



Clinical Pearls

- 1 Typically, psychotic symptoms do not occur in isolation. For example, having command auditory hallucinations that tell the patient to kill himself in the absence of any other psychotic symptoms would be very unlikely. This clinical picture would require a thorough evaluation to support this finding. If additional clinical material was lacking, then consideration should be given to malingering.
- 2 A psychiatric diagnosis that is made near the time a patient used a substance or while the patient is intoxicated or in active withdrawal can often be considered to be invalid unless the diagnosis was made in the past when substance use did not interfere with the diagnostic process.
- 3 Children are not little adults.
- 4 When you hear hoofbeats, think of horses, not zebras.
- 5 Things are common because they are common.
- 6 Once you are a pickle, there's no going back to being a cucumber.
- 7 The first person an addict will try to deceive about the amount of substance being abused and the consequences of such abuse is him/herself.

 **Bibliography**

Diagnostic and Statistical Manual of Mental Disorders, 4th Edition. American Psychiatric Association, Washington, D.C. 1994.

HealthChoices Behavioral Health Services, Guidelines for Mental Health Medical Necessity Criteria, Appendix T, Parts A, B, C.

Friedman, M. J., A., Guide to the Literature on Pharmacotherapy for PTSD. PTSD Research Quarterly (2000) 11:1.

Graham, A. W., Schultz, T. K., eds. Principles of Addiction Medicine 2nd Edition, American Association of Addiction Medicine, Chevy Chase, MD 1998.

Hyer, L., McCraine, E. W., Peralme, M. A., Psychotherapeutic Treatment of Chronic PTSD. PTSD Research Quarterly (1993) 4:2.

Jacobs, D., ed. Harvard Medical School Guide to Suicide Assessment and Intervention. Jossey-Bass, San Francisco, 1999.

Levinson, D. F., Umapathy, C., Mustaq, M. Treatment of Schizoaffective and Schizophrenia with Mood Symptoms. Am J Psych (1999) 156:8.

McElroy, S. L., Recognition and Treatment of Intermittent Explosive Disorder. J Clin Psychiatry (1999) 60 suppl.15:12-16.

Practice Guideline for the Treatment of Patients with Major Depressive Disorder (Revision), American Psychiatric Association. Am J Psych 157:4 Supplement, April 2000.

Practice Guidelines for the Treatment of Patients with Eating Disorders (Revision), American Psychiatric Association. Am J Psych 157:1 Supplement, January 2000.

Practice Guideline for the Treatment of Patients with Schizophrenia, American Psychiatric Association. Am J Psych 154:4 Supplement, April 1997.

Practice Guideline for the Psychiatric Evaluation of Adults, American Psychiatric Association. Am J Psych 152:11 Supplement, November 1995.

Practice Guideline for the Treatment of Patients with Bipolar Disorder, American Psychiatric Association. Am J Psych 151:12 Supplement December 1994.



Glossary

Acuity: In relation to patients, the severity of their condition or symptoms

Adherence: Usually related to the degree to which a patient follows treatment recommendations such as attending clinic, taking medications, etc.

ADLs (Activities of daily living): Refers to activities such as personal hygiene, driving, obtaining food, etc.

Affect: The outward expression of emotion as evidenced by facial expression, body language, tone of voice, etc.

Agonist: Refers to the activity of a substance on a receptor in the brain to initiate an effect, in contrast to antagonist that inhibits certain effects.

Alleviate: To reduce, to eliminate

Anhedonia: Loss of interest in pleasurable activities

Anticholinergic: A side effect that may occur with certain psychiatric medications, usually antidepressant medication and antipsychotic medication causing symptoms such as dry mouth, blurred vision, constipation.

Arrhythmia: Irregular heart beat

Asthenia: Characteristics of individuals with this disorder include easy fatigability, low energy level, lack of enthusiasm, marked incapacity for enjoyment, and over-sensitivity to physical and emotional stress.

Atypical: Not of the usual kind or type

Audiological: Refers to the sense of hearing

Autonomic Nervous System: that part of the nervous system that controls, to some degree, the heart rate, respiratory rate, and the blood pressure; may produce withdrawal symptoms in individuals addicted to substances.

Biopsychosocial: The relationship between the biological, psychological and sociological aspects of a patient; evaluations should deal with these aspects to be considered complete

Catatonic: Usually seen in schizophrenics, a syndrome in which the patient has extreme muscle rigidity does not move and/or has peculiar postures.

CIWA-Ar: Clinical Institute Withdrawal Assessment - Alcohol revised. A structured scale that indicates the severity of withdrawal symptoms, used to determine need for medication in detoxification settings in some alcohol withdrawal medication plans.

Cognitive: the mental activities associated with thinking, learning and memory.

Comorbid, co-occurring: Have two or more psychiatric, substance abuse and/or medical occurring at the same time.

Compliance: see Adherence

Compulsions: A ritual behavior that reduces discomfort, but is carried out in a rigid or pressured fashion. For example: checking to see if the doors are locked before going to bed three times in exactly the same way.

Craving: Usually in reference to addicts, the experience of an intense desire to use drugs.

Decompensation: The appearance or reappearance of symptoms, often in response to stress or noncompliance with treatment recommendations.

