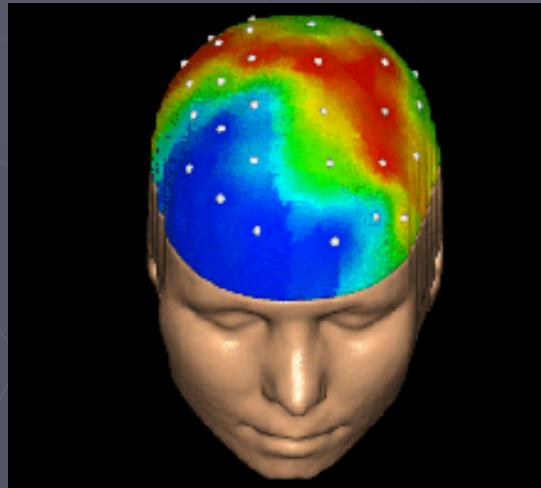


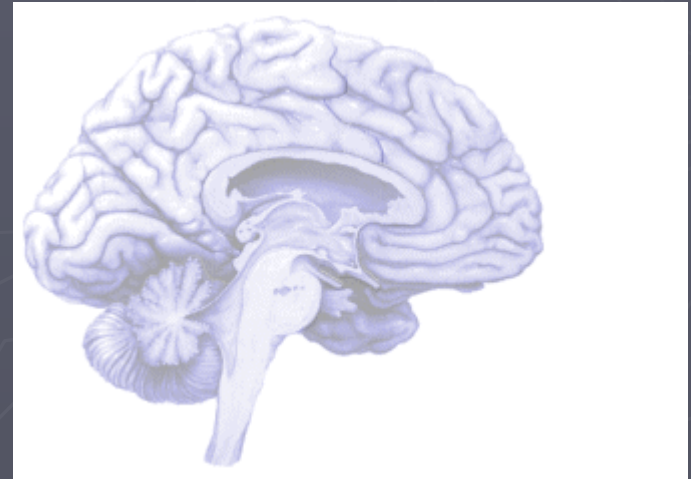
# Organic psychiatry

Zoltán Hidasi



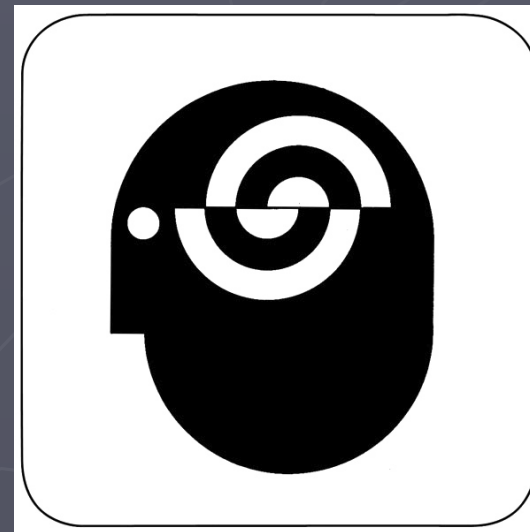
# What is organic?

- ▶ Organic (mental ) disorders
- ▶ Functional disorders
- ▶ Neuropsychiatry



# DSM IV TR

- ▶ Delirium, dementia, amnestic disorders and other cognitive disorders.
- ▶ Mental disorders due to a medical condition



# ICD 10

- ▶ Organic and symptomatic mental disorders
  - Dementia
  - Organic amnestic syndrome
  - Delirium
  - Other mental disorders caused by brain lesion and dysfunction or somatic disorder
    - ▶ Organic hallucinosis, organic catatonia, organic delusional disorder, organic mood disorder, organic anxiety disorder, etc.
- ▶ Mental and behavioural disorders caused by psychoactive substances

# Etiology, causes, pathology

- ▶ Central nervous system
  - Neurodegeneration
  - Cerebrovascular origin
  - Inflammation, tumor
  - Demyelination
  - Epilepsy
  - Trauma
  - Other
- ▶ Outside the central nervous system
  - Endocrine
  - Metabolic, cardio-vascular diseases
  - Nutritional disturbance
  - Infection
- ▶ Drug intoxication, drug withdrawal
  - Alcohol, illegal drugs, medication



# Classification of syndromatology

- ▶ Acute – chronic
- ▶ Diffuse (global) – focal (local) - multifocal brain disfunction
- ▶ Lobe syndromes

- **FRONTAL**

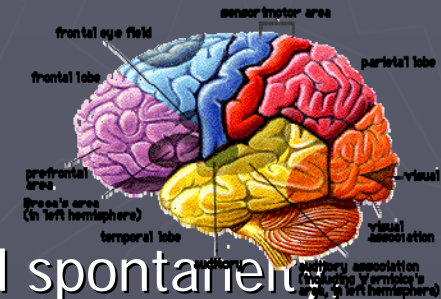
apathy, disinhibition, lack of initiative and spontaneity, motivation, perseveration, impulsivity

