glutamate dysregulation)
 - Seizures and autonomic instability (HTN, Tachycardia, fever, diaphoresis)
- Opioids
 - Opiate Withdrawal
 - Dilated pupils
 - N/V/Diarrhea
 - Piloerection
 - Yawning



Opioid Withdrawal

Dopesick

- Dilated pupils
- N/V/Diarrhea
- Piloerection
- Yawning
- High Risk Behaviors
- Overdose



Substance Use Disorder

- Diagnosis usually involves details of long term pattern of misuse:
 - Lack of Control
 - Negative Consequences
 - Physiological Dependence



Medications for Substance Use Disorder

Substance	Medication
Alcohol	Disulfiram Acamprosate Oral Naltrexone (Revia) Injectable Naltrexone (Vivitrol)
Opioids	Methadone Buprenorphine Naltrexone



Personality Disorders

- Cluster A “Wacky”
- Cluster B “Weird”
- Cluster C “Worried”



Personality Disorders

Cluster A

- Paranoid Personality Disorder
 - Mistrust, likely NOT Delusional
- Schizoid
 - Loner and likes it
- Schizotypal
 - Magical thinker



Personality Disorders

Cluster B

- Borderline Personality Disorder
 - Cutters!!! Intense interpersonal relationships
- Antisocial Personality Disorder
 - Must have evidence of conduct disorder
 - Pervasive pattern of violating societal norms
- Narcissistic Personality Disorder
 - Name dropping
 - Demanding
- Histrionic Personality Disorder
 - Attention Seeking



Personality Disorders

Cluster C

- Avoidant Personality Disorder
 - Loner...doesn't like it

- Obsessive Compulsive Personality Disorder
 - Obsessed with order, not bothered by it but bothers everyone else

- Dependent Personality Disorder
 - Submissive



Treatment of Personality Disorders

- Psychodynamic Psychotherapy
- Dialectal Behavioral Therapy for Borderline Personality Disorder



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Anxiety Disorders

- Generalized Anxiety Disorder
 - “Worry Wort”, MULTIPLE areas of worry

- Specific Phobia
 - Anxiety about just one thing

- Social Anxiety Disorder
 - Anxiety being in public because of fear of public scrutiny



Anxiety Disorders

- Panic Disorder
 - Panic attack with NO TRIGGER “out of the blue”
- Separation Anxiety
- Selective Mutism



Obsessive Compulsive Disorder

- Obsessions
 - Recurrent intrusive thoughts
 - “Germs are everywhere”
- Compulsions
 - Repetitive act to relieve anxiety
 - Hand washing
- Bothers patient (compare to OCPD)



Treatment of Anxiety Disorders

- Cognitive Behavioral Therapy
- SSRI/SNRI
- Could consider benzo for 6 week bridge
- Avoid long term benzo use
- Xanax highly addictive, associated with diversion and overdose, high risk for the prescriber



Posttraumatic Stress Disorder

- Nightmares
- Recurrent intrusive memories
- Hypervigilence
- Flashbacks
- Related to a traumatic experience
- MUST last longer than 1 month
- 3 days to 1 month is Acute Stress Disorder



Treatment of PTSD

- Therapy First!!
- SSRI
- Avoid addictive medications
- Prozasin likely ineffective for nightmares



Childhood Disorders

- Autism
 - No Eye Contact, preoccupation on one thing
- Oppositional Defiant Disorder
 - Temper Tantrums
- Conduct Disorder
 - Rule breaker
- ADHD
 - Highly recommend testing before start of stimulant



Dementia

- All Dementia's must have memory loss and change in executive functioning
- Alzheimer's Dementia
 - Slow progressive decline
 - Most Common
 - Neurofibrillary tangles and amyloid plaque
- Vascular Dementia



Dementia

- Frontotemporal or “Pick’s Disease”
 - Behavior changes, inhibition, socially inappropriate
- Lewy Body Dementia
 - Visual hallucinations
- Huntington's Disease
- HIV Dementia



Classes of Medications

- Antidepressants
- Anxiolytics
- Antipsychotics
- Mood Stabilizers
- Stimulants
- Dementia Medications



Classes of Antidepressants

- Selective Serotonin Reuptake Inhibitor (SSRI)
- Serotonin Norepinephrine Reuptake Inhibitor (SNRI)
- Tricyclic Antidepressants (TCA)
- Dopamine
- Other
- MAOI



SSRIs

- Fluoxetine (Prozac)
- Sertraline (Zoloft)
- Citalopram (Celexa)
- Escitalopram (Lexapro)
- Paroxetine (Paxil)
- Fluvoxamine (Luvox)



