

Overview

Introduction

This section will deal with three, general, aspects of psychiatry:

- Why it is important for all doctors to have at least some knowledge of psychiatry.
- Why diagnoses in psychiatry are important, how they are made, and an introductory discussion of some of the important diagnostic categories.
- A brief introduction into the principles of management of psychiatric patients.

Why is Psychiatry Important?

Only a minority of medical students become psychiatrists, however:

Psychiatric symptoms are common

Around 260 per 1000 people per year suffer from psychiatric symptoms
Around 230 per 1000 patients presenting to GP's have psychiatric symptoms
Up to 38% of patients in general medical out-patient clinics have psychiatric disorders and no discernible physical illness.

Psychiatric disorders are common e.g. (point prevalence, unless otherwise stated)

Childhood disorders 10-20%
Depression 7%
Anxiety 7%
Schizophrenia 1% life time risk
Dementia 10% of over 65 year olds
Personality disorders 2-20%

Psychiatric illness can occur secondary to physical conditions

Medical illnesses:

- endocrine disorders e.g. hypothyroidism, Cushing's
- neurological disorders e.g. Parkinson's Disease, MS, CVA
- infections
- malignant disease
- as a reaction to any serious illness
- Childbirth

Psychiatric illness can occur secondary to physical treatments

Steroids
OCP
Antihypertensives, calcium channel antagonists, beta-blockers
Anti-Parkinsonian treatments

Psychiatric illness is often missed

Less than half of patients presenting to GP's with psychiatric symptoms are diagnosed
50% of patients with psychiatric disorders present with physical symptoms

Psychiatric illness can be fatal

Between 4000 and 8000 suicides occur each year and around 90% have psychiatric symptoms
Having an affective disorder increases risk of suicide 30 times; 15% of depressives die by suicide
Up to 10% of schizophrenics and alcoholics die by suicide

Psychiatric Diagnoses

Should psychiatric diagnoses be made?

The "Pro's & Con's" are summarised in the table below:

"Pro's"	"Con's"
Allows rational treatment	They are not always possible
Enables prognostication	Most are not based on pathology
Essential for meaningful research	They may ignore individuality
Used to justify resources	Pejorative
	Labels deviant behaviour as illness

How are psychiatric diagnoses made?

Psychiatric diagnoses are generally not based on pathology and there are no diagnostic tests. Instead they are empirically based on symptom clusters. The main problems with this are validity and reliability.

Reliability of psychiatric diagnoses.

As already mentioned diagnostic categories are based on symptom clusters. To try and ensure that diagnoses are reliable diagnostic classification guidelines and schedules have been developed. The World Health Organisation has produced the International Classification of Diseases (ICD-10). Current psychiatric diagnostic categories from this include:

- Organic
- Psychoactive substance use
- Schizophrenia, schizotypal and delusional disorders
- Mood disorders
- Neurotic, stress-related and somatoform disorders
- Behavioural syndromes associated with physiological disturbances
- Disorders of adult personality
- Mental retardation
- Disorders of psychological development
- Child and adolescent disorders

The American Psychiatric Association has produced the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) which uses an axial classification; the axes of which are:

Clinical disorders
Personality disorders and mental retardation
General medical conditions
Psychosocial and environmental problems
Global assessment of functioning

These diagnostic tools largely overlap with each other and may overlap to a greater or lesser extent with diagnostic practices of a psychiatrist who doesn't rigorously apply either of these. The area of maximal overlap clearly has maximal validity.

Principles of Management

In the management of mental illness a number of approaches to management are used. For clarity these have been divided into three, arbitrary, groups. It is important to bear in mind that usually various approaches need to be combined to suit the needs of the individual

- Physical interventions e.g. drugs, ECT
- Psychological interventions e.g. psychotherapy
- Social interventions e.g. housing, sheltered employment

The multidisciplinary team is the most common model for delivery of care. Such a team may consist of:

- Psychiatrists
- Nurses - hospital and community based
- Psychologists
- Occupational therapists
- Art & Music therapists
- Social workers
- General Practitioners

Psychiatric disorders tend to be either chronic or relapsing-remitting with treatment therefore divided into:

- Short term – treatment of the acute episode
- Long term – prophylaxis – rehabilitation – support