

# Classification and Etiology of Mental Disorders

**Prof. Dr. Elham Fayad.**



## OBJECTIVES:

**By the end of this session  
the student should be able  
to:**

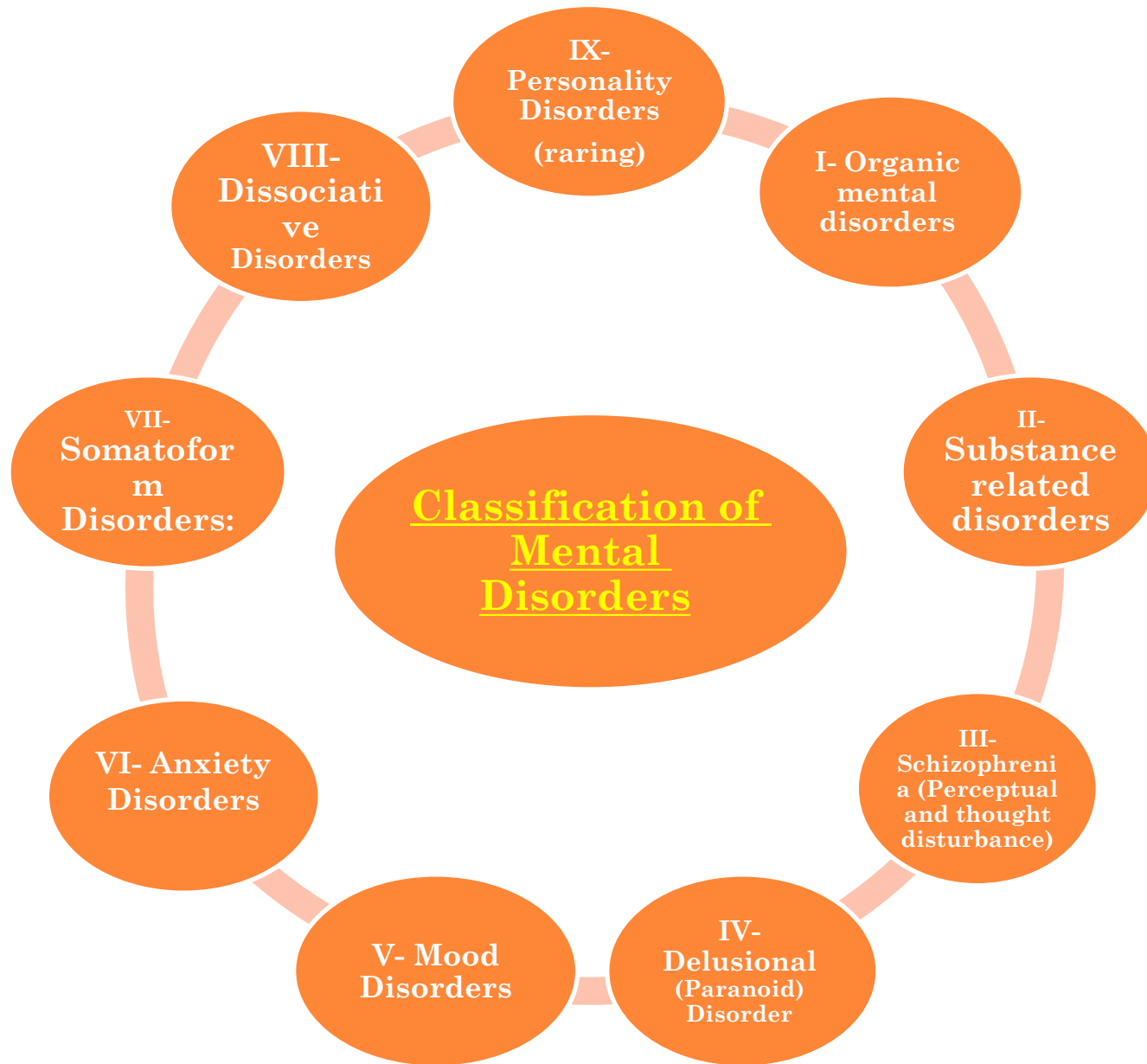
- 1- Classify the most common mental disorders.
- 2- Discuss the etiology of mental disorders.



