



Introductory lecture: 2019/2020 academic year

János Réthelyi

Department of Psychiatry and Psychotherapy

Semmelweis University

September 9th, 2019

Department of Psychiatry and Psychotherapy

Semmelweis University

- **Head of Department: Dr. János Réthelyi**
- **Former Chair: Prof. Dr. István Bitter**
- **Vice Chair for Education: Dr. Zsolt Unoka**

- **Educational Coordinator: Hajnal KISS**
- **Tel: 210-0330/51322; e-mail: kiss.hajnal@med.semmelweis-univ.hu**

- **TUTORS for the English program**
- **5th year: Dr. Attila PULAY E-mail: seres.imola@med.semmelweis-univ.hu**
- **6th year: Dr. Erika SZILY E-mail: szily.erika@med.semmelweis-univ.hu**

- **Textbook: KAPLAN&SADOCK's Synopsis of Psychiatry 11th edition (DSM-5/ICD-10)**
- **Lectures, diploma topics, other useful information available online at the Department's website (www.psych.sote.hu) and the e-learning website**

- **IMPORTANT: 6th year's information – clinical rotation**

Organization of educational activities at our department

- 5th year: paractices for two weeks, lectures once every week.
 - Small groups for the sake of intimacy during the interviews with patients.
 - Language barrier? Let's brake it together!
 - End of 1st semester: written test
 - End of 2nd semester: practical exam
- 6th year: 4 week rotation, independent work at psychiatric wards in your home country or in Hungary. Ends with final exam.

KAPLAN & SADOCK'S SYNOPSIS OF PSYCHIATRY

Behavioral Sciences/Clinical Psychiatry

ELEVENTH EDITION



Benjamin James Sadock, M.D.
Virginia Alcott Sadock, M.D.
Pedro Ruiz, M.D.

 Wolters Kluwer
Health

Updated
with
DSM-5!

is.hu/pszichiatria/oktatas/the-english-version-can-be-found-here/



Pszichiátriai és Pszichoterápiás Klinika

Semmelweis Egyetem, Általános Orvostudományi Kar

ezen a honlap

A Klinika története ▾ Szakmai profilok **Oktatás ▾** Kutatás Rendelés TDK-témák Hireink, eseményeink

Nyitólap » Oktatás » The english version can be found here

Betűméret:

Oktatás

- ▶ 4. számú Doktori Iskola
- CME képzés
- ▶ Deutsche Version
- ▶ Graduális Oktatás
- Gyógyszerészeknek
- Igazságügyi Pszichiátriai Szakképzés
- Kognitív idegtudományok PhD kurzus
- Pszichiátriai szakképzés
- ▼ **The english version can be found here**
 - Lecture for Dentists (in pdf format)
 - Lectures in downloadable format (pdf)
 - Psychotherapy in medical practice

 **Simmelweis Hírek**

The english version can be found here

English lectures 2014-2015

Diploma Themes

English lectures 2013-2014

Guide for the Case Report

Certificate of 4-week obligatory internship in Psychiatry

Themes for the semi final exam

Questions for the final exam

Letter of Acceptance

Register of Observed Psychiatric Conditions

Question types for the semi-final exam (demo)



Lecture topics

1st Semester

2nd Semester

1.	5 September	Introductory lecture: curriculum, objectives, exams	Dr. János Réthelyi	1.	30 January	Legal and ethical issues in psychiatry	Dr. Brigitta Baran
2.	12 September	Gene-environment interactions in psychiatry. Psychopathology. Mental status examination	Dr. János Réthelyi	2.	6 February	Child and adolescent psychiatry (ADHD, autism, tick disorders)	Dr. Judit Balázs
3.	19 September	Classification of mental disorders	Prof. Dr. István Bitter	3.	13 February	Pharmacotherapy in psychiatry	Prof. Dr. István Bitter
4.	26 September	Organic mental disorders: diagnosis and treatment	Dr. Zoltán Hidasi	4.	20 February	Emergency Psychiatry	Dr. Gábor Csukly
5.	3 October	Affective disorders: diagnosis and treatment	Prof. Dr. Zoltán Rihmer	5.	27 February	EEG and event related potentials in psychiatry	Dr. Pál Czobor
6.	10 October	Anxiety disorders: diagnosis and treatment	Prof. Dr. István Bitter	6.	6 March	Geriatric psychiatry	Dr. Hidasi Zoltán
7.	15 October	Personality Disorders	Dr. Zsolt Unoka	7.	13 March	Adult ADHD (symptoms, comorbidity, course, therapy)	Dr. Attila Pulay
8.	17 October	Schizophrenia and other psychotic disorders	Dr. Beatrix Mersich	8.	20 March	Psychotherapy I: Cognitive and behavioral therapy	Dr. Zsolt Unoka
9.	24 October	Sleep disorders: diagnosis and treatment	Dr. György Purebl	9.	27 March	Psychotherapy II: Family therapy, autogenic training, hypnosis	Prof. Dr. Tamás Kurimay
10.	7 November	Alcohol abuse and dependence: diagnosis and treatment	Dr. Erika Szily	10.	3 April	Transcultural psychiatry	Dr. Gyöngyi Szilágyi
11.	14 November	Substance abuse: diagnosis and treatment	Dr. Erika Szily	11.	24 April	Consultation and liaison psychiatry	Dr. Gábor Gazdag
12.	21 November	Somatoform disorders, Somatization and Conversion disorders, Hypochondriasis	Dr. Dóra Perczel-Forintos	12.	8 May	Community psychiatry, rehabilitation of psychiatric patients	Dr. Judit Harangozó
13.	28 November	Eating disorders, suicide, sexual disorders	Dr. Lajos Simon				
14.	5 December	Posttraumatic stress disorders	Dr. János Réthelyi				

The fundamental question:

What is psychiatry?

Psychiatry: the meeting point of clinical profession, biology, social sciences, and human care



Concluding remarks II.

Psychiatry is the

- most colorful
- most difficult
- most challenging
- most exhausting
- most prospective discipline of medicine.

What is psychiatry?

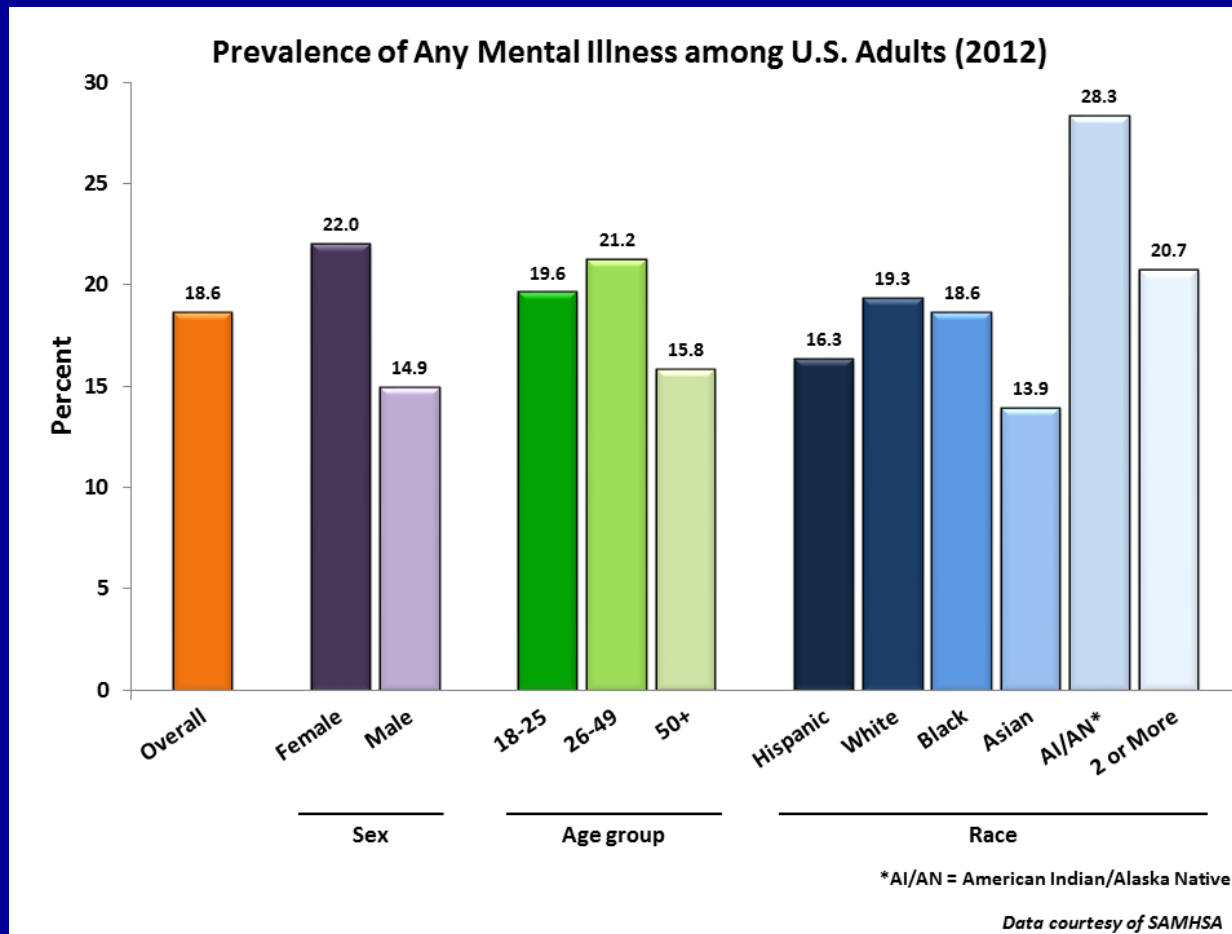
- An area of clinical medicine,
- which deals with the diagnosis, treatment and research of mental disorders?
- OK, but...
- Which disorders are mental?
- When do we use pharmacological treatment?
- When do we use psychotherapy?
- Whats the difference between Psychology and Psychiatry?
- What is the scientific background of psychiatry?
- Is psychiatry culturally determined? Is it country-specific?

