Psychiatry an Overview
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Module-03
Psychiatric Disorders and their treatment-1
Lecture-13
Obsessive Compulsive Disorders

So the last lecture we were talking about panic attacks and anxiety disorder this going to be a longer one.

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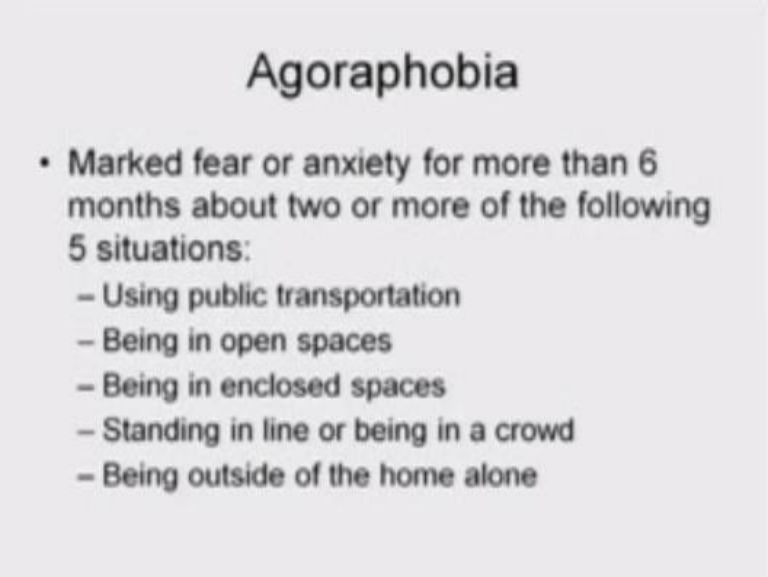

Because they are the most common and have the maximum variety of disorders so we ended at talking briefly about the drugs the last light so the drugs are the same as we talked about treating phobias we talk about drugs once we finish all this the one of the most common for bee which is associated with the panic attacks now, now you

understand the person is having phobia and panic attacks can be induced with it, I think that they can really go to that level where there is a panic attack so there's a market fear.

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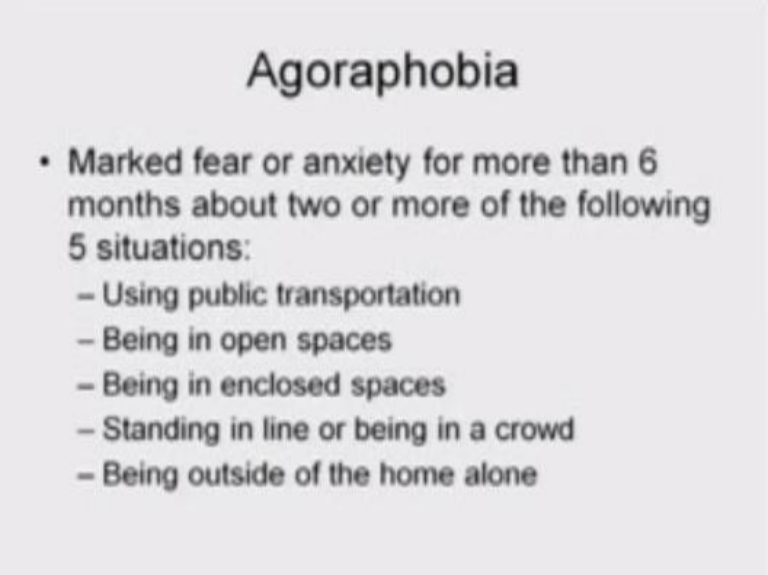

Or anxiety for more than 6 months in about two or more of the following situation in public places, public transportation, open spaces in enclosed spaces standing in line now the whole fear is because escape might be difficult or help may not be available this agoraphobic situations almost broad always provoked anxiety and out of proportion evidence and dissipation as we all know with a common feature.

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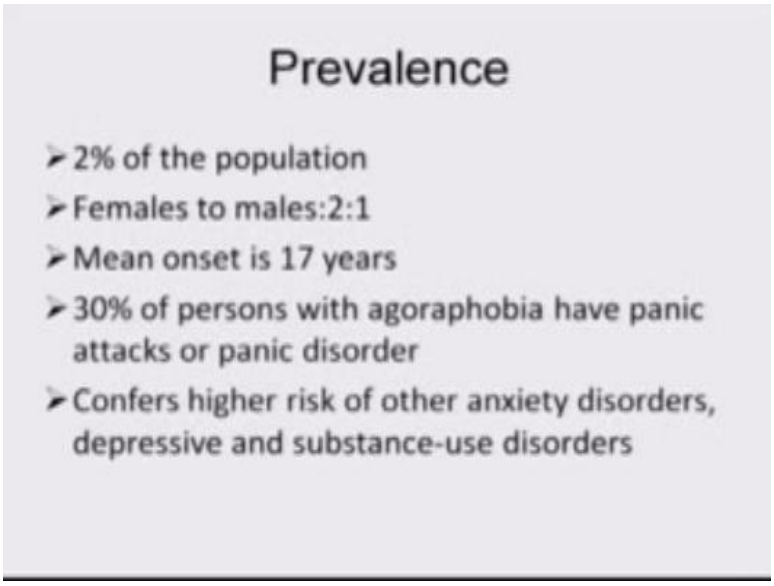

So again 2% of the population females more than the 30% of people who do we have panic attacks are disorders all this anxiety things the predispose people to having more and more depressive and substance use because they may be actually dependent on the drugs with decrease the like benzodiazepines or they may learn to have alcohol to control this see it this is all connected because brain is not separating the anxiety area is a different division is different and drug abuse is different so .

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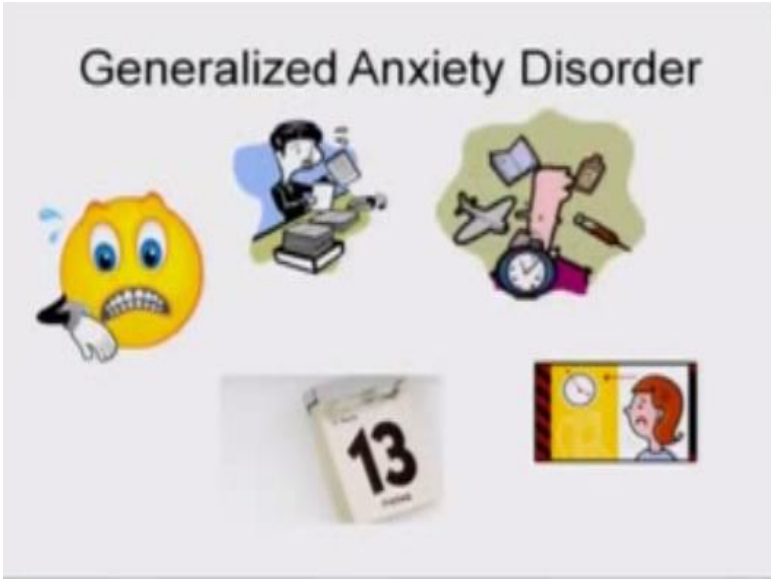

So from moving from for we have you gone to generalized anxiety.

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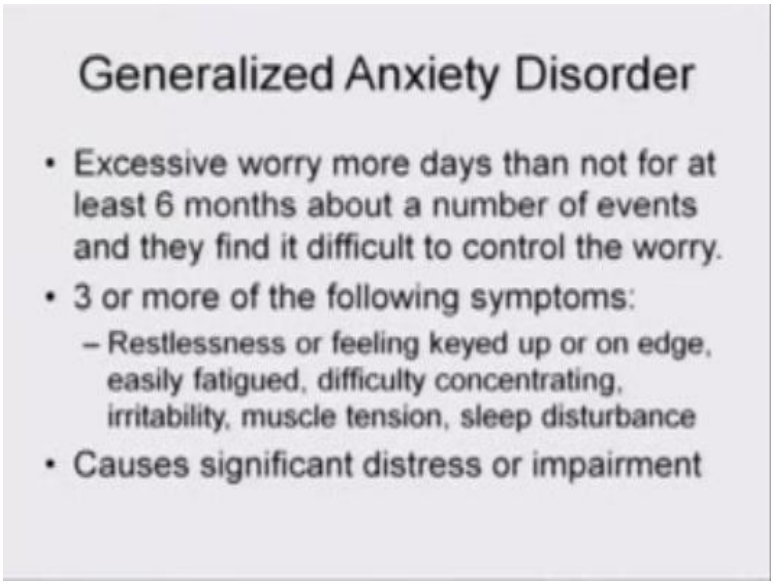

Whereas 4br panic disorders panic attacks I go to phobia maybe situation related generalized anxiety the presence from many days and over the last 6 months more number of days with anxiety then.

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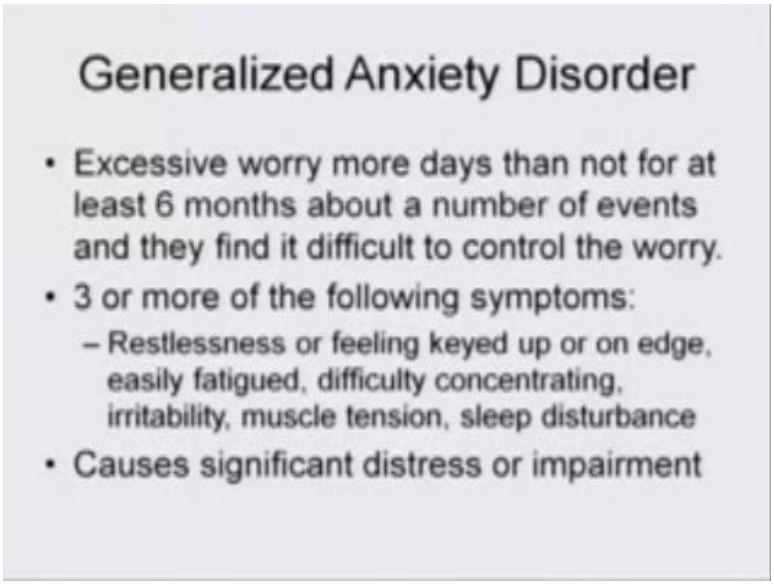

Without anxiety where is the restlessness there is a feeling of being on the edge being bored easily fatigued difficulty in concentrating irritability the muscle tension sleep disturbance continuous and nobody can define nobody is able to define, what exactly it is so and these are common thing people are really apprehensive.

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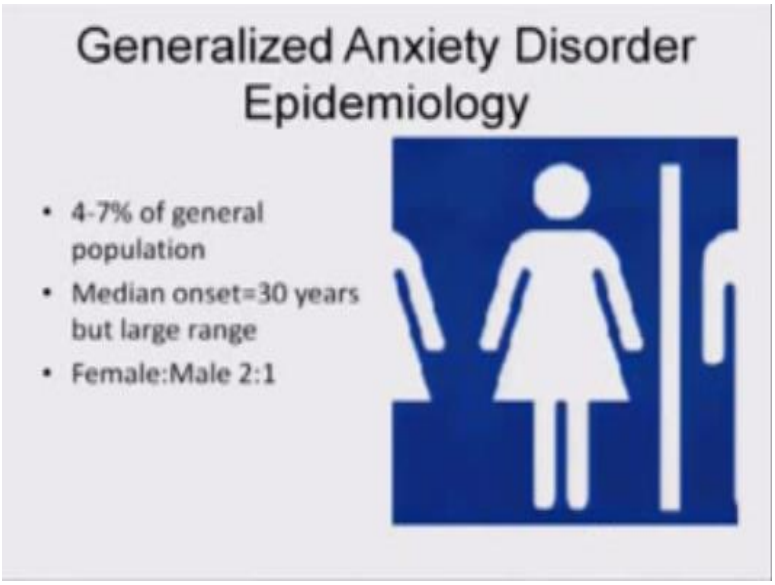

Almost on there is no dope it affects 4 to 7% normally happens in same 30 years female again.