- **TEMPORAL**

affective, aggression, fear, explosion, psychosis, disorientation

- **PARIETAL**

gnostic and cognitive dysfunctions (alexia, acalculia, agraphia), apraxias



# Delirium - Syndromatology

- ▶ Acute course – (sudden onset, short episode)
- ▶ Impairment of consciousness
- ▶ Global impairment of cognitive functions (memory, disorientation)
- ▶ Perceptual disturbance (multimodal illusions and hallucinations)
- ▶ Behavioural changes (agitation)
- ▶ Fluctuating course



# Delirium - Etiology

- ▶ Any cause, resulting in global dysfunction
- ▶ General medical condition (e.g. infection, metabolic reasons)
- ▶ Substance induced
- ▶ Multiple cause
- ▶ Therapy: Causal, symptomatological  
(BZD, NL)

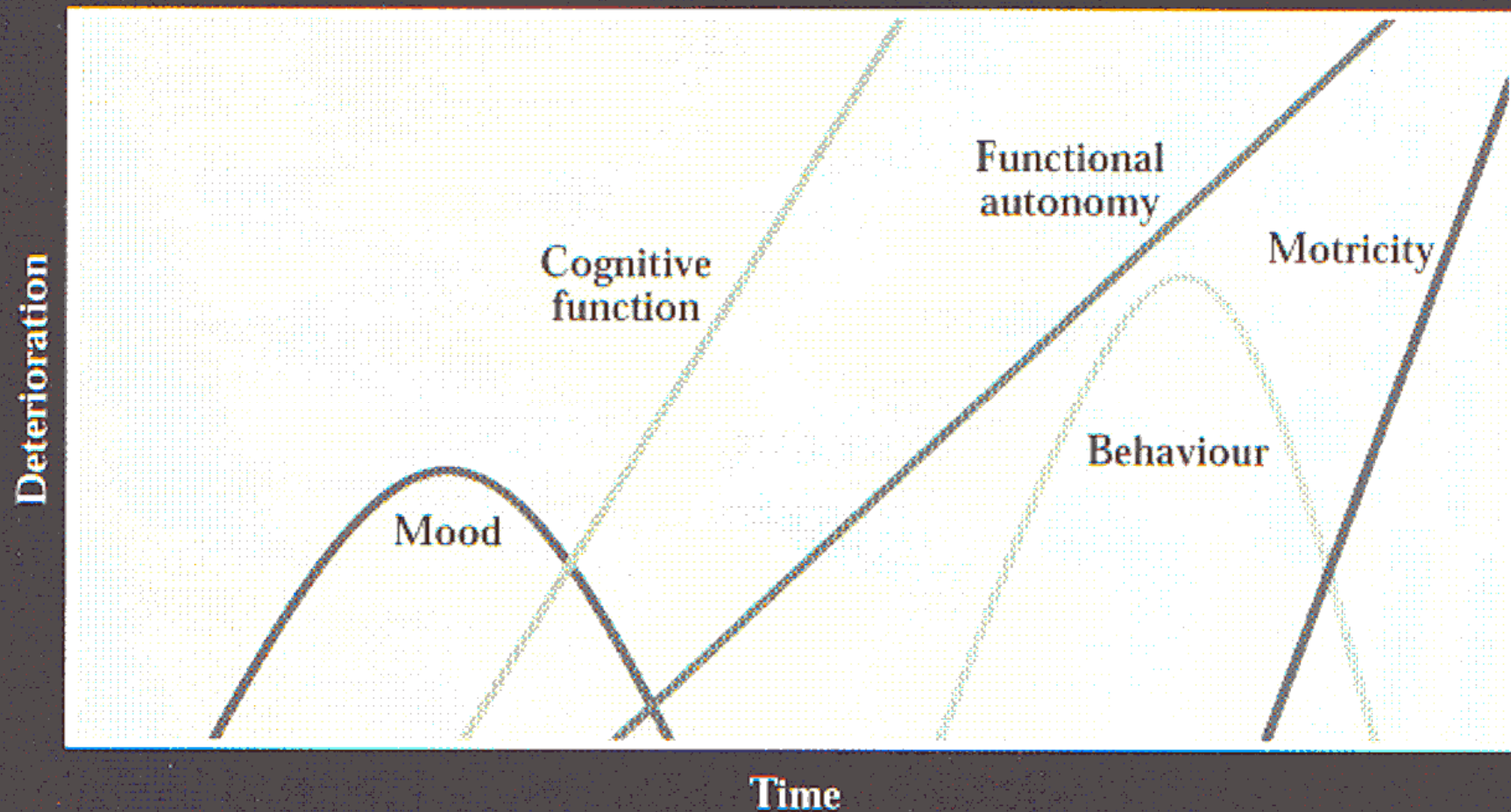




# Dementia - Syndromatology

- ▶ Chronic course (1.5% above 65 y, 16-25% above 85 y)
- ▶ Multiple cognitive deficits incl. memory impairment (intelligence, learning, language, orientation, perception, attention, judgement, problem solving, social functioning)
- ▶ No impairment of consciousness
- ▶ Progressive - static
- ▶ Reversible (15%) - irreversible