Which are the most common psychiatric disorders?

- Prevalence: Number of all cases in a given timeframe
 - One-year prevalence
 - Lifetime prevalence
- Incidence: Number of new cases in a given timeframe (usually one year)
- Disability: Many of the psychiatric disorders are chronic and debilitating, resulting in loss of capability to work.
- All-cause lifetime prevalence of psychiatric disorders: almost 50% (US, 2004)

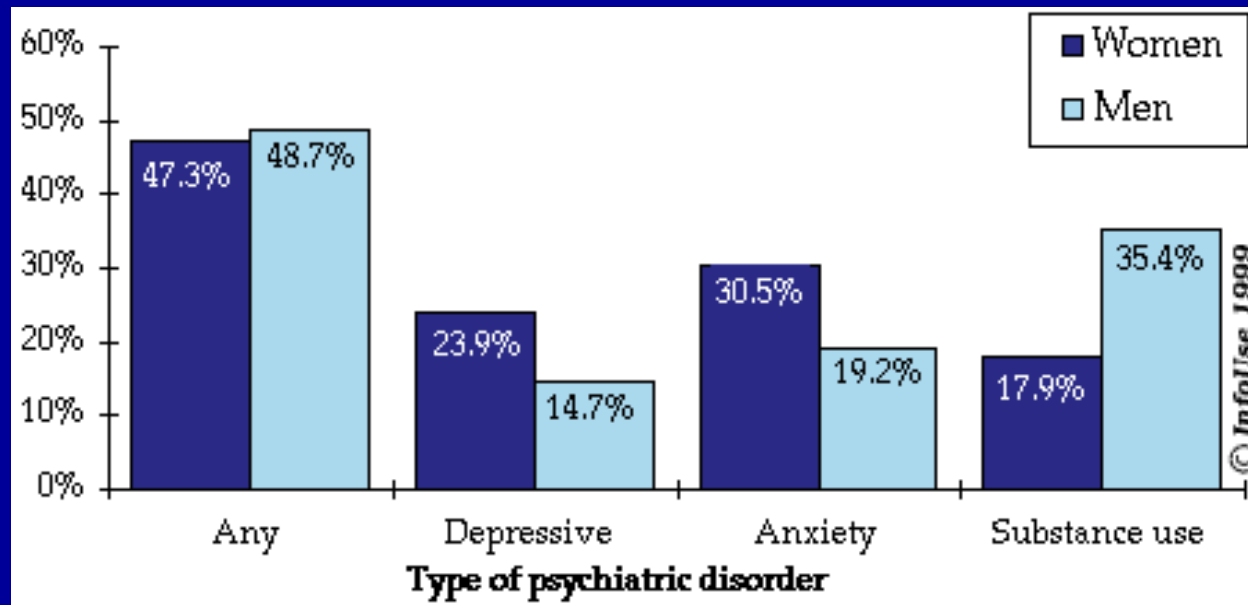
Which are the most common psychiatric disorders?

One-year prevalence of psychiatric disorders



Source: National Institute of Mental Health (NIMH)

Which are the most common psychiatric disorders? Lifetime prevalence (cont.)



- Other disorders: Major depression, one-year: 7%, lifetime: 15%, Bipolar disorder: 3-5%, Schizophrenia: 1%, ADHD: 3-8%, Personality disorders: 1-2%
- More than 50% of the internal medical patients and patients of GPs suffer from one or more psychiatric disorder.

Are you already a good psychiatrist?

- Can you make a diagnosis?



Are psychiatric disorders related to gender, age, country?

- Gender: yes!
- Age-specific psychiatric disorders:
 - Childhood: autism, attention-deficit hyperactivity disorder, conduct disorder
 - Adolescence: eating disorders, mood disorders
 - Late adolescence/early adulthood: schizophrenia, bipolar disorder, suicide
 - Elderly age groups: dementia

Country (culture) specific psychiatric disorders

- Europe and America traditionally similar, with small differences
- One example from Japan:
 - *Hikikomori* (ひきこもり or 引き籠もり *Hikikomori*², literally "pulling inward, being confined", i.e., "acute social withdrawal") is a Japanese term to refer to the phenomenon of reclusive adolescents or adults who withdraw from social life, often seeking extreme degrees of isolation and confinement. The term *hikikomori* refers to both the sociological phenomenon in general as well as to people belonging to this societal group. Hikikomori have been described as recluses, loners, or "modern-day hermits. (Source: Wikipedia)

What is a diagnosis in psychiatry?

- No specific laboratory or brain imaging tests for most disorders. (Exception: Organic psychosyndromes)
- But lab tests and other examinations are very important, mostly to exclude some diagnoses.
- Electrophysiological (e.g. EEG), imaging (e.g. fMRI), genetic tests for psychiatric disorders are still in research phase.
- Nevertheless we are able to objective diagnoses in two different places of the world.
- How?

Diagnosis in psychaitry (cont.)

Psychiatric disorder:

- severe and prolonged impairment of affect, cognition, and behavior leading to social dysfunction
- diagnoses based on interview and behavioral assessment
- fulfill official diagnostic criteria (time criterion, number of symptoms, dysfunction)

**DSM-IV-TR: Diagnostic and Statistical Manual of Mental Disorders,
Text revision (1994, 2000)**

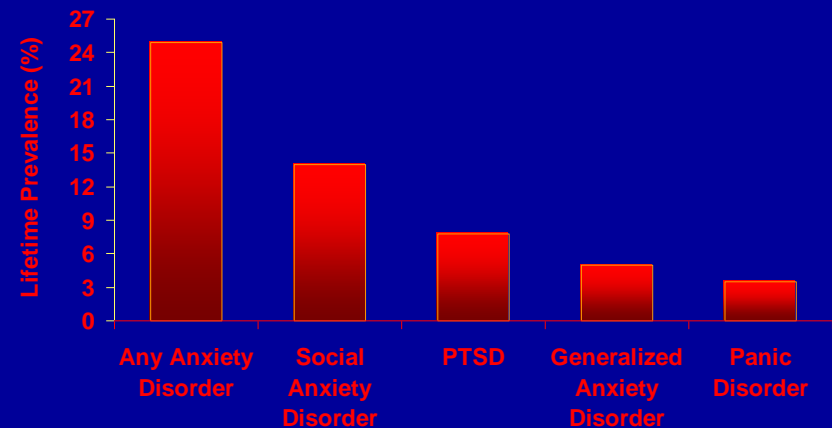
Are you already a good psychiatrist? Part 2

- Can you make a diagnosis?