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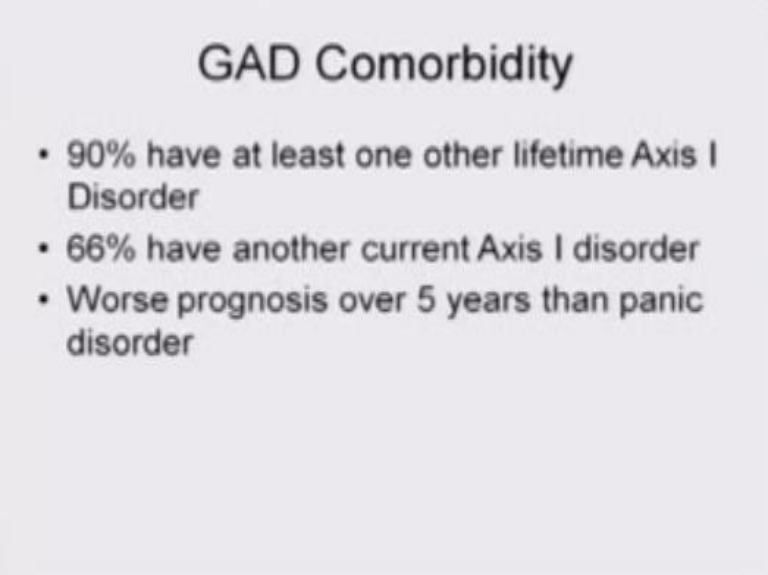

Now if you look at the comorbidity these realizing that disorder people may have some other illness also like depression or maybe a personality issue.

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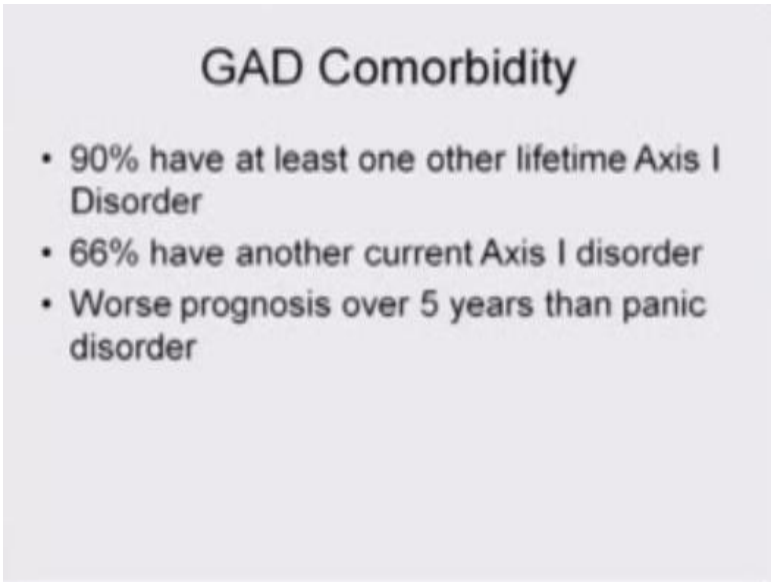

Panic attacks improve after 6 months is the longer the generalizing anxiety the difficulty.

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It is to street again as I said the word medication that they are medication like the speed on benzodiazepine NT presents cognitive behavior therapy which helps them relax desensitize the depending on this is q related and correcting the cognitive aberrations now when.

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I just continue it, I will not break it here one of the most significant illness which has become almost like malignant over last few years and the incidence is also increasing or maybe we are diagnosing it better is called obsessive-compulsive disorder the man who could not stop washing and the lot of people whom you know would be watching the hands again and again or checking the doors again and again are there some people when what the driving they almost have to add up the number plate and reach to a certain number and we will keep doing it till the really figure out this is called the spectrum disorder. Which is one is the calmness call OCD.

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Obsessive-compulsive disorder body dysmorphic disorder holding disorder trichotillomania, excoriation disorder.

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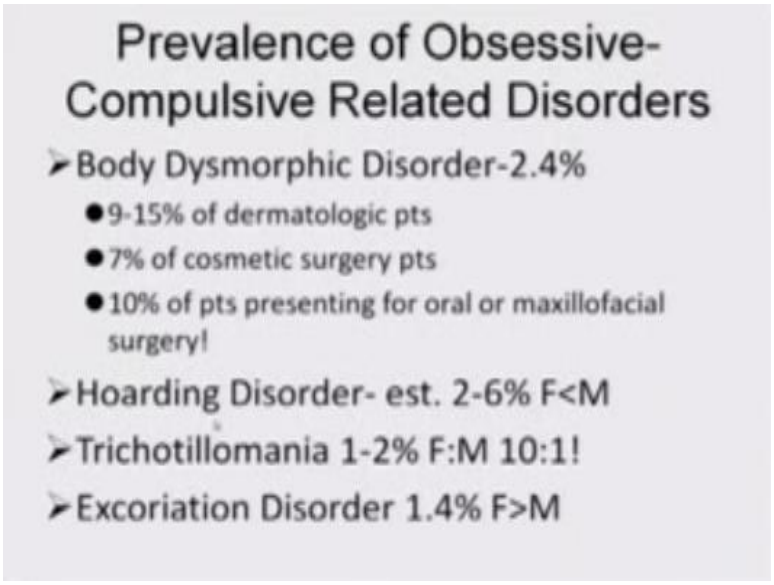

Obsessive-compulsive disorder body dysmorphic disorder is 2 to 4 % that these are the people who always have this feeling and whether their mind is creating their self-image

they always feel some part of the bodies wrong something is gone wrong the skin is not right of the nose is not all right and the year is not all right these are the people who keep going again and again to cosmetic surgeons correct my nose correct my and even after this corrected because the whole concept is that the body image in their own head is.

There is some mismatch between what it is and what the mind perceives a lot of plastic surgeon will refer to a psychiatrist to get a certificate.

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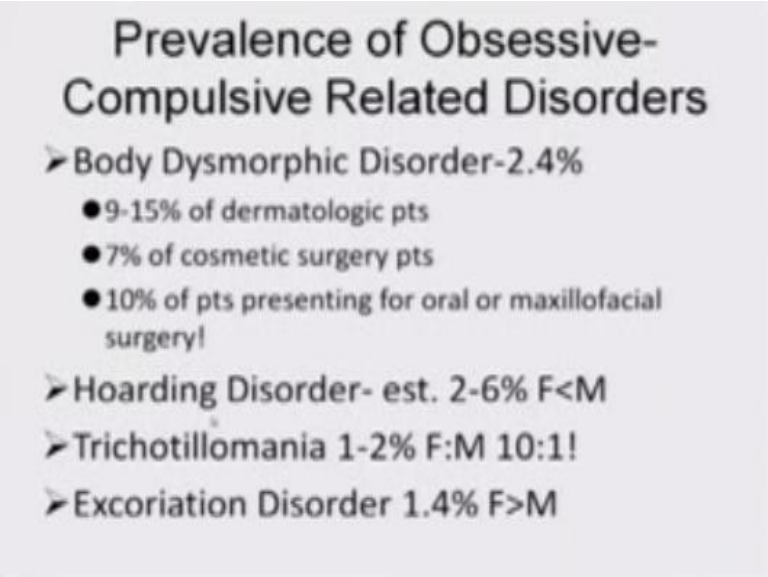

That it is not a body dysmorphic disorder before operating because even if they operate they will never be satisfied disorders a lot of people who I am sure they must be that myself of all time people who keep holding things you have this tendency to go to Romania is rare but these are the people who have this habit of hair plucking every time in stress so lot of these people have the cover-up superficially with the air but they have this whole area of darkness in this called imposes control .

They resist their mind is telling them to pick up the hair or just pluck it but the resist it to a large extent and better certain point home they just cannot so they will pluck it after which they feel guilty so this lot of this impulse his control also happens in gambling in lot of people who suddenly put fire to things and.

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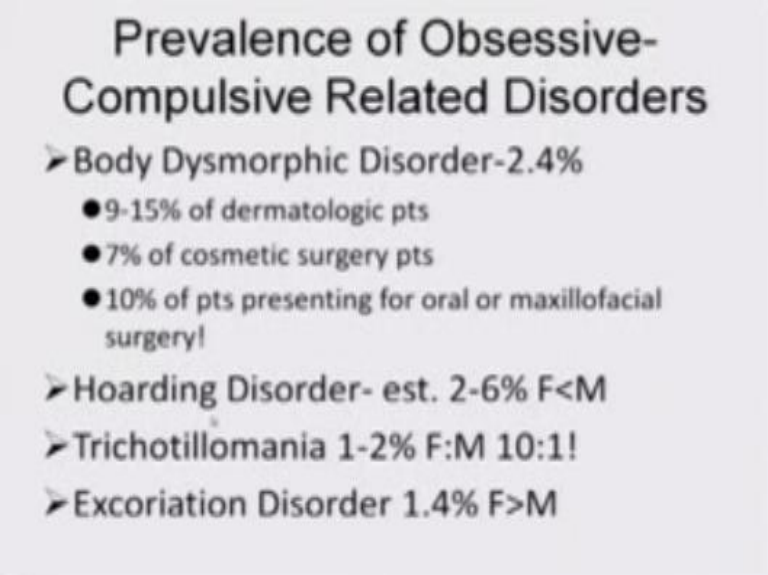

Lot of anger outbursts are impulse his control.

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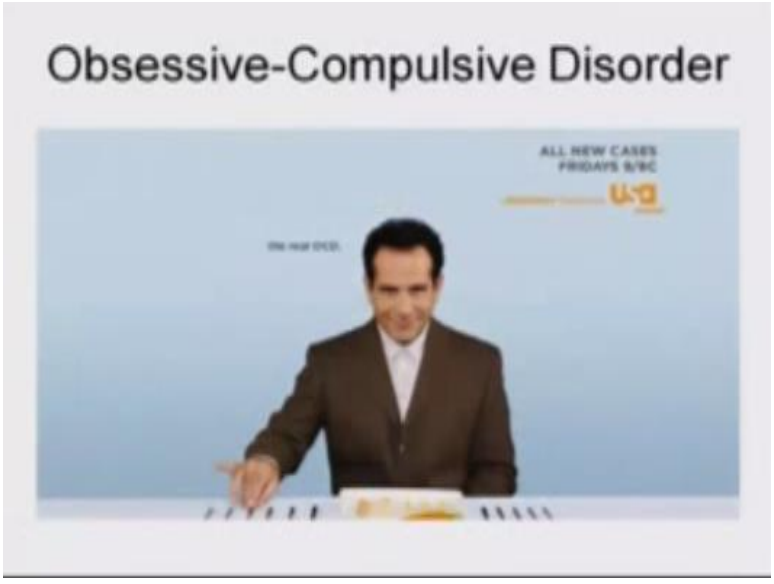

So let us come to obsessive compulsive disorder.

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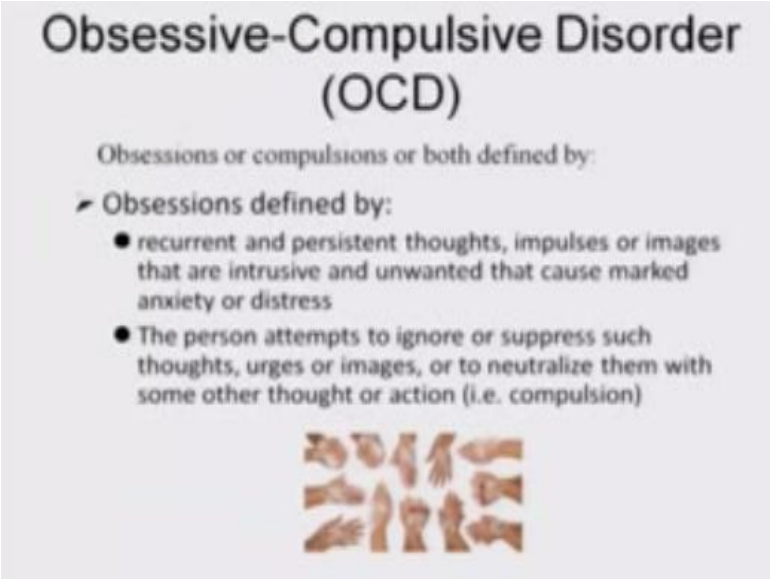

Or positions are re current persisted, persistent parts impulses images or four years that are intrusive unwanted but if we try to stop them they caused a lot of distress and it clears using that they are evil dystonic equally strong innocent they are not in the general scheme of things.