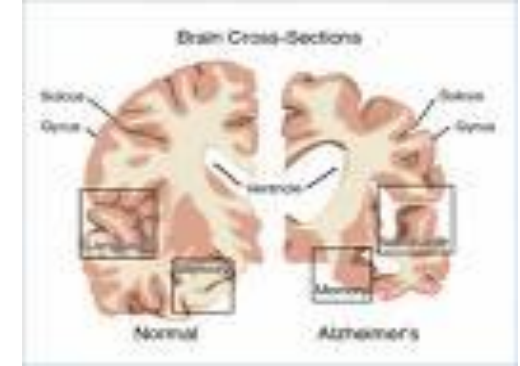
## OUT LINES:

- 1- Classification of mental disorders.
- 2- Aetiology of mental disorders.





# ORGANIC MENTAL DISORDERS:



**Organic causation could be chronic or acute.**

## 1- Delirium

**Main symptoms:**

- Disturbance of consciousness.
- Disturbance in memory, orientation and perception.
- Acute onset.



# DEMENTIA:

## **Main symptoms:**

- Memory disturbance.
- Language disturbance.
- Impairment of social/ occupational functioning.
- Gradual onset and continuing decline



## II- SUBSTANCE RELATED DISORDERS:

### EXAMPLES OF THIS CATEGORY:

- 1- Alcohol use disorders.
- 2- Drug use disorders (e.g. amphetamines, caffeine, cannabis, cocaine, opioid,.....etc.).

#### ○ Main symptoms:

- - Increased tolerance.
- - A characteristic withdrawal syndrome.
- - Inability to stop the intake of the substance.
- - Impairment of social / occupational functioning



### **III- Schizophrenia (Perceptual and thought disturbance):**

This is a functional psychiatric disorder characterized by the following general signs and symptoms:

- Delusions.
- Hallucinations.
- Disorganized speech / incoherence.
- Disorganized catatonic behaviour.
- Social / occupational dysfunction.
- Negative symptoms

e.g. flat affect, cessation of talk and activity.





# THE MAIN SUBTYPES OF SCHIZOPHRENIA

## **Paranoid type, characterized by:**

One or more delusions/ or auditory hallucination.

## **Disorganized type, characterized by:**

- Disorganized speech.
- Disorganized behaviour.
- Flat or inappropriate affect.



## **Catatonic type, characterized by:**

- Motor immobility (waxy flexibility or stupor).
- Extreme negativism or mutism.
- Bizarre movements or postures.

## **Undifferentiated type:**

A form of schizophrenia that is characterized by a number of schizophrenic symptoms such as delusion(s), disorganized behavior, disorganized speech, flat affect, or hallucinations but does not meet the criteria for any other type of schizophrenia.



## Residual Type

If an individual had at least one acute episode of schizophrenia and is now free from prominent positive symptoms, but has some negative symptoms.



## IV- DELUSIONAL (PARANOID) DISORDER:

### Characterized by:

- Non bizarre delusions (based on occasions from real life).
- Functioning is not markedly impaired.
- Behaviour not obviously odd.



# V- MOOD DISORDER☹(BIPOLAR )

**Bipolar disorder causes dramatic mood swings—from overly "high" and/or irritable to sad and hopeless**

**1- Major depression, characterized by:**

- Depressed mood.**
- Diminished interest in all / most activities.**



**Cont.**

- Marked weight loss or gain.**
- Insomnia or hypersomnia**
- Psychomotor agitation  
or retardation.**
- Fatigue or loss of energy.**
- Feelings of worthlessness or guilt.**
- Suicidal ideation or attempt.**
- Social / occupational dysfunction.**



# MANIA:

## **Characteristics of manic episode:**

- Increased energy, activity, and restlessness.
- Excessively "high," euphoric mood.
- Extreme irritability.
- Racing thoughts and talking very fast, jumping from one idea to another.
- Distractibility, can't concentrate well.