Anxiety disorders

- High incidence and prevalence
- Complications or comorbidity
 - alcoholism,
 - depression,
 - suicide
- High rates of sick leave and disability





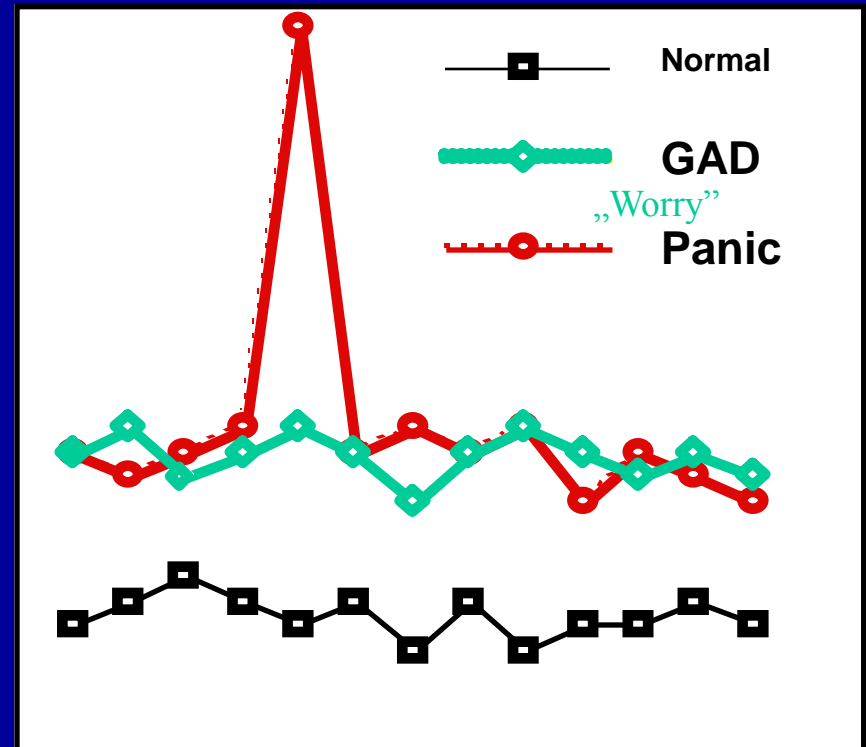
www.jack-nicholson.co.uk

- **Fluctuating, often progressive disorders (e.g. AS GOOD AS IT GETS Jack Nicholson -OCD)**

Level of anxiety



Course of anxiety disorders



Time

„Analyse That” Robert De Niro

What are the most important treatment options in psychiatry?

- Pharmacological treatment (antidepressants, mood stabilizers, antipsychotics)
- Psychotherapy (Cognitive-behavioral therapy, Psychoanalysis, Interpersonal psychotherapy)
- Social psychiatry – Community outreach programs (rehabilitation, protected jobs, supported employment, sheltered homes, day clinics, social skill training)
- Which of these in which cases – this is what you will learn.

Psychotherapy

- Interaction and communication between 2 or more persons
- Aim: reduction of symptoms, increasing coping skills, better insight and personality development
- Non-specific factors: understanding, acceptance, empathy
- Specific factors: gaining insight into the unconscious, modifying abnormal thinking, correcting abnormal relationships

Are you already a good psychiatrist? Part 3

- Can you make a diagnosis?





MERYL
STREEP

JULIANNE
MOORE

NICOLE
KIDMAN

{THE}
HOURS

IN THEATRES THIS CHRISTMAS

WWW.THEHOURSMOVIE.COM

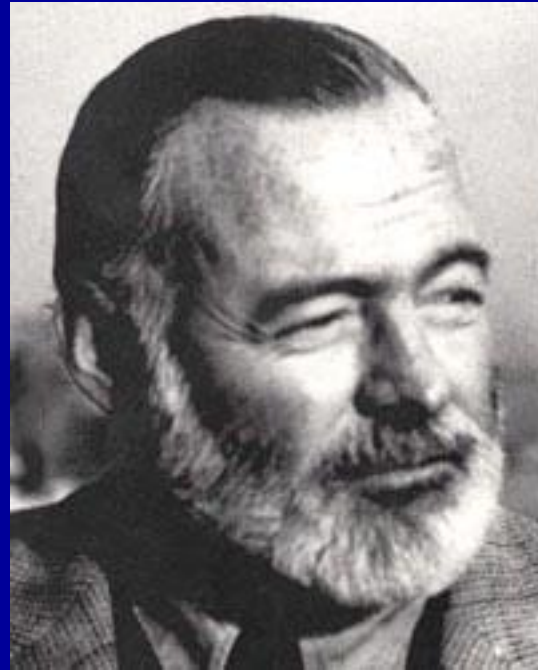


Virginia Woolf (1892-1941)

DEPRESSION: abnormal sadness, loss of joy and motivation, decreased energy, desperation, and suicide

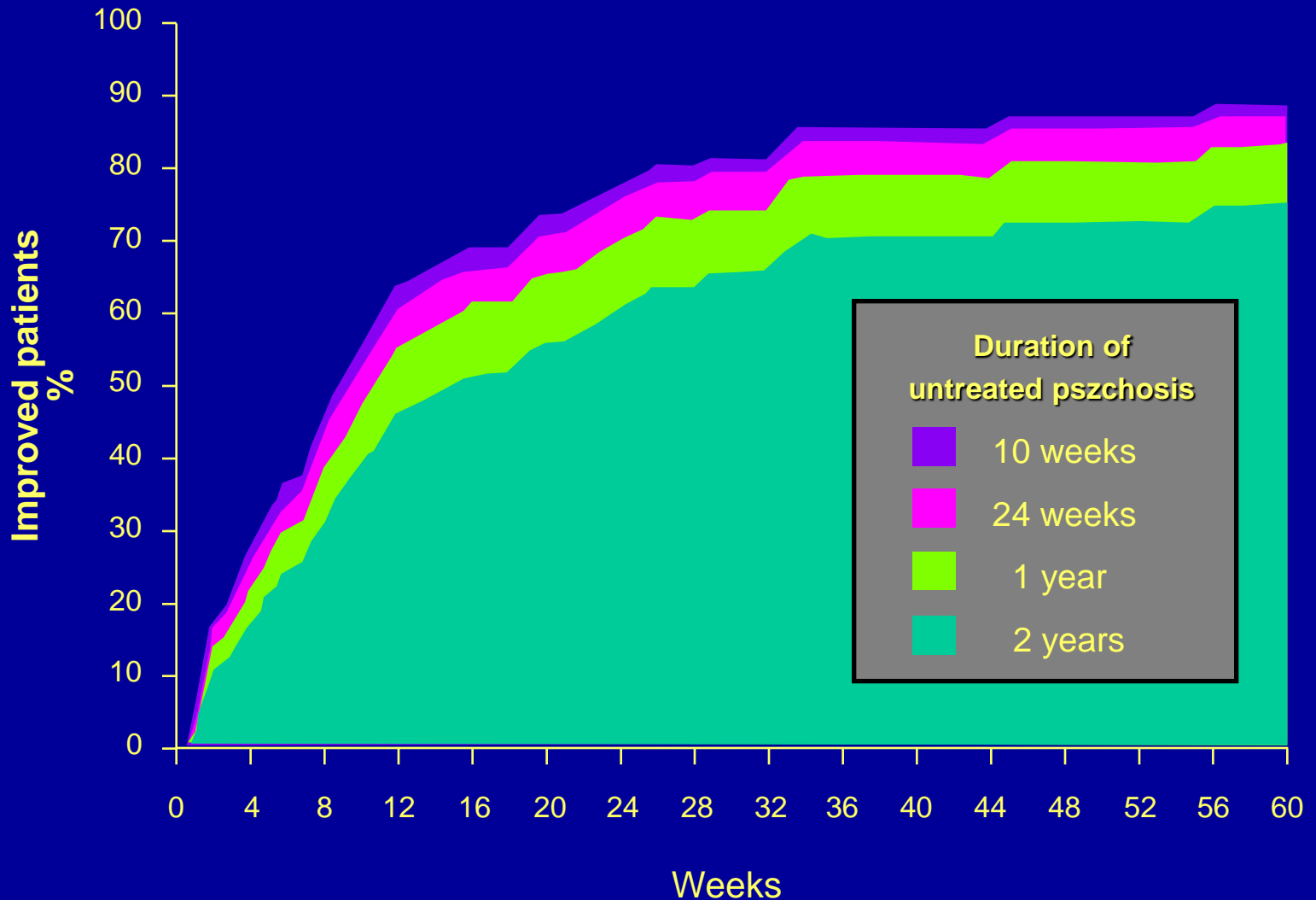


Van Gogh



Hemingway

Schizophrenia: Duration of untreated psychosis positively correlates with bad outcome