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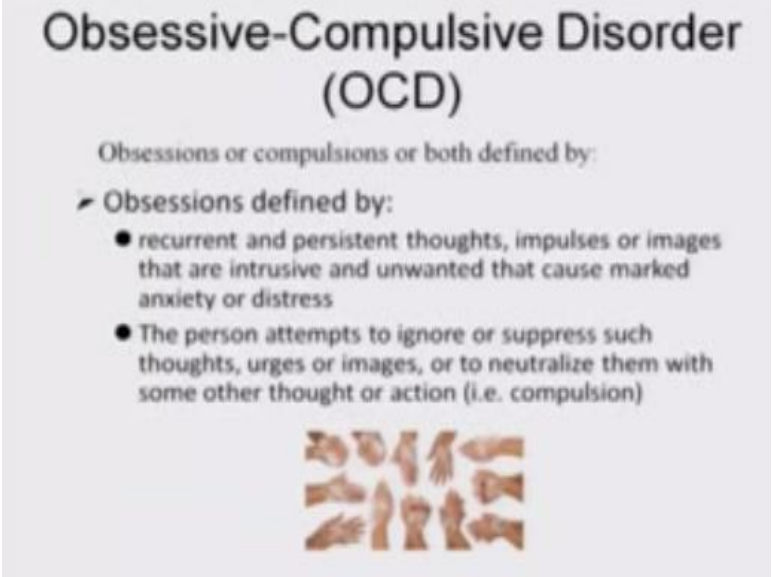

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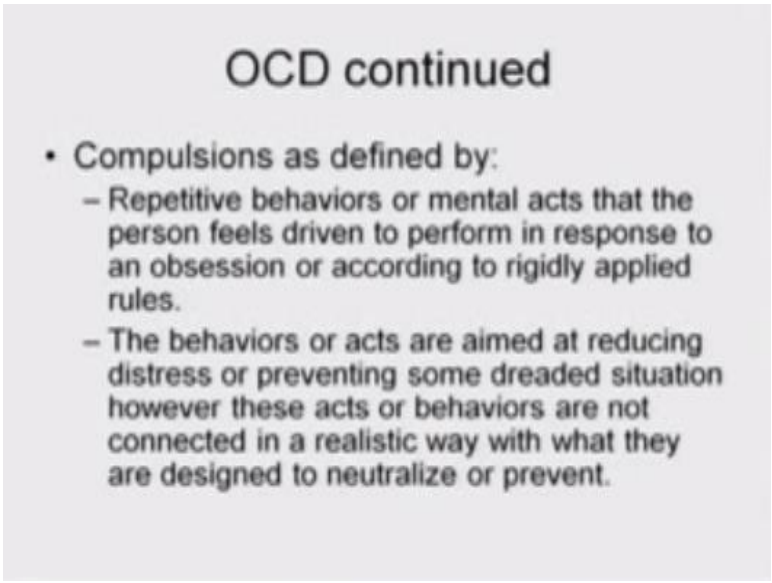

So the most common of them are and compulsions.

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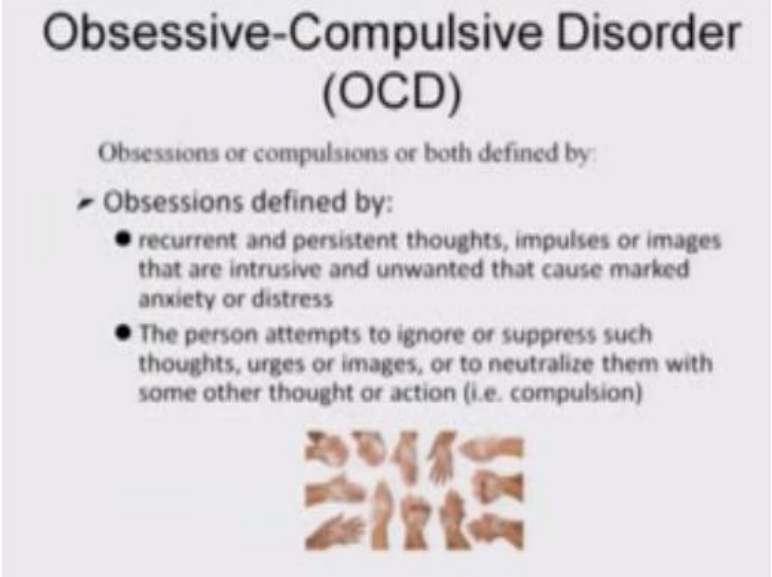

So options that have thought level.

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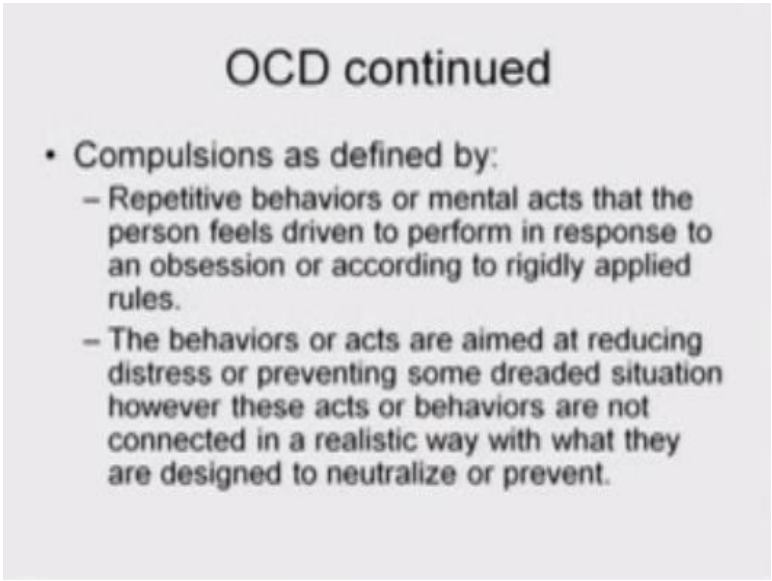

But to control this there 2 type of compulsion one is eidling compulsion and other the controlling compulsion they are repetitive behaviors of mental acts that person feels revenant want to perform in response to opposition they are aimed at reducing distress or preventing some great situation they are not connecting that it was a lot of people think that okay, if I do not do this it this way if I do not keep my phone in a certain way something will happen.

This is called magical thinking it will not, not going to happen but they mind keeps telling them somebody there is a , there is a, an obsession of dirt you wash your hands.

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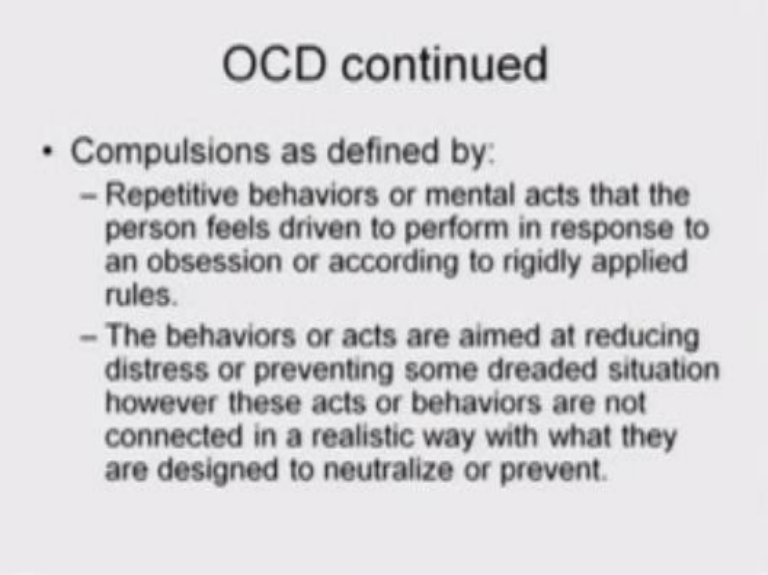

And your mind is not clean so you try to avoid it the more you try to press it the more it the firing happens in the brain and the anxiety increases so either to avoid that either you have to yield to it to go and wash it or to avoid washing you start doing something else maybe you take a rosary and you start doing this are you maybe you can start taking God's name so this is a mental compulsion external combustion not to award watching maybe, maybe your tap 4 times.

Or some people the mind tells and okay, fine add this car number 4682 but they have to do some mathematical operation to bring it to a number to which that is a compulsion.

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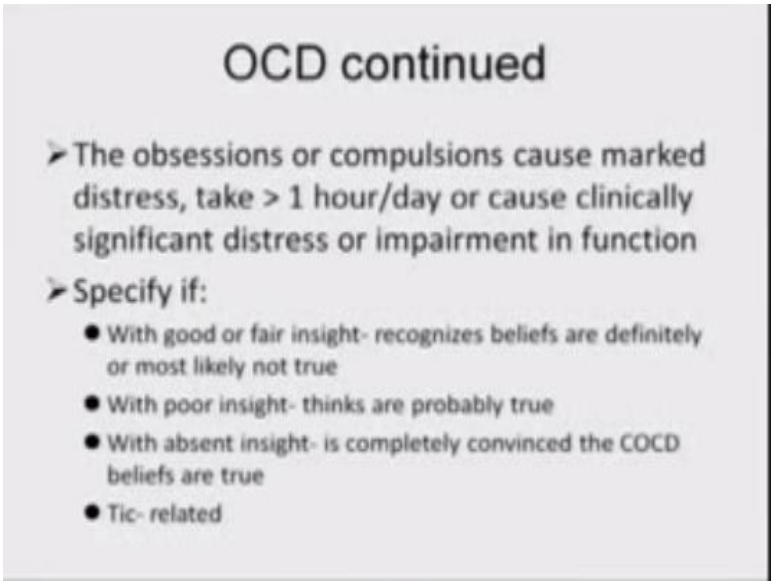

The cause modest as they take more than one hour per day and cause clinically significant depression almost hampers the life but believe me this one hour maybe a definitional thing it causes a lot of damage before that most people they keep struggling with it to a point where their daily routine their daily life.

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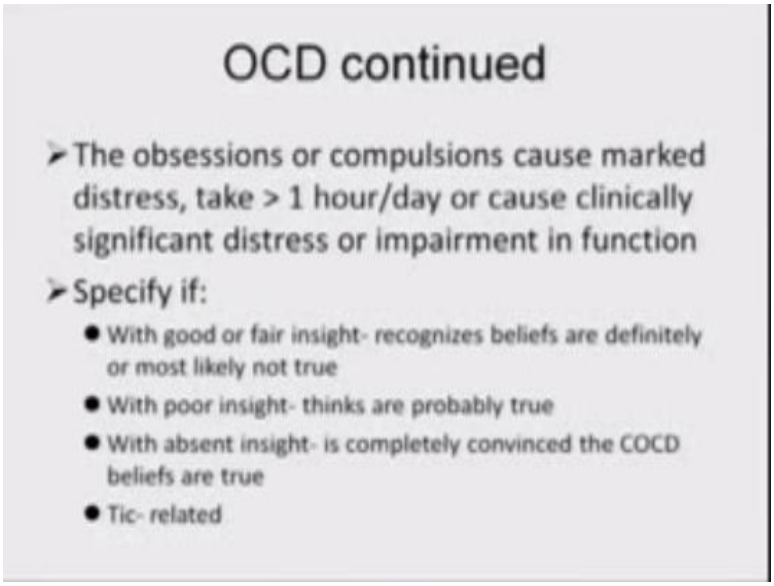

Everything is almost stopped so there is a sense of irrational teen it but as time progresses sometimes the rational team may be lost like you say with go to fear inside it they recognize that beliefs are definitely not true report inside the things they are probably true with absent inside is completely convinced that compulsions and compassion and obsessions are true.

