Organic disorders

Olukayode Abayomi
MBBS(IL), FWACP, FMCPsych
Objectives

• What are the common organic psychiatric disorders?
• What are the clinical features?
• How can they be managed?
Classification
ICD-10

• Delirium
• Dementia
• Organic amnestic syndrome
• Other mental disorders due to brain damage and dysfunction and to physical disease
• Personality and behavioural disorders due to brain disease, damage, and dysfunction
• Unspecified organic or symptomatic mental disorder
Delirium

- Global impairment of consciousness resulting in levels of alertness, attention, and perception of environment.
- 15-30% of patients in Medical ward
- Commoner in elderly
- Mortality up to 25% @ 3 months
- Medical emergency
Delirium
Clinical features

• Disturbed consciousness
  – Drowsiness, disorientation, distractibility, decreased awareness

• Hyper or hypoactivity, restlessness,

• Psychotic symptoms
  – Delusions transient

• Perceptual disorders illusions, visual hallucinations

• Disturbance of mood, self awareness, memory
Delirium
Causes

• **Drugs**
  – Alcohol, drugs, digoxin, diuretics, lithium, steroids

• **Medical conditions**
  – Febrile illness, organ failure, hyper or hypoglycemia, thiamine deficiency

• **Neurological conditions**
  – Seizures, head injury, encephalitis, cerebral tumors or haemorrhage

• **Others**
  – Constipation, pain, dehydration
Delirium Management

• Identify and treat underlying cause
• Relieve distress
• Control agitation
• Prevent exhaustion
  • Low staff turnover, quiet room, visitations, lighting, reassurance, reorientation
    – Medications: Antipsychotics (Haloperidol)
    – Avoid in Lewy dementia, alcohol withdrawal, Epilepsy
Dementia

- Acquired global impairment of intellect, memory and personality, but without impairment of consciousness.
- Commonly Alzheimer’s (50%), Vascular (20%), Lewy body dementia (15%)
- Progressive
Dementia
Causes

- **Primary degenerative disorders**
  - Alzheimer’s, Lewy body, Picks, Huntington’s, parkinsons
- **Vascular**
  - Vascular, CVA, subdural haematoma
- **Inflammatory and autoimmue** eg SLE, Multiple sclerosis
- **Traumatic** eg head injury, dementia pugilistica
- **Infections** eg HIV, Prion disease, neurosyphillis, Lyme
- **Metabolic and endocrine** eg renal dialysis, thyrodis, cushings
- **Neoplastic**
- **Nutritional** eg Lack of vit B12, folate
- **Toxic**- Alcojol, heavy metal poisoning
- **Others**
  - Normal pressure hydrocephalus
Dementia
Clinical features

• Memory impairment—Immediate and shortterm
• Impaired attention and concentration
• Rigid and stereotyped routines
• Catastrophic reactions
• Disorientaion
• Slow thinking, peserveration
• Disturbance of mood, personality, behaviour
• Impaired activities of daily living
Dementia
Neuropathological changes

• Amyloid plaques
• Neurofibrillary tangles
• Cortical atrophy
Brain in Alzheimer showing sulcal widening
Amyloid plaques
Dementia Assessment

- Rule out other causes eg delirium
- **Determine severity an profile**
  - Cognition eg Mini Mental state exam
  - Behavioural and psychological features
  - Activities of daily living
  - Depression
  - Global functioning

- **Risk assessment**
Dementia Investigations

- FBC
- ESR
- Urea and electrolytes
- Liver function tests
- Calcium and phosphate
- Thyroid function tests
- VDRL
- Urinalysis
- Others
  - HIV, Chest Xray, CT/MRI, EEG, Neuropsychological assessment
Dementia Treatment

• Pharmacological And Non Pharmacological
• Non-pharmacological
  – Recreational- Watch videos
  – Psychological Interventions
  – Environmental Manipulations- Wandering areas
  – Music Therapy, white noise, pet
  – Aromatherapy
  – Massage and touch
  – Exercise-Walking
  – Psychoeducation For Caregivers
Dementia
Pharmacological treatment

• Treatment Cognitive Impairment By
• Choline-esterase Inhibitors
  – Donepezil (Aricept)
  – Rivastigmine (Excellon)
  – Galantamine (Reminyl)
  – Mematine- N-methyl-d- Aspertate Antagonist
• Anti histamine- Dimebon
• Others- Anticonvulsants.
• Drugs that target Amyloid plaques.
• Treatment Of Behavior Symptoms
  – Sertonine Specific Re-uptake Inhibitors
  – Atypical Antipsychotics- Olanzapine, risperidone, clozapine, Quetiapine
  – Anti-convulsants
  – Carbamazepine
  – Sodium Valporate
Life never stops teaching. Be sure you never stop learning.

- Michael Josephson

Whatwillmatter.com  © Michael Josephson 2014  charactercounts.org
Amnestic syndromes

• An impairment of episodic memory, manifesting as inability to learn new information (anterograde amnesia) and recalcitrance to recall past events (retrograde amnesia) accompanied by significant impairment in social and occupational functioning and linked to a medical condition aetiologically associated with memory loss.
Amnesia

Causes

• **Transient**
  – Head injury
  – Alcoholic blackouts
  – Post ECT therapy
  – PTSD

• **Persistent (Amnestic syndrome)**
  – Korsakov syndrome
  – Encephalities
  – Stroke
  – Head injury
Amnesia
Clinical Features

• Deficit in episodic memory
• Disorientation for time
• Severe anterograde amnesia
• Loss of autobiographical information
• Lack of insight
• Emotional blunting
• Confabulation
Korsakov syndrome

- Commonest cause
- Often follows Wernicke’s encephalopathy
- Delirium, truncal ataxia, pupillary abnormalities, ophthalmoplegia, nystagmus and peripheral neuropathy
- Causes - Alcohol abuse (B1 deficiency), hyperemesis gravidarum, severe malnutrition
- Rx - Thiamine infusion
Disorders due to brain damage or disease

- Frontal lobe - Disinhibition, apathy, obsessive, perseveration, aphasia, hemiparesis
- Parietal - apraxia, astereognosia, agraphaesthesia, hemiparesis, finger agnosia
- Temporal - personality change, memory loss, psychosis
- Occipital - Complex visual hallucinations, prosopagnosia,
Conclusion

- Organic mental disorders are psychiatric disorders with physical causes. Many require timely assessment and interventions because of associated mortality.