Delirium: A disorder caused by abnormal brain metabolism or exposure to toxins

Delusion: A fixed false belief that cannot be altered by reasonable discussion or presenting evidence that is contrary to the belief.

Depersonalization: A feeling of loss of one's identity

Derailment: A symptom of a thought disorder in which one constantly gets "off the track" in thoughts or speech.

Derealization: An alteration in the perception of one's environment in which things that are ordinarily familiar become strange or unreal.

Developmental milestone: Refers to specific behaviors occurring at certain ages, such as walking, talking, etc.

Dissociation: An unconscious process that involves the separation of one mental process from the rest of the mental processes, resulting in independent functioning of the separated processes and the loss of the usual relationship of mental processes.

Dysphoria: A general feeling of dissatisfaction, unpleasantness or discomfort

ECT: Electroconvulsive treatment

Edema: An accumulation of watery fluid in tissues

Estrangement: To become distant, unfriendly, or unsympathetic

Excoriations: Scratches on the skin

Executive functions: The mental functions that allow for careful decision-making, good impulse control, socially appropriate behavior, etc.

Fasciculation: Involuntary twitching of muscle groups

Flight of ideas: Rapidly moving from one idea to another, usually the ideas are loosely connected, but a connection can be detected. Commonly seen in a manic episode

Fund of information: The expected general information that one expects from a person about recent events, his/her personal situation, how to perform mental and physical tasks, etc. Usually varies with educational level.

GI (gastrointestinal): Refers to the stomach and intestines

Grand mal seizures: A seizure characterized by the sudden contraction of muscles with a fall to the ground, a loss of consciousness, followed by a gradual recovery. The patient has no memory of the seizure.

Hallucination: Having a perceptual (sight, hearing, taste, feeling, etc) experience in the absence of a real stimulus.

Hypersomnia: Excessive sleeping

Hypervigilance: Excessive attention to the environment, scanning for potential danger.

Hypoglycemia: Decreased blood sugar

Ideas of reference: The experience of general stimuli in the environment having specific reference to the individual. For example, believing people on television are speaking directly to oneself.

Idiosyncratic: Something that has special specific meaning only to oneself

Illusion: The misinterpretation of a real stimulus

IM: intramuscular, usually in reference to an injection that places medication in a large muscle

Imminent: About to happen in the immediate future.

Incontinence: Inability to prevent excretion of urine and or feces

Insomnia: Inability to sleep

Ischemia: Reduced blood flow to a specific area due to an obstruction.

JCAHO: Joint Commission on the Accreditation of Health Organizations

Lethality: Level of danger of producing death

Maladaptive: Usually in reference to a behavior or behaviors that do not serve the individual in adjusting effectively to particular situations

Menarcheal: Referring to the age when girls have their first menstrual period.

Mood: A sustained internal emotional state that is not altered by external factors.

Motor, motoric: Refers to movement of the body, for example walking is a motor activity.

Multiaxial: Refers to the five axes of assessment used in the DSM-IV Manual for the description of the patient's situation.

Myocardial: Refers to the heart, specifically heart muscle

Negativistic: Used in reference to Schizophrenia, that characteristic of refusing to cooperate with simple requests for no apparent reason.

Neuroleptic Malignant Syndrome: A serious medical condition resulting from the use of certain antipsychotics in individuals. The cause is unknown, and, if not promptly treated, can result in death.

Neuroleptic medication: A term used interchangeably with antipsychotic medication

Neurovegetative: Refers to psychiatric symptoms causing physical symptoms, such as, poor sleep and appetite, often seen in depressed individuals.

Norms: A model or pattern considered typical for a group

Obsessions: Intrusive thoughts ideas that are experienced as unwelcome and ideas that evoke anxiety and discomfort.

Opiate: Refers to a group of drugs that include heroin, morphine, and many others

Orientation: refers to knowledge of one's identity, current date and approximate time, location and situation

Orthostatic: With blood pressure, a decrease in blood pressure when an individual arises from a lying or seated position to a standing position. Fainting or falling may result. Some medications can cause this effect.

Perceptual: Refers to the five senses: touch, taste, sight, hearing and smell

Psychoactive: In reference to substances, any substance that can cause an effect on the brain.

Psychomotor: Relating to the psychological processes associated with muscle movement, for example, gesturing when speaking.

Psychopharmacology: The science of the study and application of medications in the treatment of psychiatric disorders

Psychosis: A general term for a mental disturbance that involved severe disruption of normal mental organization, the ability to communicate, the ability to recognize reality, and relate to others.

Reciprocity: The ability to give back something

Regression: A return to a more primitive mode of behaving, thinking and relating that is a diminution of the individual's adaptation to life

Stereotyped: Constant or persistent repetition of meaningless movement or gestures

Tactile: Involving the sense of touch

Tardive Dyskinesia: An irreversible neurological condition characterized by involuntary muscle movements. Caused by certain antipsychotic medications

Tics: Repetitive, involuntary muscle movements usually involving the face

Toxins: Any substance that can harm or kill cells

Transient: Temporary, not permanent

Tremor: Trembling, shaking movement usually of hands, fingers, or feet

Vasoconstriction: Narrowing of blood vessels

Vital signs: Pulse, blood pressure, and rate of breathing