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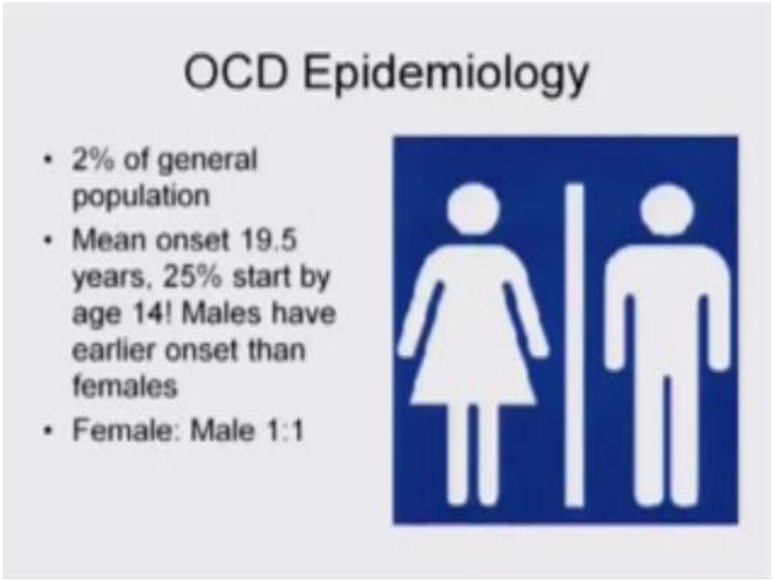

2% of general population I do not know whether it is increased and it starts early almost 25% percent they start by a 14, so that this is the risky part a lot of youngsters and youth are having or city now and here female, male are equal but males have early-onset.

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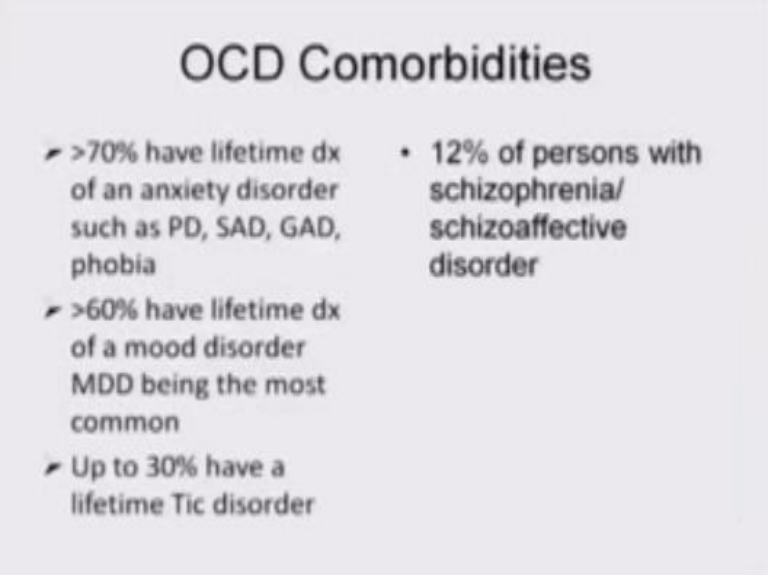

The 75% have another depression or generalized anxiety the mood disorder is very common with opposition and normally these days when you would when we are treating bipolar illnesses that are paranoid schizophrenia is a significant commodity of OCD with these illnesses almost forcing us to ret think that whether the same circuits of the brain.

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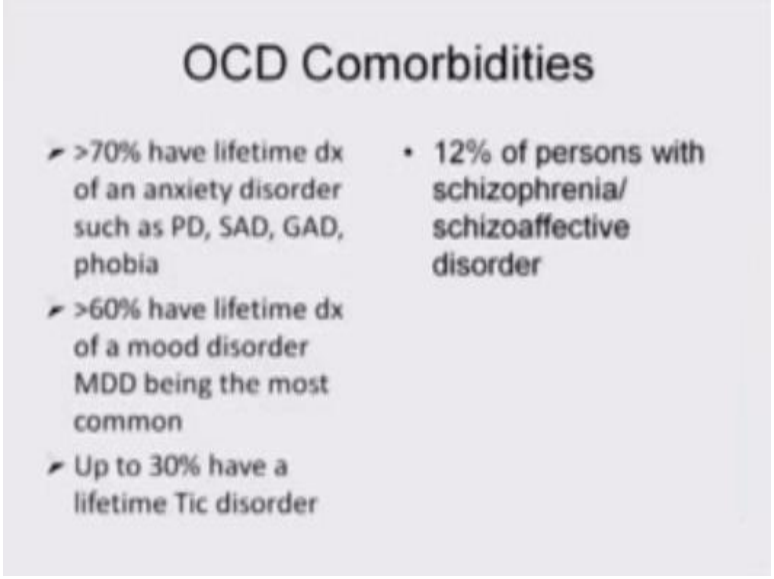

Is a illness called to her disorder where a lot of kids who have to take this or takes are involuntary episodic movement of facial muscles or vocal muscles they have OCD almost comorbid with it as you can see 70% of lifetime diagnosis of anxiety 60% have more disordered 30% have a take this order and 12% people have schizophrenia and schizoaffective disorder.

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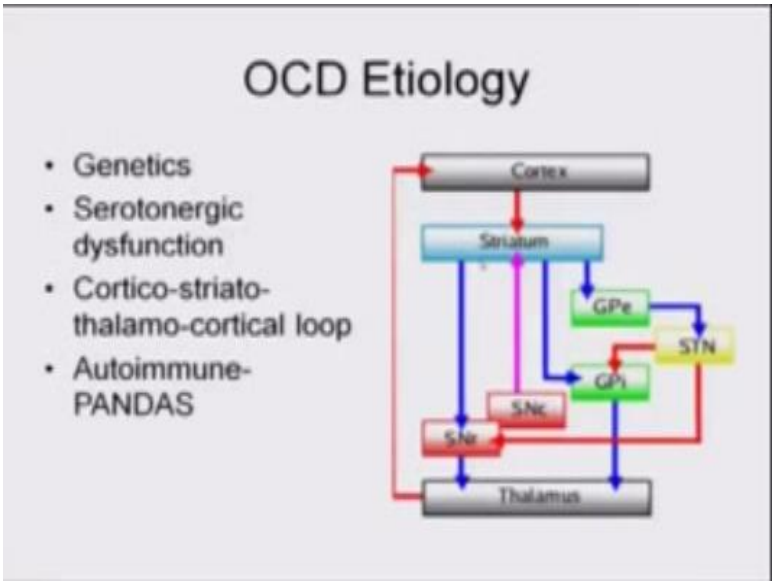

How etiology again we know the circuit of the city genetic predisposition the chemical like dopamine schizophrenia which has been implicated in both ways the deficiency of which has led to OCD and treatment of which improves the CDC wrote on so there's a loop.

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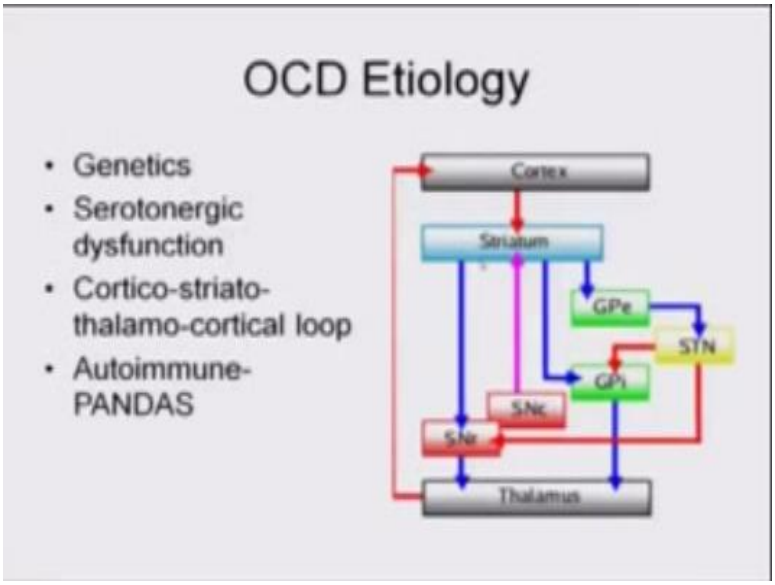

Of from cortex which the higher center to the stratum the strategies basal ganglia is a deeply took them under the ventricle and.

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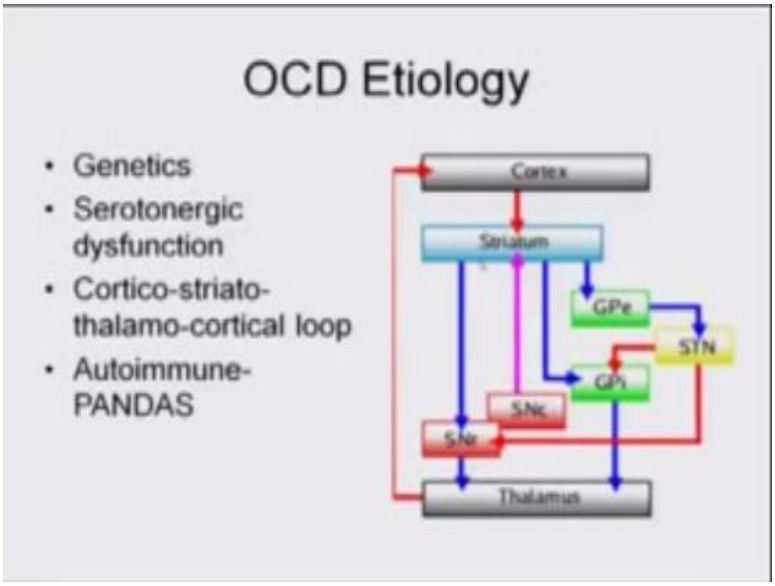

So this is the cortex the cortex here is the basal just this is basal here straight up this is cortex substantia nigra a combust so globus pallidus external globus these are all part of the basal ganglia this area so this is corticosteroid item tell us which if you remember is the release center of the brain where all the stimulus comes are integrated and then pass on to cortex and cortex gives a feedback loop to tell us this whole circuit normally if you are doing something and the brain is firing.

And asking you to do something you do any move on to the next over but this probably there is this innovation which in this loop which is deranged so the information of the task fulfilled does not reach here so it has to keep going again and again.

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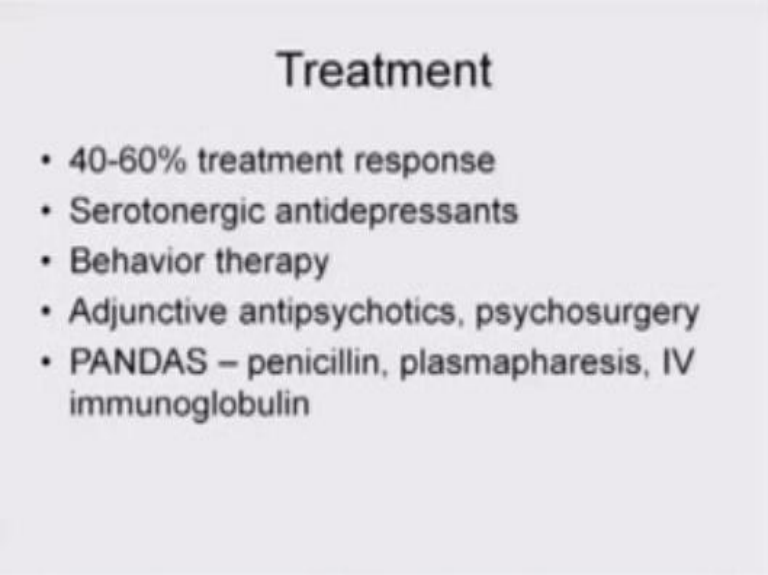

So but the good thing is that the 40 to 60% people respond well serotonergic auntie presents behavior therapy, anti psychotic and when they don't respond psychosurgery.