Appropriate Diagnosis SSRI

- Major Depressive Disorder
- Anxiety Disorders
- Adjustment Disorder
- Premature Ejaculation
- Posttraumatic Stress Disorder
- Premature Ejaculation
- Bipolar Depression
- Premenstrual Dysphoric Disorder (PMDD)
- Fibromyalgia



SSRIs

Special Considerations

- Fluoxetine (Prozac)
 - PMDD
 - Longest Half Life
- Sertraline (Zoloft)
 - *OCD (high doses)
- Citalopram (Celexa)
- Escitalopram (Lexapro)
- Paroxetine (Paxil)
 - Weight gain more likely
 - Discontinuation syndrome likely
 - Teratogenic
- Fluvoxamine (Luvox)
 - Shortest Half life



SNRIs

- Venlafaxine (Effexor)
- Desvenlafaxine (Pristiq)
- Duloxetine (Cymbalta)
- Milnacipran (Savella)
- Levomilnacipran (Fetzima)



Appropriate Diagnosis

SNRI

- Major Depressive Disorder
- Anxiety Disorders
- Adjustment Disorder
- Neuropathic Pain



SNRIs

Special Considerations

- Venlafaxine (Effexor)
 - Withdrawal Syndrome
 - Hypertension
 - Hyperkalemia
- Desvenlafaxine (Pristiq)
- Duloxetine (Cymbalta)
 - Diabetic Peripheral Neuropathy
 - Fibromyalgia
 - Musculoskeletal pain
 - Osteoarthritis
- Milnacipran
 - Fibromyalgia
- Levomilnacipran
 - Major Depressive Disorder



Tricyclic Antidepressants

- Amitriptyline
- Amoxapine
- Clomipramine
- Desipramine
- Doxepin
- Imipramine
- Nortriptyline



Appropriate Diagnosis

SNRI

- Major Depressive Disorder
- Obsessive Compulsive Disorder
- Anxiety Disorders



TCA

Special Considerations

- Amitriptyline
 - Sleep
 - Migraines
- Amoxapine
- Clomipramine
 - OCD
- Desipramine
- Doxepin
 - Puritis
- Imipramine
 - Enuresis
- Nortriptyline



Dopamine Acting Antidepressants

- Bupropion (Wellbutrin)



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Appropriate Diagnosis Bupropion

- Major Depressive Disorder
- Nicotine Addiction
- Bipolar Depression
- Sexual Dysfunction
- Adult ADHD



Bupropion

Special Considerations

- Avoid in seizure disorder
- Avoid in eating disorders
- Can add to other serotonergic antidepressants
- Also has action on norepinephrine
- Not associated with weight gain
- Helpful to treat multiple problems at once



Other Antidepressants

- Mirtazapine (Remeron)
- Trazodone (Deseryl)



Appropriate Diagnosis Other Antidepressants

- Major Depressive Disorder
- Anxiety Disorders
- Insomnia



Other Antidepressants

Special Considerations

- Mirtazapine

- Appetite Stimulant
- Antiemetic
- More sedating at lower doses

- Trazodone

- At doses required for depression, very sedating
- Priapism





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Classes of Medications

- Antidepressants
- Anxiolytics
- Antipsychotics
- Mood Stabilizers
- Stimulants
- Dementia Medications



Classes of Anxiolytics

- Antidepressants
- Benzodiazepines
- Beta-blockers
- Antihistamines
- Other



Classes of Anxiolytics

- Antidepressants
- Benzodiazepines
- Beta-blockers
 - Propranolol (Non-selective)
- Antihistamines
 - Hydroxyzine (Non-addictive)
- Other
 - Buspirone



Benzodiazepines

- Diazepam (Valium)
- Lorazepam (Ativan)
- Clonazepam (Klonopin)
- Alprazolam (Xanax)
- Chlordiazepoxide (Librium)
- Oxazepam (Serax)
- Temazepam (Restoril)
- Midazolam (Versed)
- Triazolam (Halcion)



Benzodiazepines

Special Considerations

- Clonazepam
 - Longest half life
 - Best for long term prophylaxis
- Alprazolam
 - Best for infrequent prn use
 - Addicting
- REVERSAL AGENT:
Flumazenil
- Chlordiazepoxide
 - Etoh Withdrawal
 - Liver impairment
- Midazolam
 - No Clinical psychiatric use
 - Shortest half life



Classes of Antipsychotics

- 1st Generation (Typical)

- 2nd Generation (Atypical)