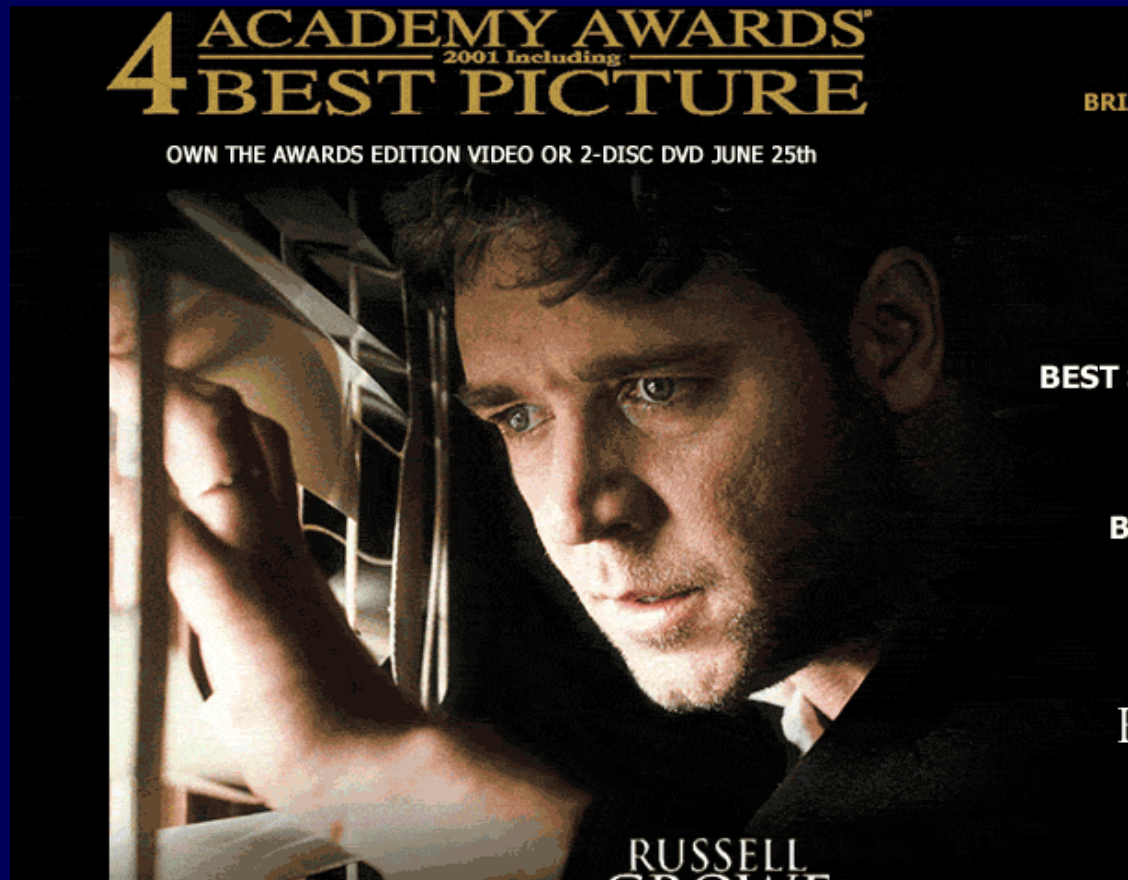
Are you already a good psychiatrist? Part 4

- Can you make a diagnosis?



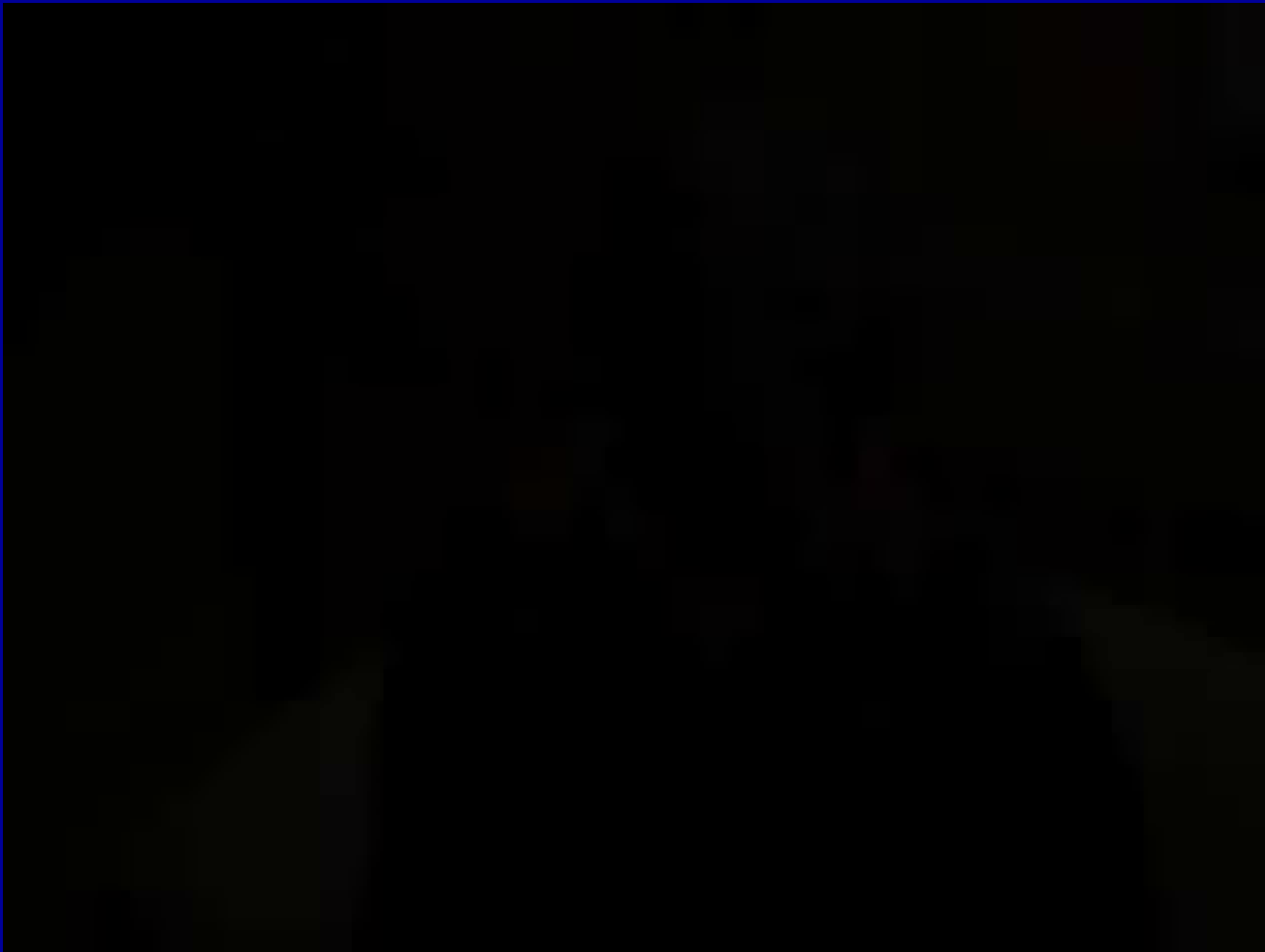
A story of a famous mathematician, John Nash, who lived (1928-2015) with **SCHIZOPHRENIA**:

- Hallucinations (e.g. voices in your head giving you messages)
- Delusions (e.g. false beliefs of persecution or special power)



Are you already a good psychiatrist? Part 5

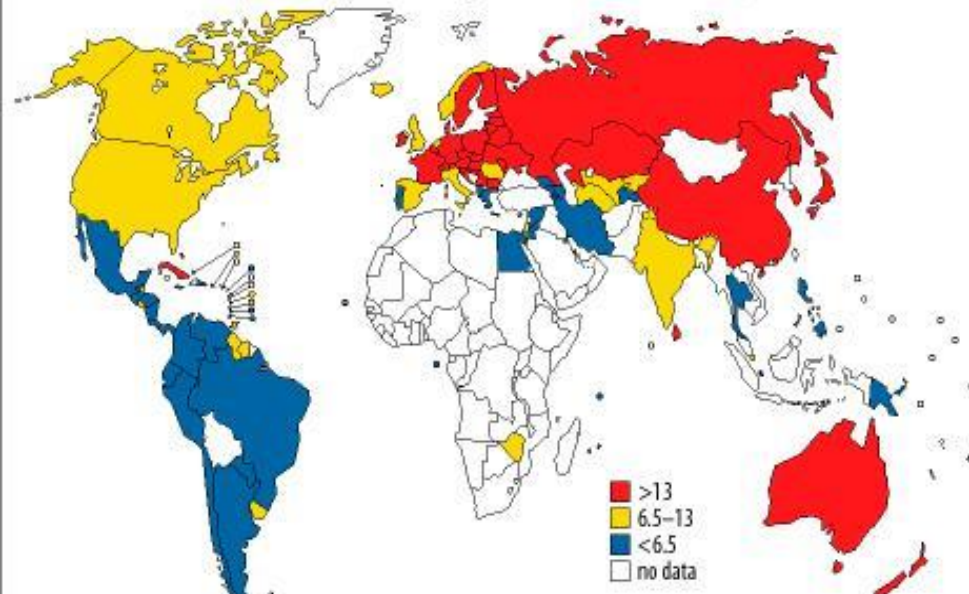
- Can you make a diagnosis?



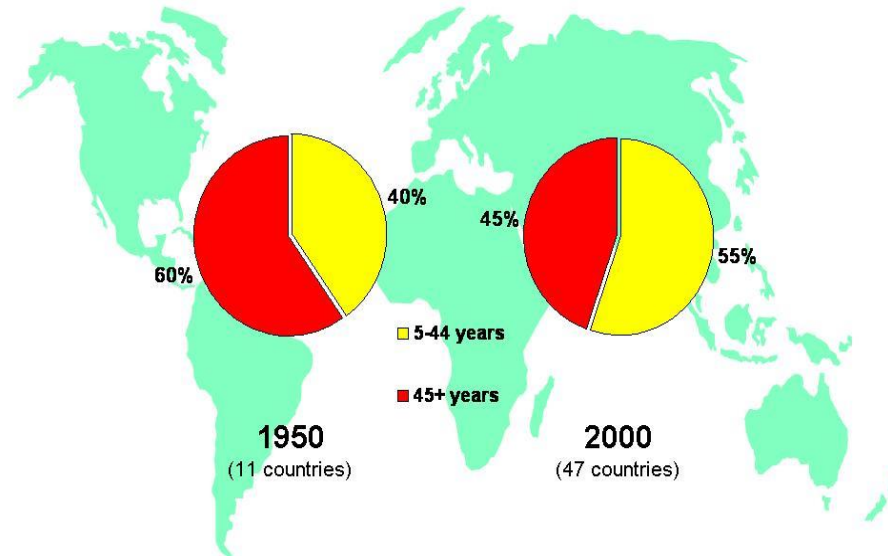
Dead Poets Society - A tribute to Robin Williams (1951-2014)



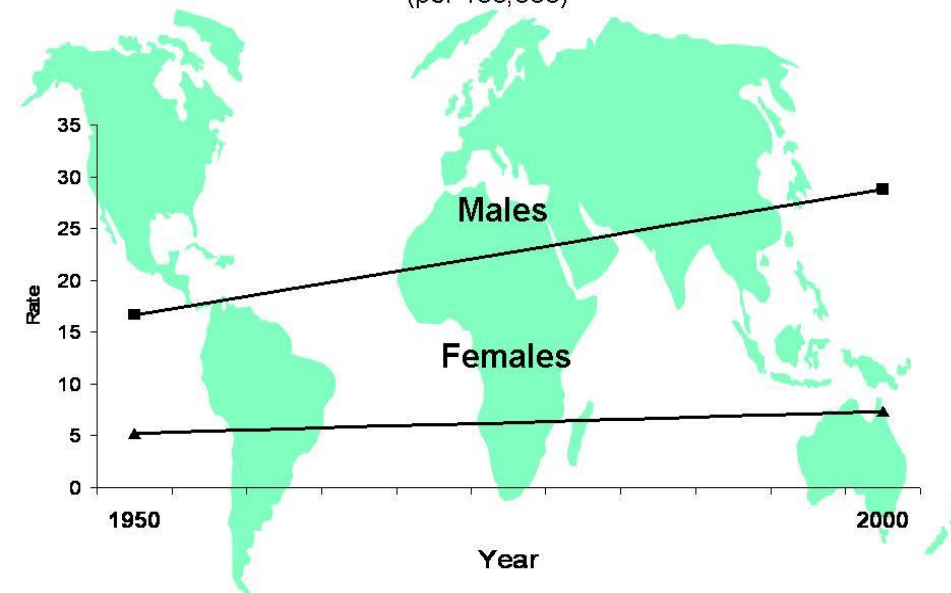
Map of suicide rates
(per 100 000; most recent year available as of March 2002)



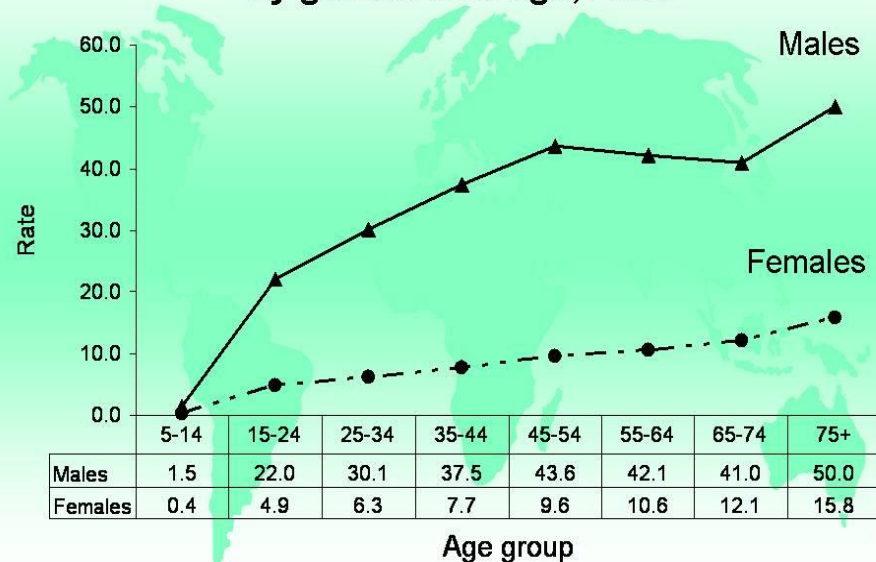
Changes in the age distribution of cases of suicide between 1950 and 2000