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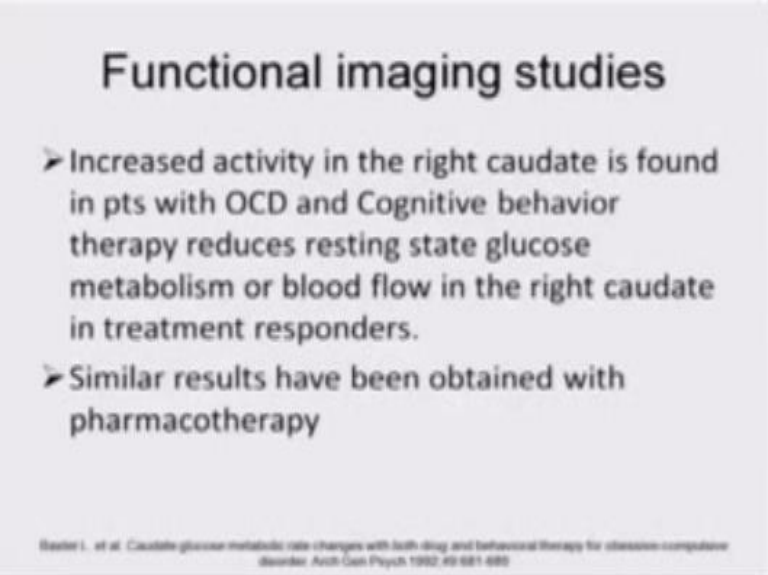

So what is actually happening as they showed to the circuit previously these increased activity in the right caudate in some patients with OCD and cognitive behavioral therapy reduces the rest instead glucose metabolism up so this is the supposed we divide it so this

is the left side is the right side here is vertical here is discarded nucleus so there is a hyper arousal in this and sometimes we find that on both sides of the calcification in basal ganglia that can lead to a city so this when we do cognitive behavior therapy the blood flow .

Decreases here that means in a hyperactive estate it can lead to a certain amount of obsessive symptoms even pharmacotherapy reduces to write code nucleus may be the culprit which is a part of basal ganglia probably.

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It is bring the mismatch of a task completed to the higher center so it is a circuit tell us get the sensation of tasks being attempted the sensations go they transmitted to cortex the Cortez gets back to the plant the movement but somewhere along the line the brain keeps fighting in the same loop we got this information of task completed is not actually getting registered so we will come.

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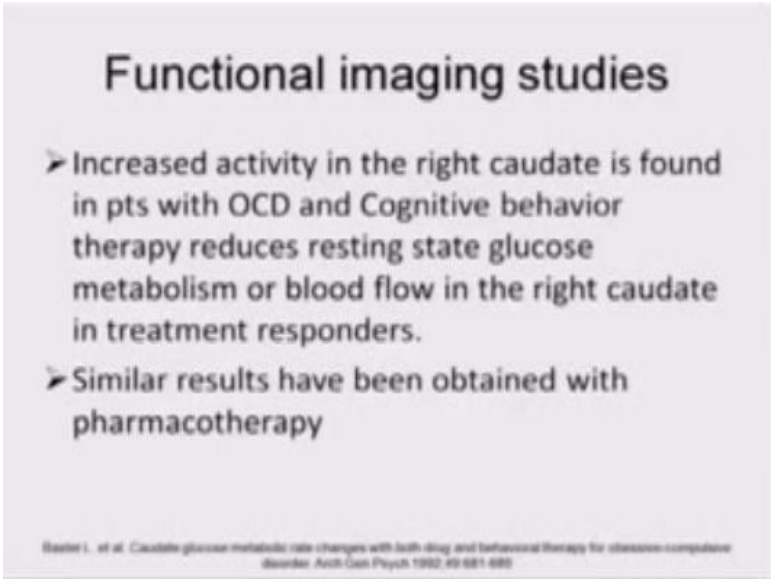

To the drugs of OCD later on.

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I will try to move from but OCD to the other stresses but before that let the word about OCD because OCD is so-so malignant and it is causing so much amount of disability and impairment in young people that it needs to be handled and not ignored the common symptoms which you will see in all people that they are spending too much time in, in the washroom watching again and again.

Sometimes they get the month that the lot of them are very slow there is called obsessive Sloan as their mind gets into almost easy and they get a beer and whether they have to do certain things in this way or that way and they are not really able to perform it there is a need for symmetry some people will have they have four five objects on the table will keep our ending it is symmetrical way that I already told that something called blasphemous opposition's.

People see God's picture than statue and they start getting sexually violent parts obsessive violent thoughts are very common even hypocritical symptoms that with persistent fear of being ill which is the part of anxiety disorder can take obsession quality

sometimes this obsession gone almost the person can lose the sense of the irrationality and it's almost become delusional so this is something so that medication which we have as I said as are the SSRS floxacin, paroxetine, as citalopram sort the central in these are 4 major drugs which are called totally call SSRIs they go in the blood absorbed in the brain they increase the level of serotonin and gradually slow down the opposition and then density of it but having said this no NT present works before and there's that same as soon as antidepressants also along with other medicines like tricyclic antidepressants Ypres mean amitriptyline try cyclic antidepressants.

And SSRIs they are the mainstay of treatment of depression of panic attacks of phobias of obsessive-compulsive disorders because they all work through chemicals neurotransmitter called serotonin some of the antidepressants work through not have been afraid by altering the chemical levels the levels of this mirror transmitters they actually changed the receptor level and the changing the receptor level the firing is change and that is how this medicines work.

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But none of these anti depression work before they do not show the effect before 4 to 6 weeks so if you know people are taking medicines and there are restless that the medicine is not working there to be advised that the medicine will take its own time to work and each medicine which has to be taken has to begin for a very, very prolonged period because OCD can improve very faster it may not improve or what periods of 1 or 2 years so medicines have to be tried and they have the levels have to be agitated against the symptom so the best benefit in obsessive-compulsive disorder has been shown to be with cognitive behavior therapy.

Exposure response prevention and medication cognitive behavior therapy as I have told you it will you correct the cognitive aberrations exposure response prevention is used in some OCD patients you see that the curated onset of opposition's.

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So the other type of anxiety disorders also.

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One of the common words users has post-traumatic.

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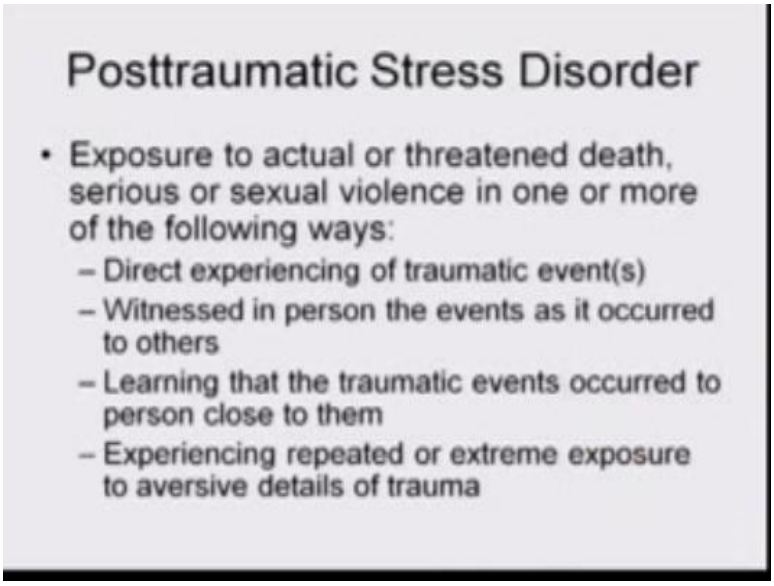

Stress disorder is exposure to the actual or threatened those serious or sexual violence direct experiences in the war which is in person learning the traumatic events occurred to person close to them.

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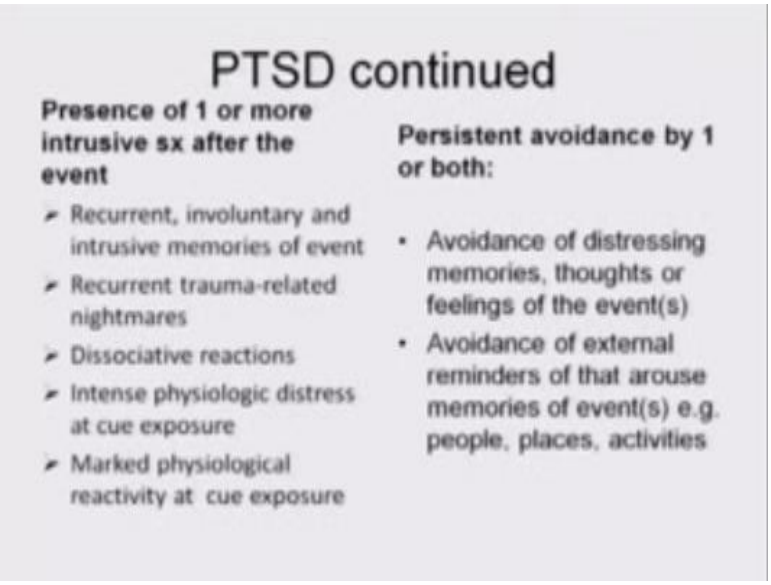

And presence of one or more symptoms recurrent thoughts of the event like we see a lot of post-traumatic stress disorder patients after the earthquake people who are prone to anxiety had it people who did not have there was significant increase.

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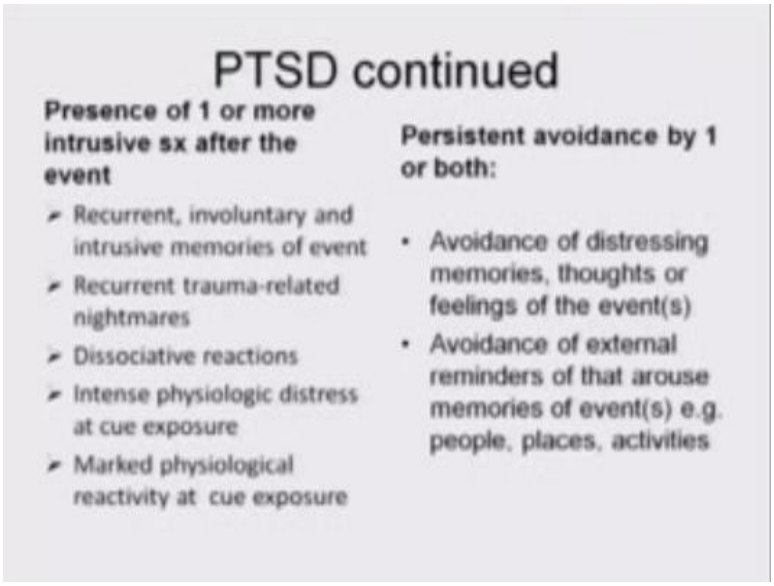

And they avoid they avoid this distressing memories and thoughts as a 40-person awards the real situation avoid the memories of that those places they do not want to go back like after earth career somebody is has moved on the do not want to go back these intense physiological distress that cue exposure.

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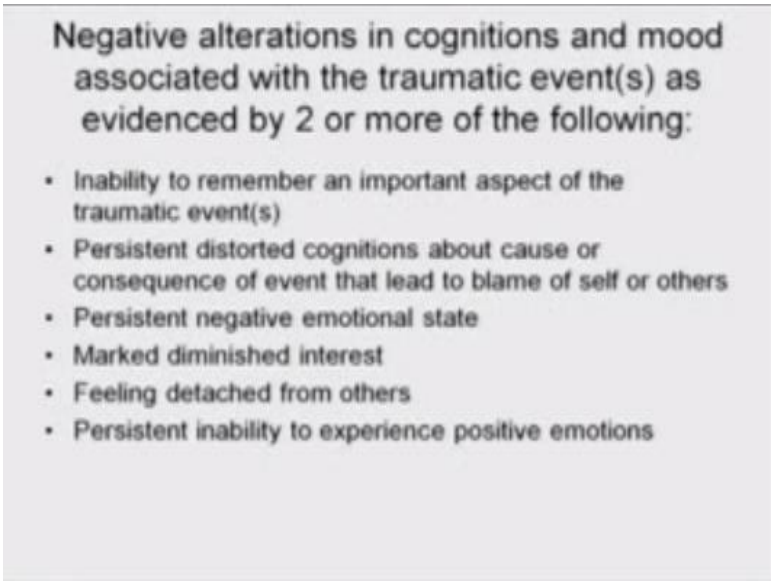

So the negative alteration integration and mood by the traumatic event the inability to remember an important aspect if you ask them they will say have forgotten or distorted cognitions the human mind has to survive as I told you on multiple occasions in the past.