1st Generation Antipsychotics

- Haloperidol (Haldol)
- Thioridazine (Mellaril)
- Fluphenazine (Prolixin)
- Trifluoperazine (Stelazine)
- Thiothixene (Navane)
- Perphenazine (Trilafon)
- Loxapine (Loxitane)
- Pimozide (Orap)



Appropriate Diagnosis

1st Generation Antipsychotics

- Schizophrenia
- Schizoaffective Disorder
- Substance Induced Psychosis
- Brief Psychotic Disorder
- Psychotic Agitation
- BEST for Positive Symptoms



2nd Generation Antipsychotics

- Aripiprazole (Abilify)
- Clozapine (Clozaril)
- Lurasidone (Latuda)
- Paliperidone (Invega)
- Olanzapine (Zyprexa)
- Quetiapine (Seroquel)
- Risperidone (Risperdal)
- Ziprasidone (Geodon)



Appropriate Diagnosis

2nd Generation Antipsychotics

- Schizophrenia
- Schizoaffective Disorder
- Substance Induced Psychosis
- Mood Stabilizer (mania and depression)
- Brief Psychotic Disorder
- Psychotic Agitation



Second Generation Antipsychotics

Special Considerations

- Clozapine (Clozaril)
 - Agranulocystois
- Risperidone (Risperdal)
 - Gynocomastia
 - Galactorhea
- Olanzapine (Zyprexa)
 - Weight Gain/Sedation
- Best for Negative Symptoms
- Quetiapine (Seroquel)
 - Sedation
- Ziprasidone (Geodon)
 - Weight Neutral
 - QT Prolongation
- Aripiprazole (Abilify)
 - Akesthesia



Antipsychotics

Side Effects

- 1st Generation

- Neurologic

- Tardive Dyskinesia, Dystonia etc.
 - Often Use Benztropine for side effects

- 2nd Generation

- Metabolic

- Weight gain, Diabetes, Hypertension, Hyperlipidemia



Classes of Medications

- Antidepressants
- Anxiolytics
- Antipsychotics
- Mood Stabilizers
- Stimulants
- Neurocognitive Agents



Mood Stabilizers

- Lithium
- Lamotrigine
- Valproic Acid
- Carbamazepine



Mood Stabilizers

Special Considerations

- Lithium
 - Renal Impairment
 - Interactions
- Valproic Acid
 - Weight Gain
 - Hepatotoxicity
 - Teratogenic
- Lamotragine
 - Stevens-Johnson Syndrome
- Carbamazepine
 - Agranulocytosis
 - Induces own metabolism



Appropriate Diagnosis

Mood Stabilizers

- Bipolar Disorder



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Classes of Medications

- Antidepressants
- Anxiolytics
- Antipsychotics
- Mood Stabilizers
- Sedatives
- Stimulants
- Dementia Medications



Sedatives

- Zolpidem (Ambien)
- Zaleplon (Sonata)
- Ramelteon (Rozerem)
- Eszopiclone (Lunesta)



Appropriate Diagnosis

Sedatives

- Insomnia



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Sedatives

Special Considerations

- Zolpidem
 - Odd Behaviors
 - Addictive

- Ramelteon
 - Melatonin based



Classes of Medications

- Antidepressants
- Anxiolytics
- Antipsychotics
- Mood Stabilizers
- Sedatives
- Stimulants
- Dementia Medications



Stimulants

- Amphetamine (Adderall)
- Modafinil (Provigil)
- Dextroamphetamine (Dexedrine)
- Methylphenidate (Ritalin, Concerta)
- Dexmethylphenidate (Focalin)
- Lisdexamfetamine (Vyvanse)
- Atomoxetine (Strattera)



Appropriate Diagnosis Stimulants

- ADHD
- Narcolepsy



Stimulants

Special Considerations

- Amphetamine

- Addictive
- Stunts Growth

- Atomoxetine

- Not Addictive

- Modafinil

- Addictive
- Narcolepsy



Classes of Medications

- Antidepressants
- Anxiolytics
- Antipsychotics
- Mood Stabilizers
- Sedatives
- Stimulants
- Neurocognitive Agents



Neurocognitive Agents

- Donepezil
(Aricept)
- Rivastigmine
(Exelon)
- Memantine
(Namenda)
- Galantamine
(Razadyne)



Appropriate Diagnosis Neurocognitive Agents

- Dementia
- Mild Cognitive Impairment



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Neurocognitive Agents Special Considerations

- Does not reverse, slows progression



Conclusion

- Establish Diagnosis
- Most medications are equally effective, more important to stick with it and avoid frequent switching
- Use antipsychotics sparingly and monitor for side effects



Questions?

Jason.Beaman@okstate.edu



@sanitydoc



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