

Psychiatric Disorders: Depression, Anxiety & Psychosis

Depression

Definition: A mood disorder characterized by persistent sadness, loss of interest, and impaired daily functioning.

Etiopathogenesis:

- Genetic predisposition.
- Neurotransmitter imbalance: ↓ serotonin, norepinephrine, dopamine.
- HPA axis dysregulation → ↑ cortisol.
- Psychosocial stressors.

Clinical Manifestations:

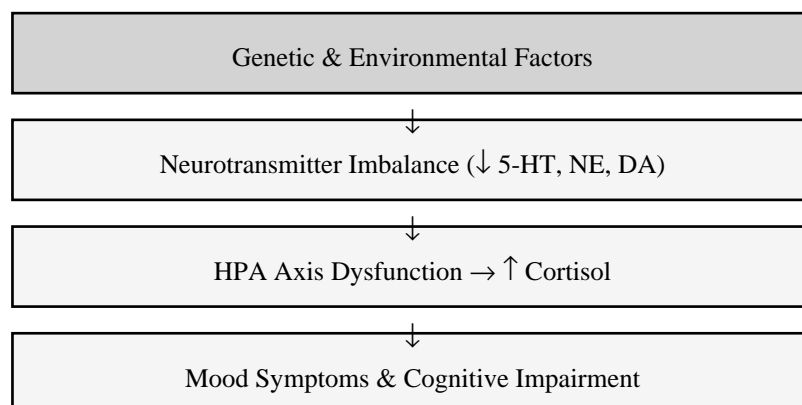
- Persistent low mood, anhedonia, fatigue.
- Sleep and appetite disturbances.
- Poor concentration, feelings of worthlessness, guilt.
- Suicidal thoughts in severe cases.

Management:

Non-pharmacological: Psychotherapy (CBT, interpersonal therapy), lifestyle modification, stress management.

Pharmacological: SSRIs, SNRIs, tricyclic antidepressants, MAO inhibitors, atypical antidepressants.

Flowchart: Pathophysiology of Depression



Anxiety

Definition: An excessive, persistent worry or fear that interferes with daily functioning.

Etiopathogenesis:

- Genetic predisposition.
- Neurochemical imbalance: ↑ norepinephrine, ↓ GABA, ↓ serotonin.
- Overactivity of amygdala and limbic system.
- Environmental stressors, trauma.

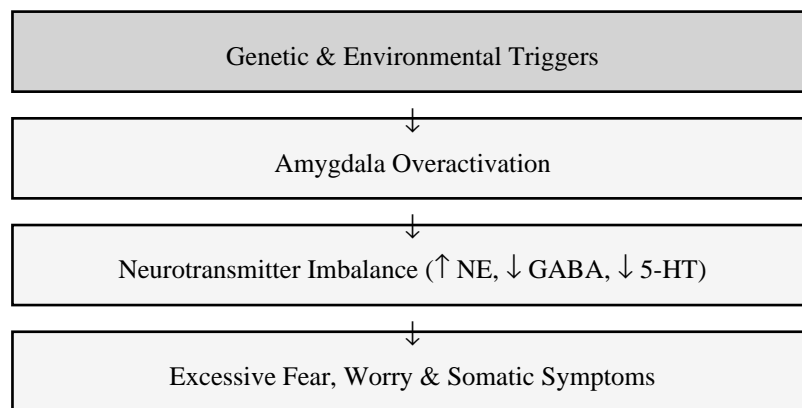
Clinical Manifestations:

- Excessive worry, restlessness, irritability.
- Palpitations, sweating, tremors.
- Sleep disturbances, fatigue.
- Avoidance behavior.

Management:

Non-pharmacological: CBT, relaxation therapy, mindfulness, yoga, stress reduction.

Pharmacological: SSRIs, SNRIs, benzodiazepines (short-term), buspirone, beta-blockers for performance anxiety.

Flowchart: Pathophysiology of Anxiety**Psychosis**

Definition: A severe mental disorder characterized by impaired reality testing, delusions, hallucinations, and disorganized thought.

Etiopathogenesis:

- Genetic vulnerability.
- Dopamine hypothesis: ↑ dopamine activity in mesolimbic pathway.
- Glutamate dysfunction (↓ NMDA receptor activity).
- Structural brain abnormalities (enlarged ventricles, cortical atrophy).
- Environmental triggers: drug abuse, stress.

Clinical Manifestations:

- Positive symptoms: hallucinations, delusions, disorganized speech/behavior.
- Negative symptoms: apathy, anhedonia, social withdrawal.
- Cognitive impairment: poor attention, memory, executive function deficits.

Management:

Non-pharmacological: Psychosocial interventions, family therapy, rehabilitation, CBT for psychosis.

Pharmacological: Antipsychotics (typical: haloperidol; atypical: risperidone, olanzapine, clozapine).

Flowchart: Pathophysiology of Psychosis