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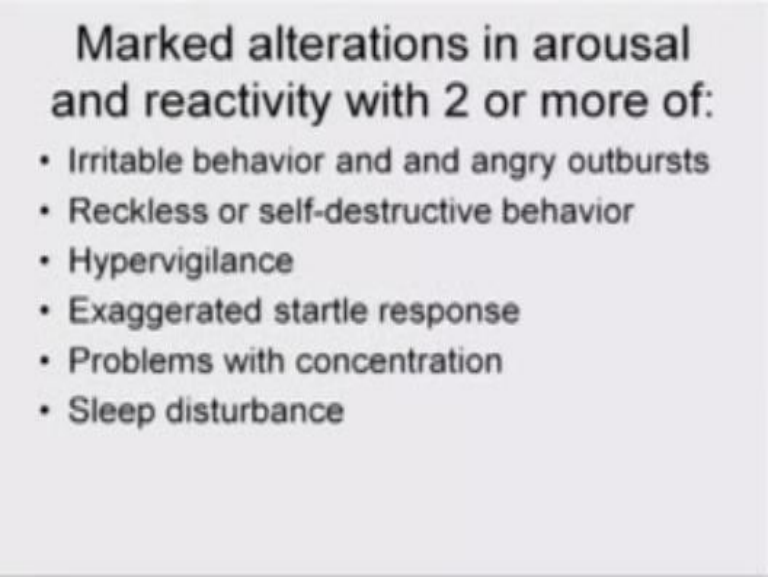

So they the mind will create any situation with to avoid distress and to a word threat to avoid their mind actually at times it can fraud maybe right here I was remembering suppressed the memory or consciously denites but some of this.

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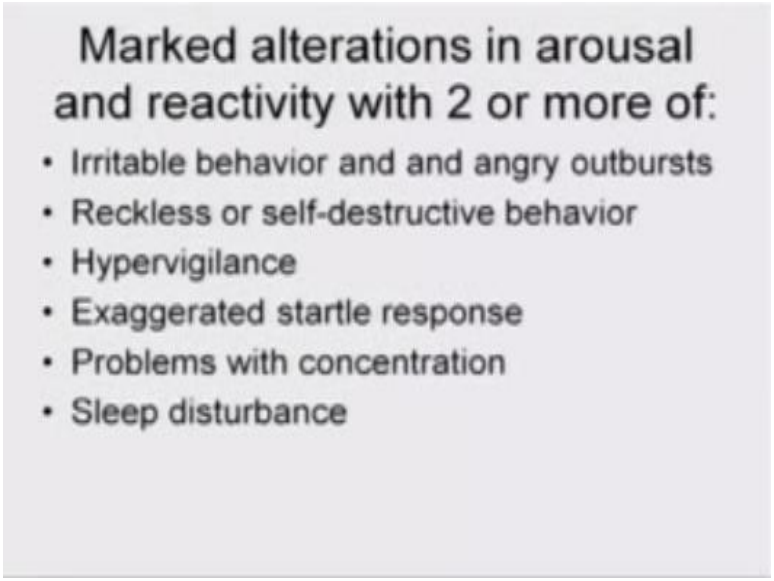

Can be almost externalized like irritable behavior angry outburst hyper-vigilance exaggerated startle response.

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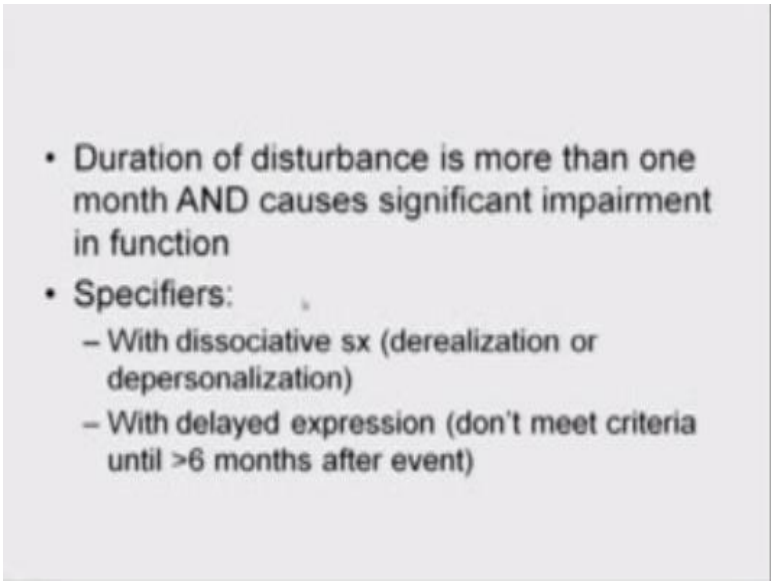

So these are very common thing which.

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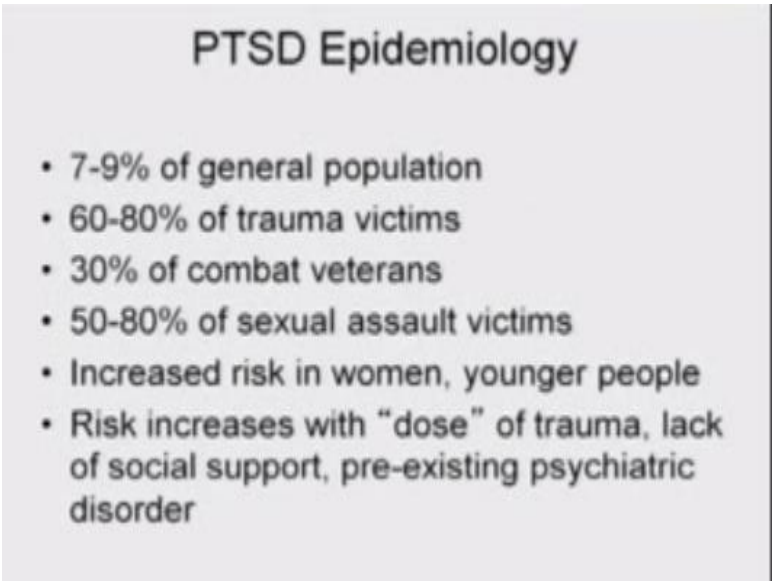

Is found in 7 to 9% of the general population very common in the war veterans it was actually formulated from Vietnam War veterans in the United States or it is a very common thing in people who have undergone sexual shoulder sexual abuse is increased risk in women and younger people .

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Depression anxiety disorders substance use summarization associated disorders.

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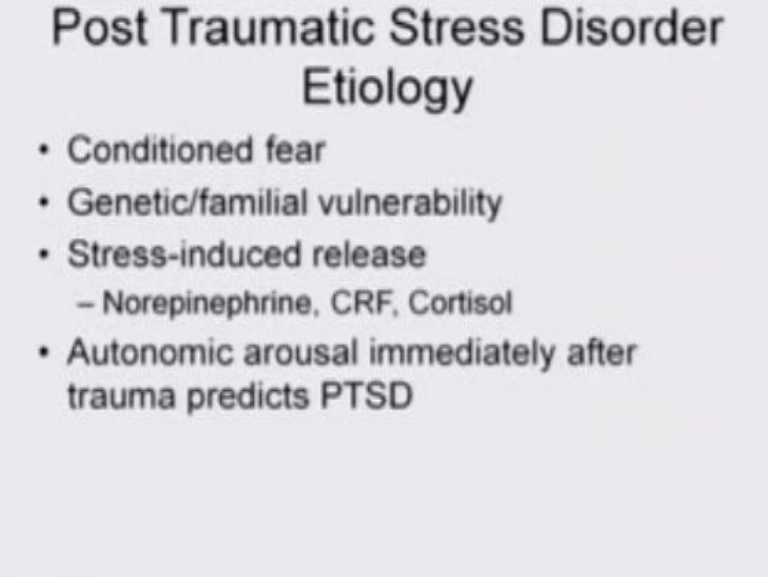

This is a group of disorders will I will just mention it .

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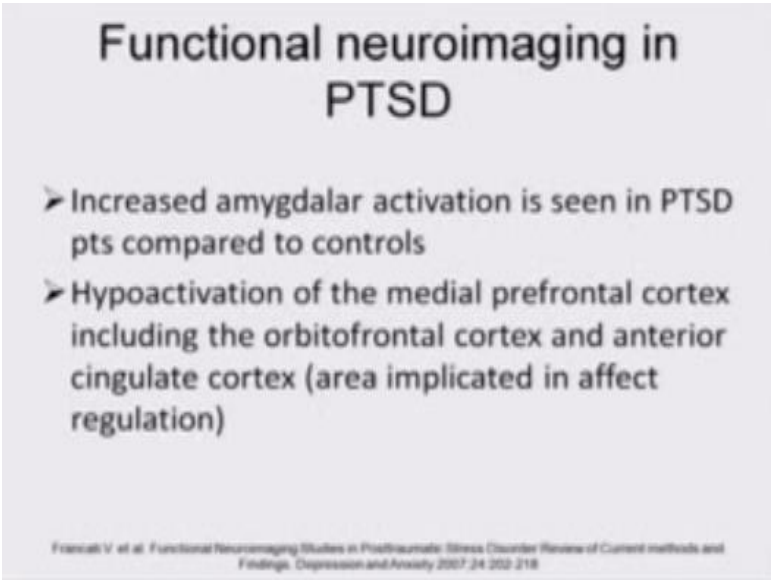

What you find that again as I said I am adélies hyperactive and amygdala is hyperactive and the medial prefrontal cortex which actually decreases which does the effect modulation which actually decreases the hyper arousal is hyperactivity and make the lies firing more than usual and middle front frontal cortex which actually suppresses is firing less.

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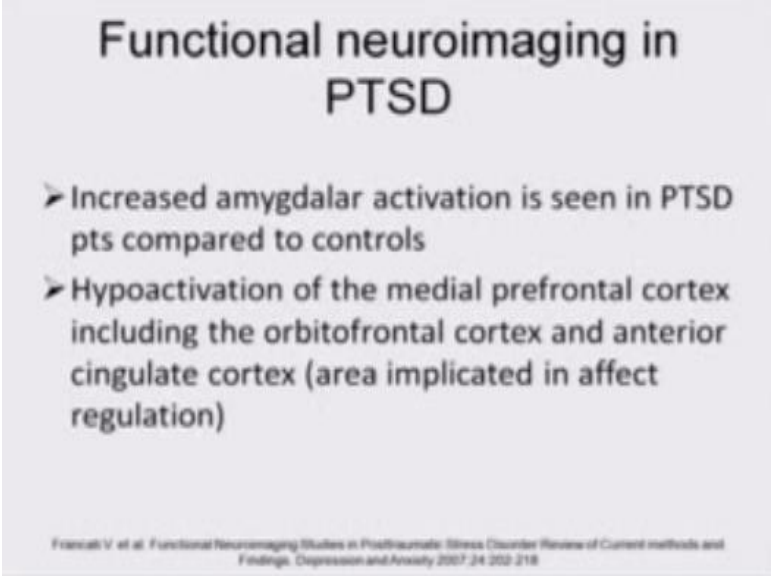

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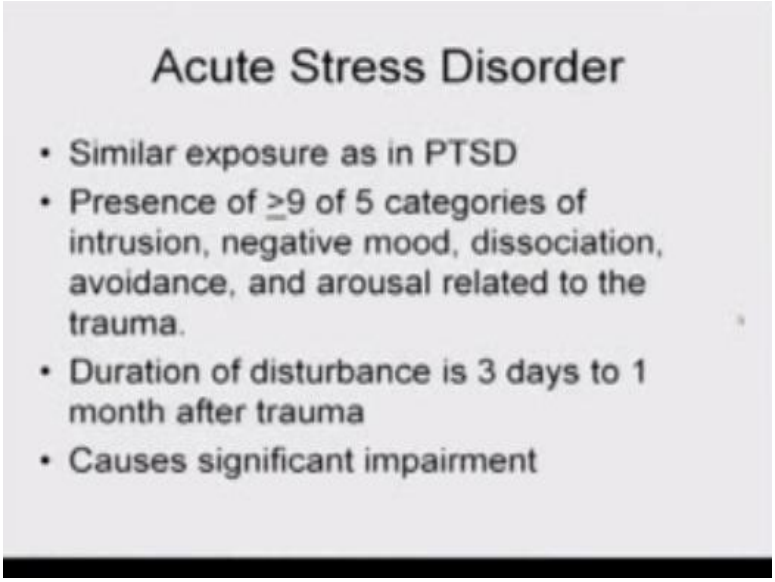

Acute stress disorder is similar as in PTSD.