# Symptomatic domains of typical AD over time



Gauthier et al (1996); Kertesz and Mohs (1996); Gélinas and Auer (1996); Eastwood and Reisberg (1996); Barclay et al (1985)

# Dementia - Classification

## ► Severity

- Mild cognitive impairment (MCI)
- Mild dementia
- Moderate dementia
- Severe dementia

## ► Localization

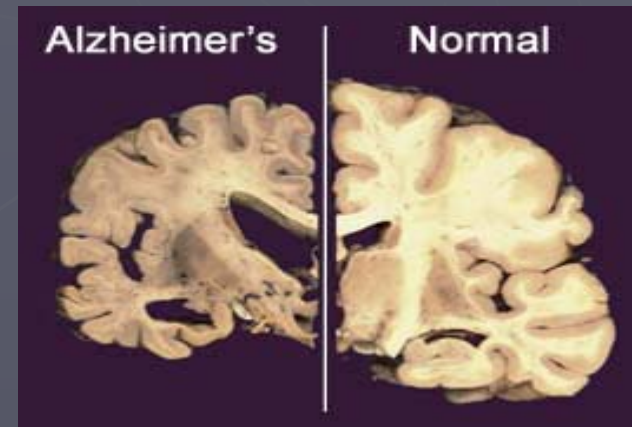
- Cortical
- Subcortical

## ► Etiology



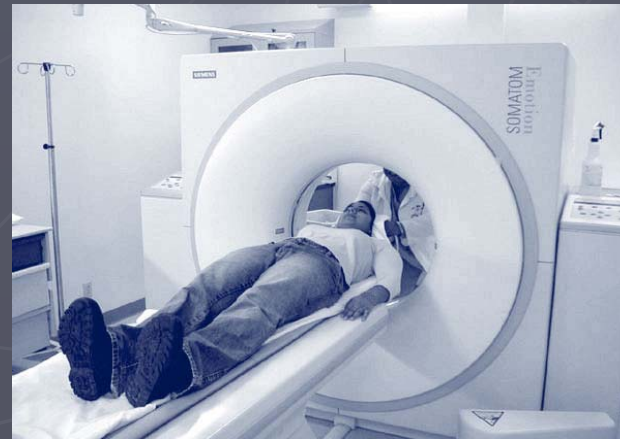
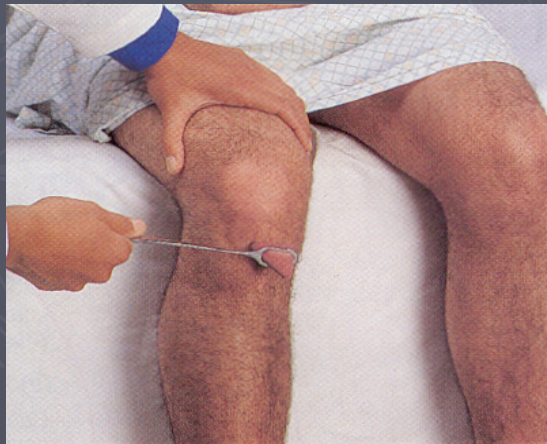
# Dementia -Etiology

- ▶ Alzheimers disease (60-70%)
- ▶ Vascular dementia (10-20%)
- ▶ Neurodegenerative disorders  
(Pick, Levy body dis, Parkinson, Huntington, etc.)
- ▶ Drugs and toxins
- ▶ Intracranial masses
- ▶ Anoxia
- ▶ Trauma
- ▶ Infections (JCD, HIV, etc)
- ▶ Nutrition
- ▶ Metabolic
- ▶ Pseudodementia



# Dementia - Diagnosis

- ▶ Signs and symptoms
- ▶ Laboratory data
- ▶ EEG, CT, MRI
- ▶ Psychological testing (MMS)



# Dementia - Therapy

- ▶ Causal if possible
- ▶ Nootropics
- ▶ Neuroprotection
- ▶ AChEI (rivastigmine, donepezil, galantamin)
- ▶ Glutamate antagonists (Memantine)
- ▶ BPSD (anxiolitics, antidepressant, antipsychotics, etc.)



# Mental disorders due to a General Medical Condition

- ▶ Delirium due to a general medical condition
- ▶ Dementia
- ▶ Amnestic disorder
- ▶ Psychotic disorder
- ▶ Mood disorder
- ▶ Anxiety disorder
- ▶ Sexual dysfunction
- ▶ Sleep disorder
- ▶ Catatonic disorder
- ▶ Personality change