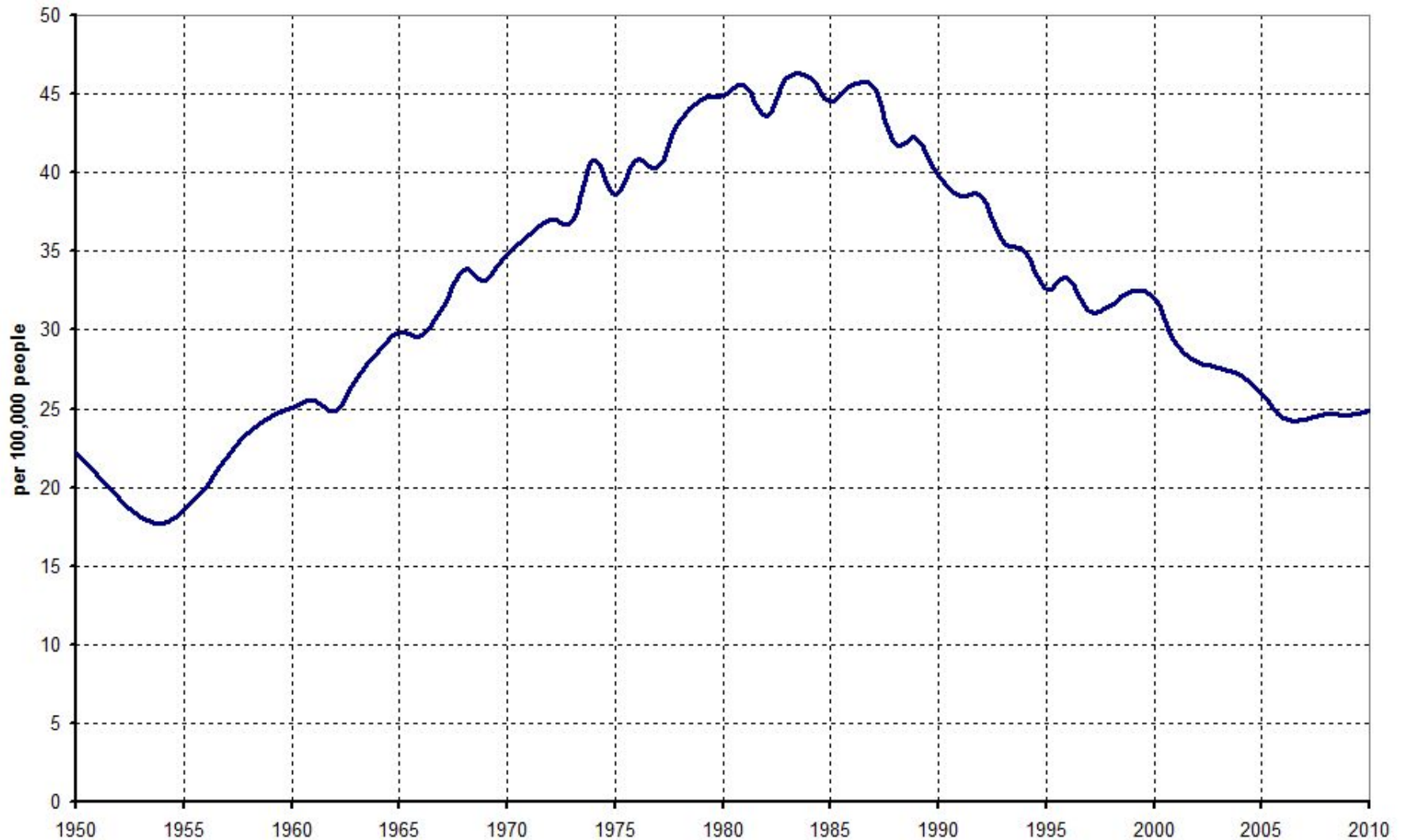
Evolution of global suicide rates 1950-2000
(per 100,000)



Distribution of suicide rates (per 100,000) by gender and age, 2000



Suicide death in Hungary



The Graeco-Roman period

Alcmaeon (ca. 500 B.C.):
mental processes are
located in the brain

Plato (427?-347 B.C.):
tripartite soul of thought,
desire, emotion; rational
part in the brain

Aristotle (384-322 B.C.):
the task of the brain is to
cool the blood

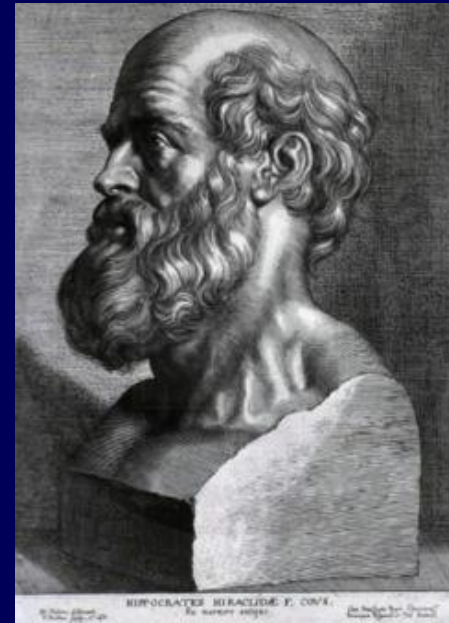


Raphael's Plato

Hippocrates (460-377 B.C.)

The body humor hypothesis:

- Black bile – melancholia
- Yellow bile – mania
- Hysteria – disease of uterus
- Paranoia
- Sacred disease - epilepsy



Rubens` Hippocrates

Galen (129-199 A.D.)

- Imagination, reason and memory
- Morositas – deadening of the emotional life
- Paraphrosune – paranoia
- Alienation – bizarre behavior



Mural painting depicting
Galen and Hippocrates (Anagni)

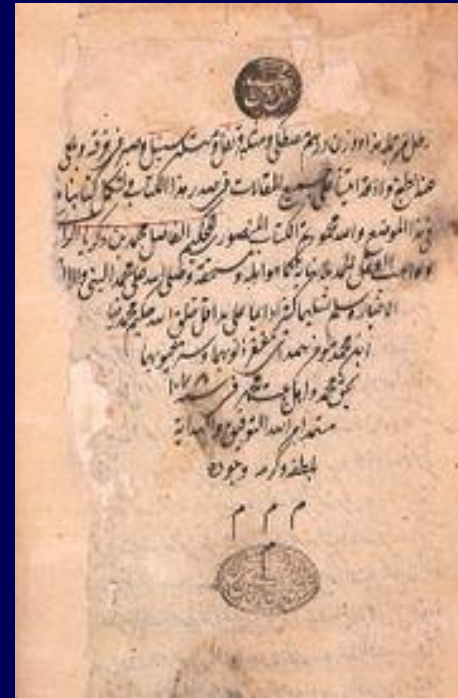
The first ward for the mentally ill:

Hospital of Baghdad

Al-Razi (865-925): scholar of Greek medicine, philosopher and alchemist



ابو بکر محمد بن زکریا الرازی



Textbook of Al-Razi



Odysseus pretending to be mad
to avoid going to war to Troy



Hieronimus Bosch (c. 1450 – 9
August 1516) Dutch painter

„Ship of fools”

Psychiatric Asylums in Europe



Bethlem Hospital, London (1330)



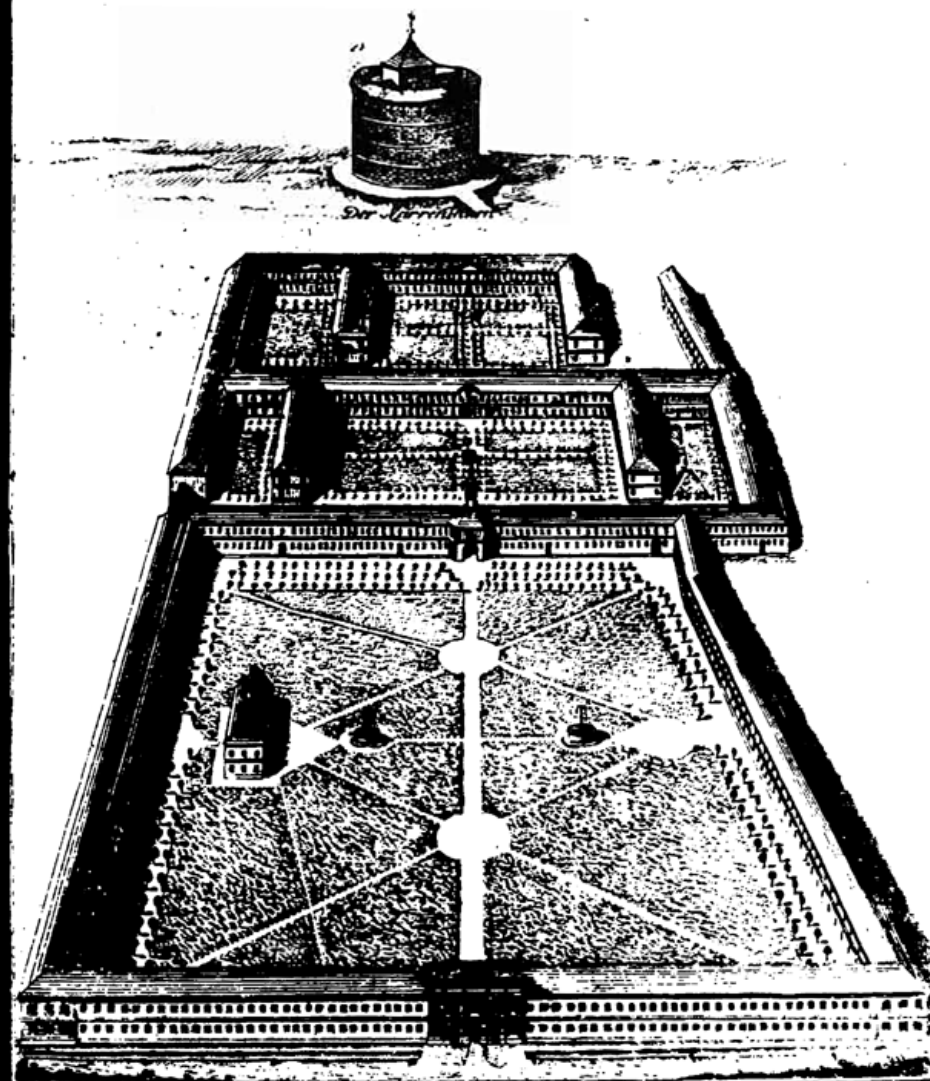
Asylum of Budapest (1886)