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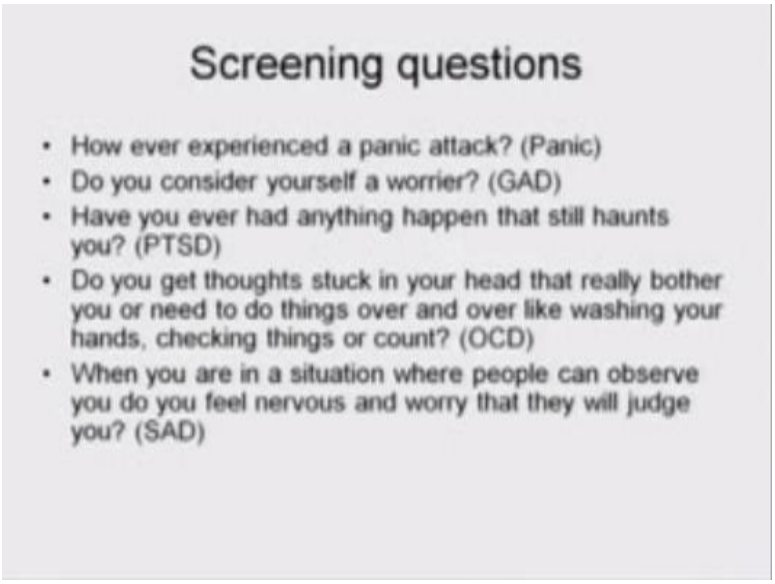

So normally if you have to have asked a question you can just clean through however whether you experience a panic attack video overhear anything that happened still haunts you, you got torched stuck in your head that really bother all you need to do things like washing checking whether you are in a situation where people can observe you feel that wasn't worried that they will judge you that is social anxiety disorder.

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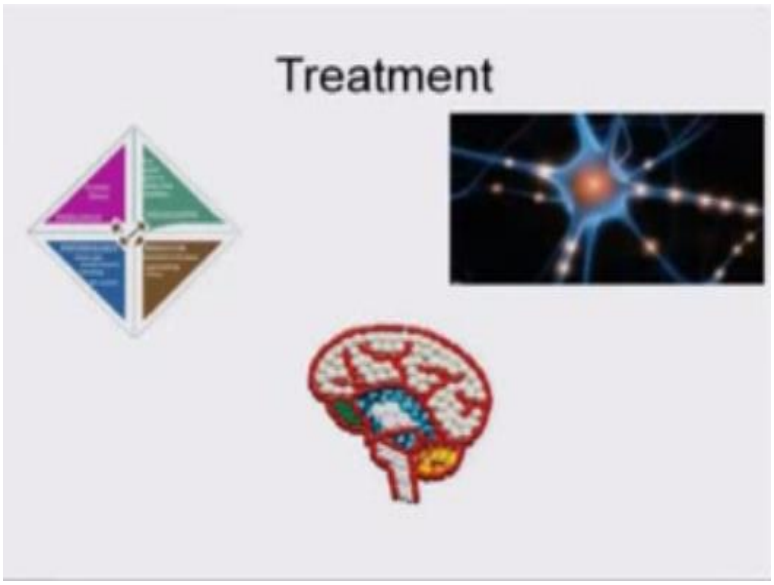

Where the treatment we know that the brain is firing either repeatedly in a circuit by a misjudged completion of task inner-city orders I make the love it is fighting more and medial prefrontal cortex is not suppressing it.

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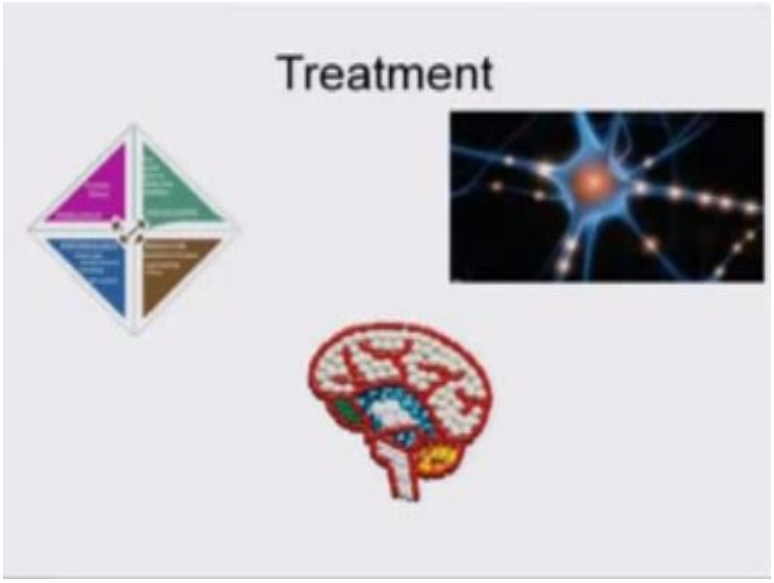

Is actually the connection between feeling thoughts physiology and behavior feelings anxiety and stress parties I am now suppose I am not going to make that deadline physiologies increased heart rate muscle tension behavior is what pace frenzy ,fidgety and obviously.

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The brain is firing so what is the dental treatment pharmacotherapy and t % I told u SS RI SN r I try cyclic antidepressant dca exotics like benzo as the pins which are does not pop Alprasalam, Clonasi pump anti psychotics in low dose remember and distracted from schizophrenia more stabilizer cognitive behavior therapy to correct cognitive operations.

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So what are the cornerstone but whether you do cognitive behavior therapy whether we use gaba to suppress you have to crank up the serotonin increasing serotonin this is one of the robust things like a michela hyper response leads to fear correcting serotonin can create anxiety disorders any of them can be used.

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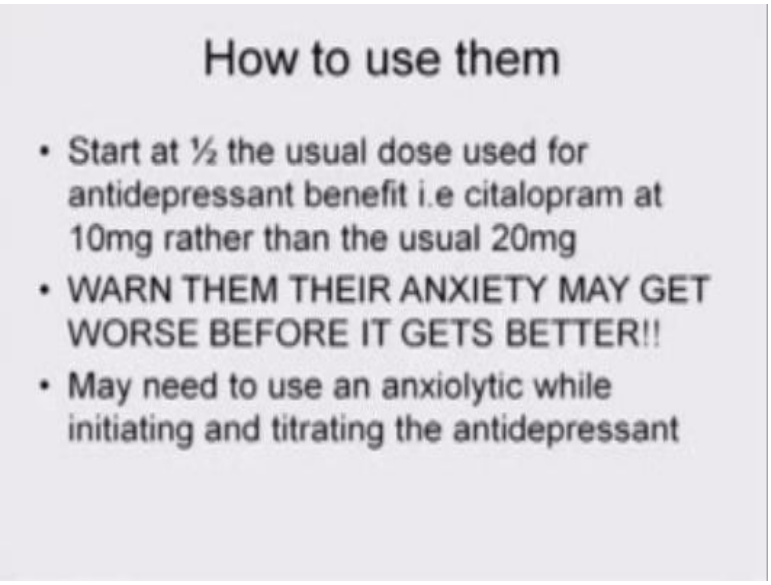

Inadequate dose start at the low dose that this is very important so even if you are treating or you just supporting such person as a friend you should tell them that went to start mix in they will be.

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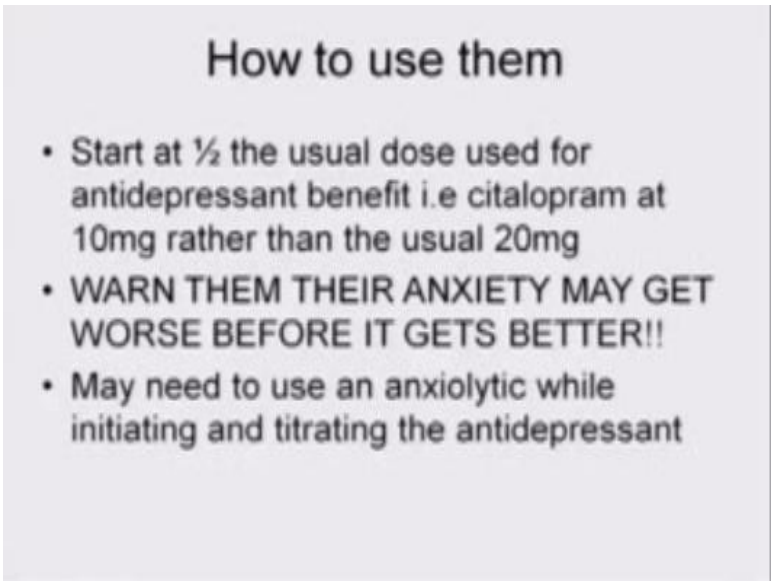

Increasing anxiety why because when you are treating the drugs go in they increase the serotonin level certainly and serotonin itself the increasing serotonin in can lead to anxiety like ever serotonin level goes beyond a certain threshold like this is normal threshold if they cross this in any mind the anxiety will increase so once you give that initial medicine it is suddenly pops up.

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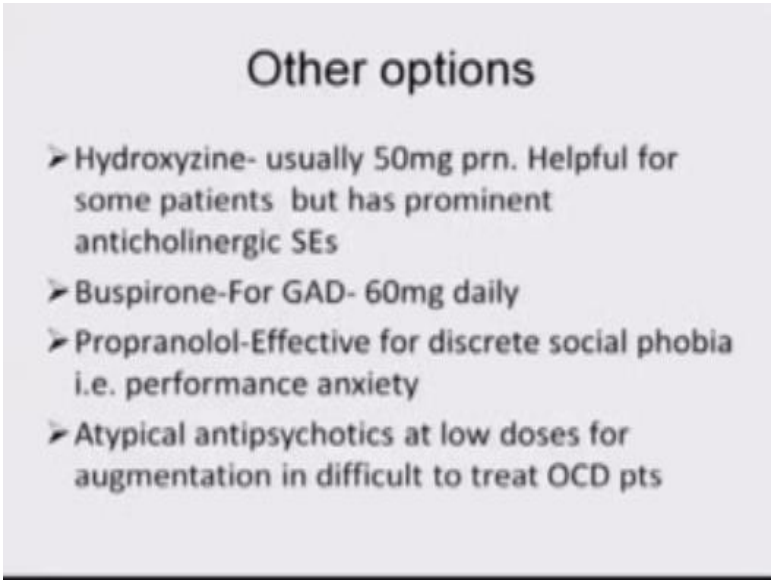

But these are medicines which are and being that interact if we put serotonin.