Salpêtrière, Paris (1675)

Narrenturm

(„Madhouse tower”),
Vienna

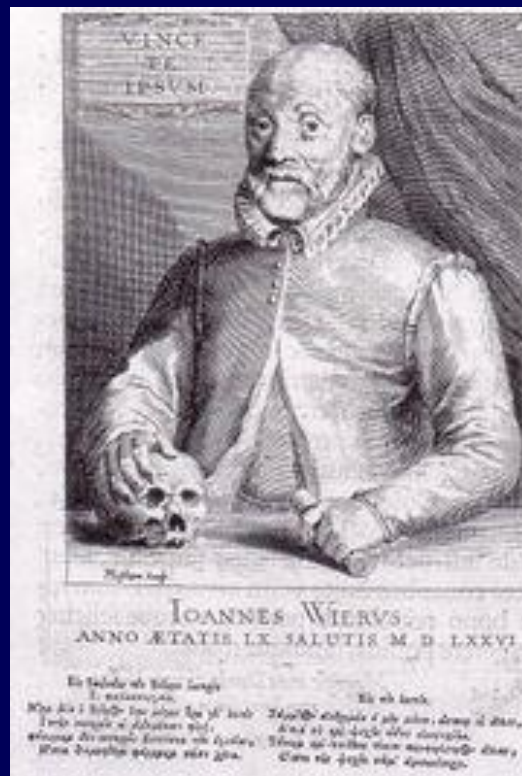


Prospect
Des für alle Kranken und Gebührenden bestimmten
Allgemeinen Spitals in Wien
SALUTI ET SOLATIO
AGROPTUM
JOSEPHUS II. AUST.
ANNO MDCCCLXXIV.

Paracelsus (1493-1541)



- experimentation in learning about the human body
- sickness and health in the body relied on the harmony of man, the microcosm, and Nature, the macrocosm
- using this analogy not in the manner of soul-purification but that humans must have certain balances of minerals in their bodies
- illnesses of the body and soul had chemical remedies that could cure them – the **concept of medicine**



Johann Weier (1515-1588)

Psychiatric illness is not a consequence of transcendent factors

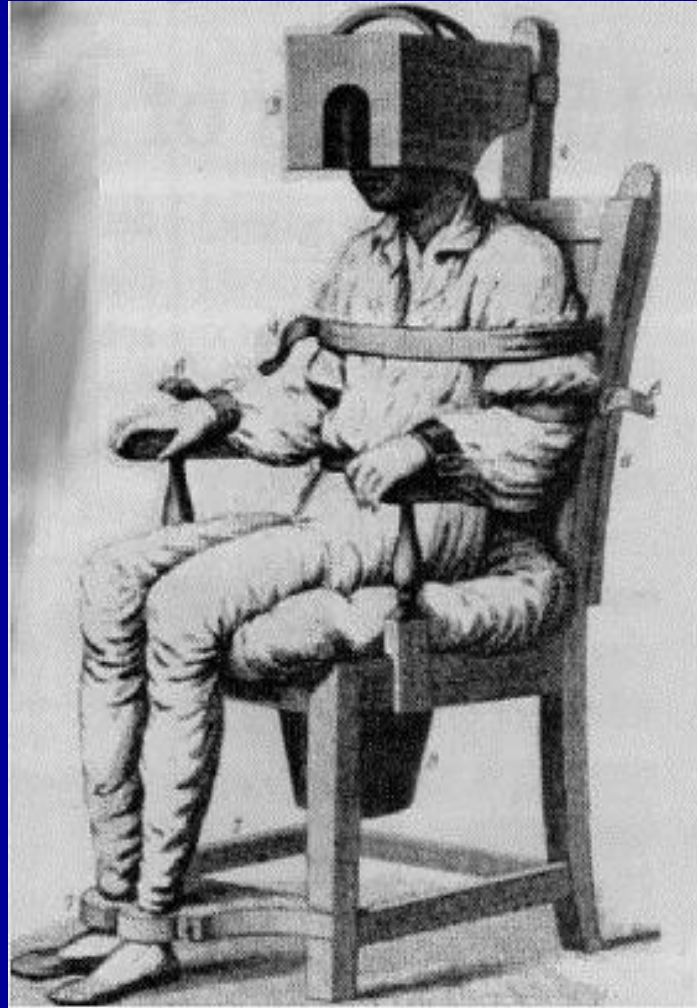
- *De Praestigiis Daemonum et Incantationibus ac Venificiis* (On the Illusions of the Demons and on Spells and Poisons), 1563
- *De Lamiis Liber* (Book on Witches), 1577
- *Pseudomonarchia Daemonum* (The False Kingdom of the Demons), 1577



Thomas Willis (1621-1675)

- *“Cerebri anatomi”*, 1664 (the term “neurology”)
- *“Pathologicae cerebri, et nervosi generis specimen”*, 1667
- *“Two Discourses concerning The Soul of Brutes, Which is that of the Vital and Sensitive of Man”*, 1672 (the first English work on medical psychology)

Williamsburg, Public Hospital (1773-1885) (Virginia,USA):



Philippe Pinel (1745-1826): Humanization of the treatment of the mentally ill



Dr. Philippe Pinel at the Salpêtrière, 1795 by Robert Fleury.
Pinel removing the chains from patients
at the Paris Asylum for insane women.

Johann Christian Reil (1759 -1813): the term Psychiatry in 1808 (psyche - soul
latros – doctor)

The first psychiatric **university department**: 1865, Berlin

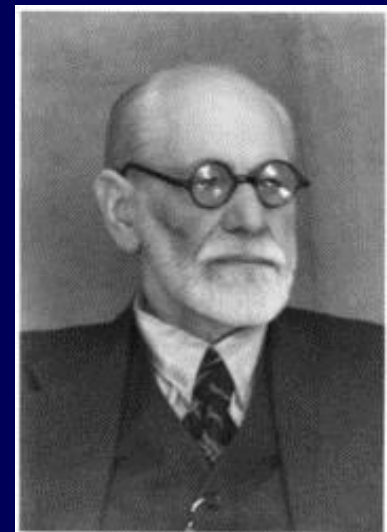
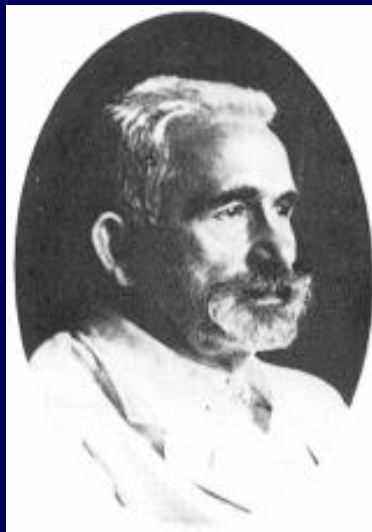
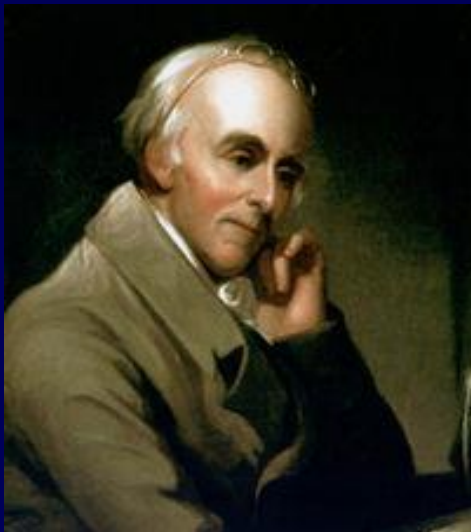
Károly Laufenauer, 1882, Budapest

America: **Benjamin Rush** (1745-1813), American Psychiatric Association (1844)

Emil Kraepelin (1856-1926): classification of mental disorders

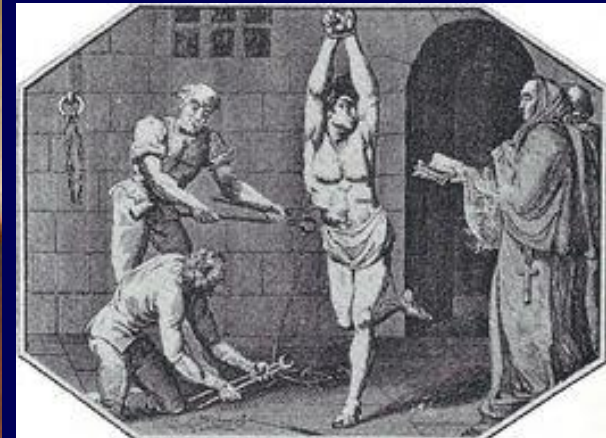
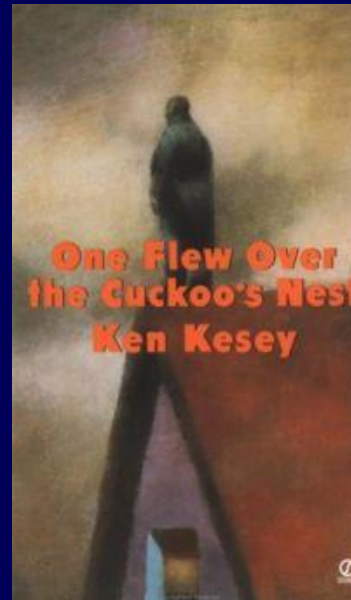
Eugen Bleuler: the term schizophrenia

Sigmund Freud (1856-1939): psychoanalysis



The dark side of psychiatry

- Torture of patients in medieval ages
- Patients were closed in large institutions
- Political psychiatry (Soviet Union and Nazis)
- Lobotomy, insulin coma, electroconvulsive therapy in wake patients
- No scientific bases of mental illness
- Psychoanalysis is a myth and not science
- 1960: **antipsychiatry** (David Cooper, Thomas Szasz)



University Department of Psychiatry in Budapest

1882 Dept of Psychiatry in „Szent Rókus” Hospital: 50 beds in 2 rooms as part of the dept of Internal Medicine and Neurology



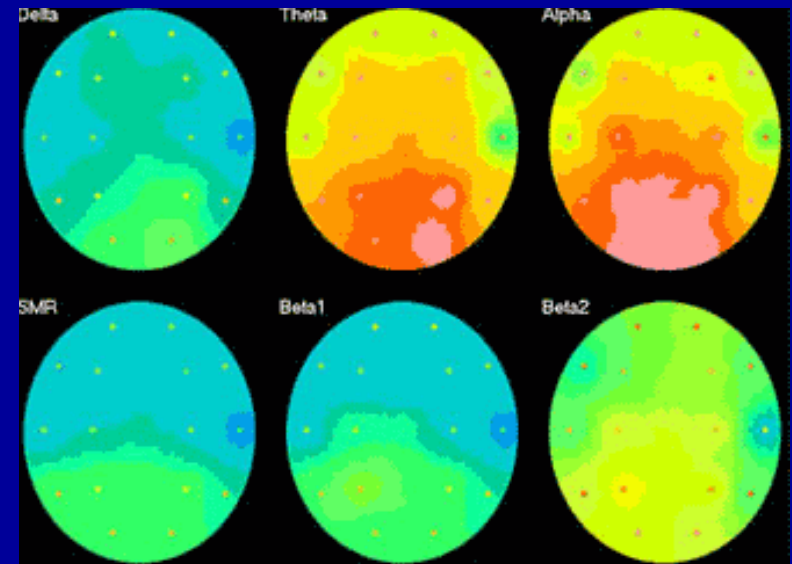
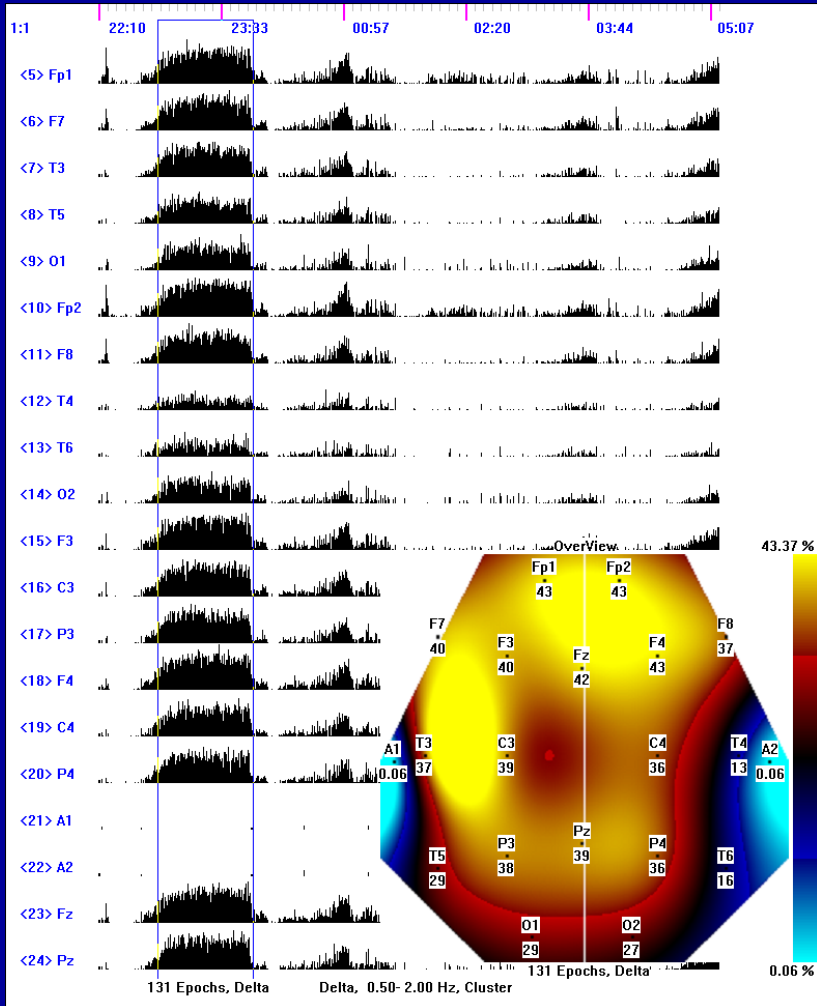
1908 *New Building in
Balassa street*



The recent situation

- **Integration into the European Union.**
- **Budget issues in research support, in health care and education.**
- **The University has a 3T MRI (fMRI)**
- **Genetic and EEG studies of psychiatric disorders in our Department.**

New brain mapping - 256 channel EEG (dr. Pál Czobor)



Genetics

doi:10.1038/nature08186

nature

LETTERS

Common variants conferring risk of schizophrenia

Thank you for your attention!

Questions?

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