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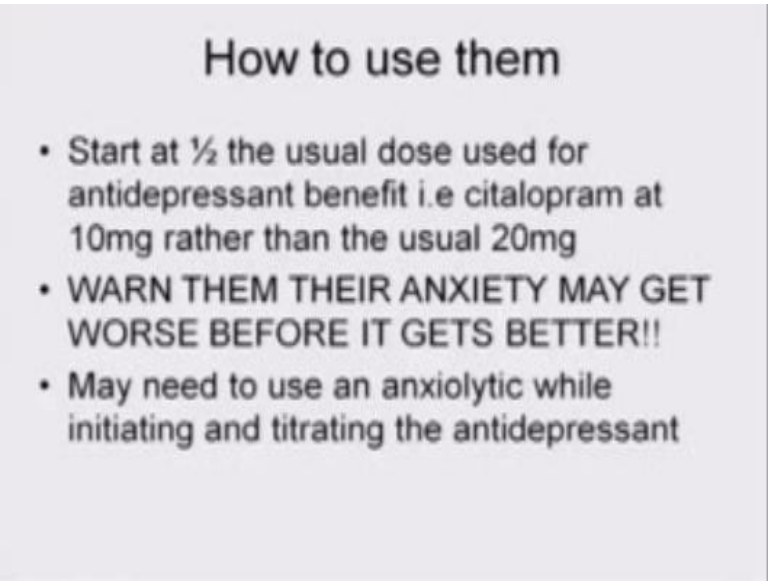

Is a long-term medicine to treat for we are generalized anxiety and initially anxiety can be treated by this medicine hydroxyzine and benzodiazepine propranolol is a very common drug comes in the name of in the role in raleigh is a very common trade name by remember taking trade names here but you all know it is one of the best record stores pop up for performance anxiety now again it is said the medication.

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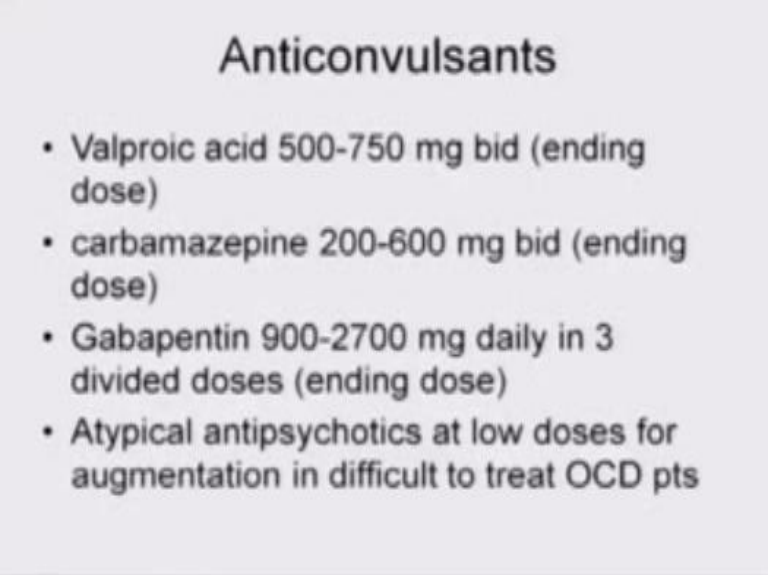

Has to be decided by a medical person these are again the mood stabilizers some of them remember.

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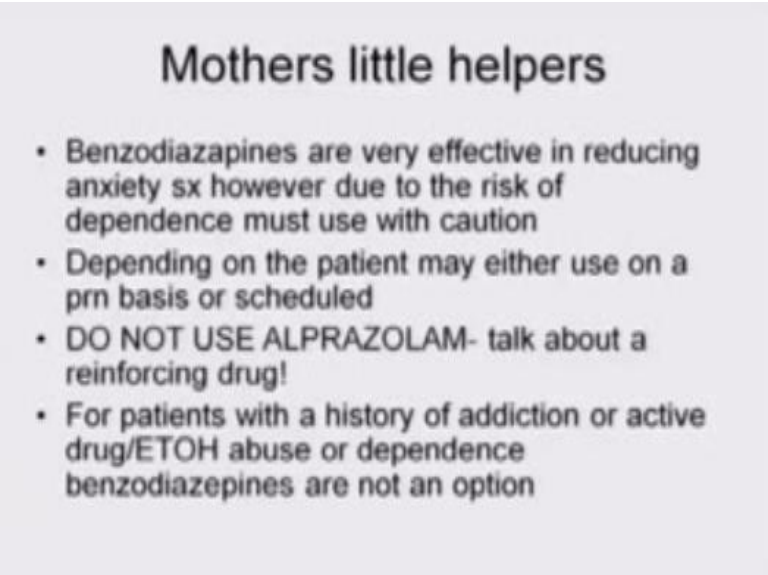

Now in children and in all people all these medicines are to be used with very careful stance and some of them as I mentioned it because these medicines decrease anxiety symptoms is a risk of dependence some of them have a history of addiction we actually not leave it or I will call our vendors happen but we should tell that these are not the options of treatment.

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Psychotherapy.

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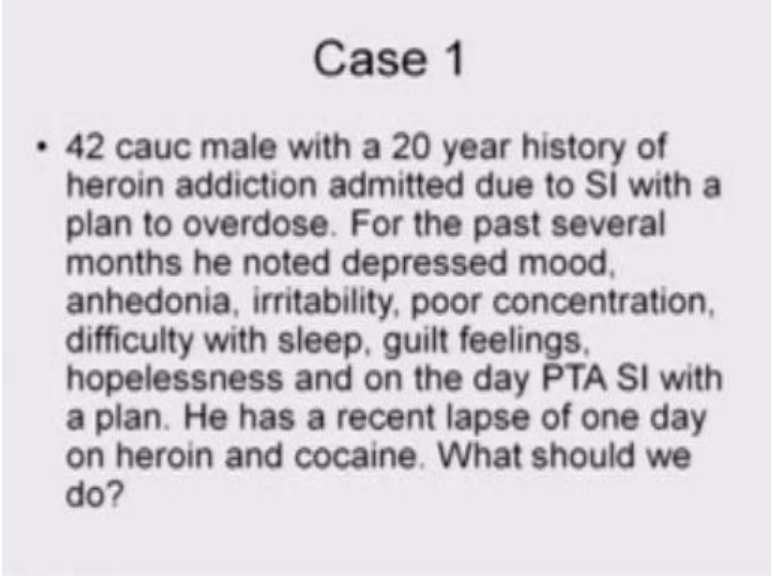

So I will.

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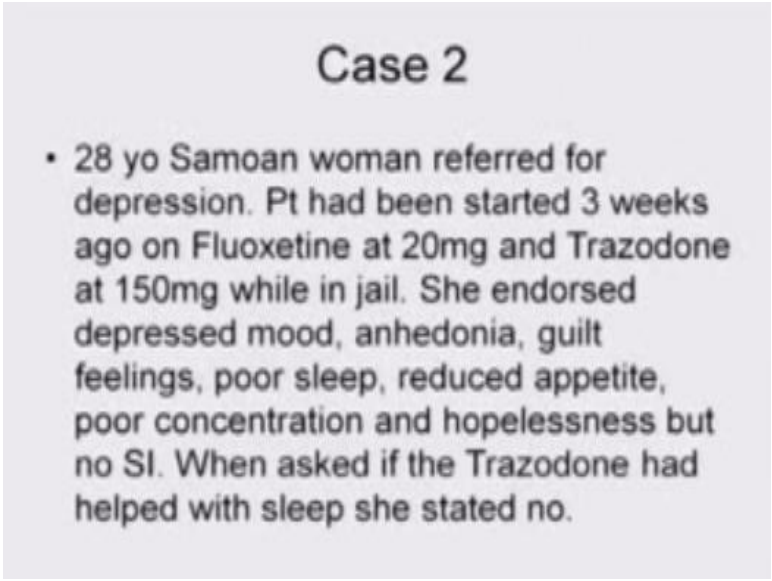

Skip all this and I will just before wrapping up this whole third week of medieval on anxiety would like to stress on few points is that now you know that so that if, if the if

you ask me to just tell you briefly about what it is all about maybe I can draw a new slide if possible let us see if I can do somewhere okay, so the whole of things stands like this.

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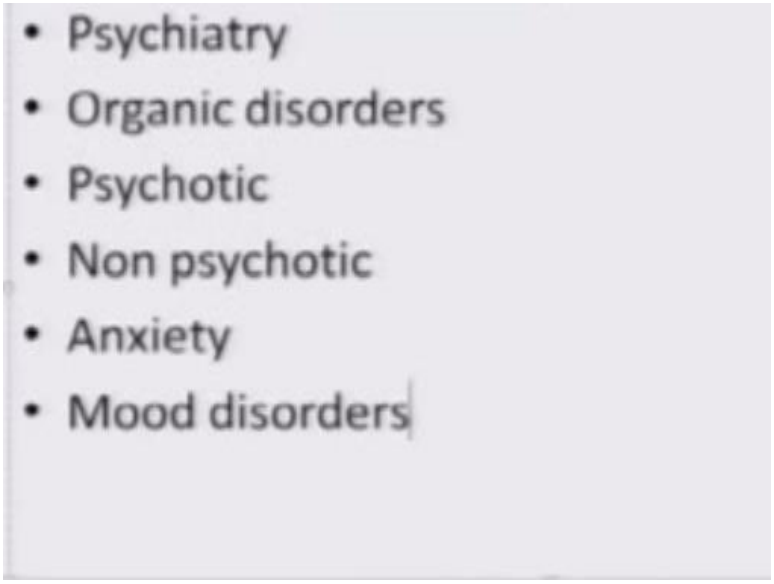

So you have secretary you have organic disorders you have psychotic you have non-psychotic right you have anxiety, anxiety and you have mood disorders and look at it psychiatric disorders can be largely put into whether they have a cause.

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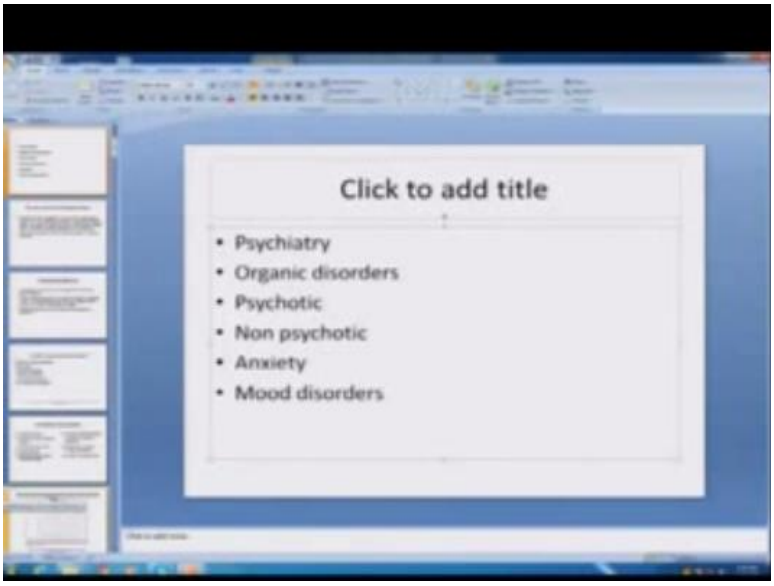

Then they are organic disorder if they do not have a cause then they are non organic within the non organic if they are psychotic they have psychosis like hallucinations delusions lack of insight within which we have major schizophrenia which is the continuous illness disorder of thought and perception or we have more disordered episodes of by then many or depression we have known psychotic disorder, where we have generalized anxiety disorder , social phobic disorder, panic attacks , agoraphobia and somatization or we have obsessive-compulsive disorder which is characterized ,characterized by repeated parts are repeated acts which are not in general scheme of things people cannot stop it the more they try to stop it increases and then we have group of 30 adorable personality disorder.

Which will discuss later another thing is called dissociative disorder which is commonly known as staria is decreasing incidence but largely that covers more or less than a bird I eyes view of the whole disorders and next week when we talk about it we will talk about the disorders affecting children that the other thing which I would like to do is maybe over elect another set of lectures for 30-40 minutes I would wish that all of you who are interested in you will be even if you have some cases which you think are relevant and which can be discussing been posted to the forum and we can pick up some of them and

discuss in a separate lecture at the end of the whole course towards the last thing thank you.