## CONT.,

- Little sleep needed.
- Poor judgment.
- A lasting period of behavior that is different from usual.
- Increased sexual drive.
- Abuse of drugs, particularly cocaine, alcohol, and sleeping medications.
- Aggressive behavior.





# VI- ANXIETY DISORDERS

## 1- Phobia:

### Characterized by:

Marked unreasonable fear related to the presence or anticipation of specific object or situation.

High level of anxiety.



## 2- Obsessive Compulsive Disorder:

- Obsessions:** These are recurrent and persistent thoughts. The patient is aware of their oddness but is unable to stop them.

- Compulsion:** Repetitive behaviours (hand washing, ordering) or mental acts (praying, counting) that **patient feel compelled** to do. It usually interferes with patient's social and occupational functioning.



### 3- GENERALIZED ANXIETY DISORDER

A state of excessive anxiety and worry that person finds it difficult to control

#### Characterized by:

- Restlessness/ irritability.
- Easy fatigability.
- Difficult to concentrate.
- Muscle tension.
- Sleep disturbance.
- Social / occupational dysfunction.



## VII- SOMATOFORM DISORDERS

### 1- Somatization disorder:

- Characterized by a history of many physical complaints for several years resulting in doctor shopping and impairment in social/ occupational functioning. Complaints include multiple pain symptoms (headache, backache,....etc.).



## 2- CONVERSION DISORDER

CHARACTERIZED BY

MOTOR OR SENSORY AFFECTION  
THAT IS PRECEDED BY A  
PSYCHOLOGICAL CONFLICT OR  
STRESSOR.

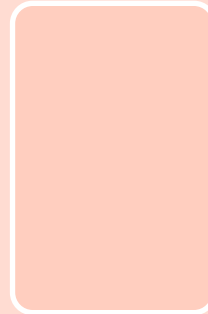
THE SYMPTOM IS UNCONSCIOUSLY  
PRODUCED AND CANNOT BE  
EXPLAINED ON MEDICAL/ ORGANIC  
BASIS.



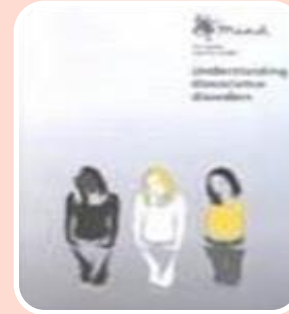
# VIII- Dissociative Disorders



**Dissociative  
amnesia:**



**Dissociativ  
e fugue**



**Dissociative  
identity  
disorders  
(multiple  
personality  
disorder)**



# VIII- DISSOCIATIVE DISORDERS

- **1- Dissociative amnesia:**

Episodes of inability to remember some personal information, usually of stressful nature, that cannot be explained organically.

- 2- Dissociative fugue:**

- A sudden unexpected travel away from home or work, with inability to recall one past.

- **3- Dissociative identity disorders (multiple personality disorder):**

The presence of two or more personality states that control person's behaviour alternately



# IX- PERSONALITY DISORDERS: (RARING)

Paranoid  
personality  
disorder

Schizoid  
personality  
disorder

Antisocial  
personality  
disorder  
(psychopathic

Histrionic  
personality  
disorder:

Obsessive-  
compulsive  
personality  
disorder





## Paranoid personality disorder:

A personality characterized by excessive **distrust** and **suspiciousness** of others without sufficient basis or justification.

## Schizoid personality disorder:

A personality extensively **detached** from social relationship, and has restricted range of expression of emotion.



## ○ Antisocial personality disorder (psychopathic):

A personality characterized by impulsivity, aggressiveness, irresponsibility, unreliability and failure to conform to social norms, as well as a failure to feel guilty about his misbehaving.

## ○ Histrionic personality disorder:

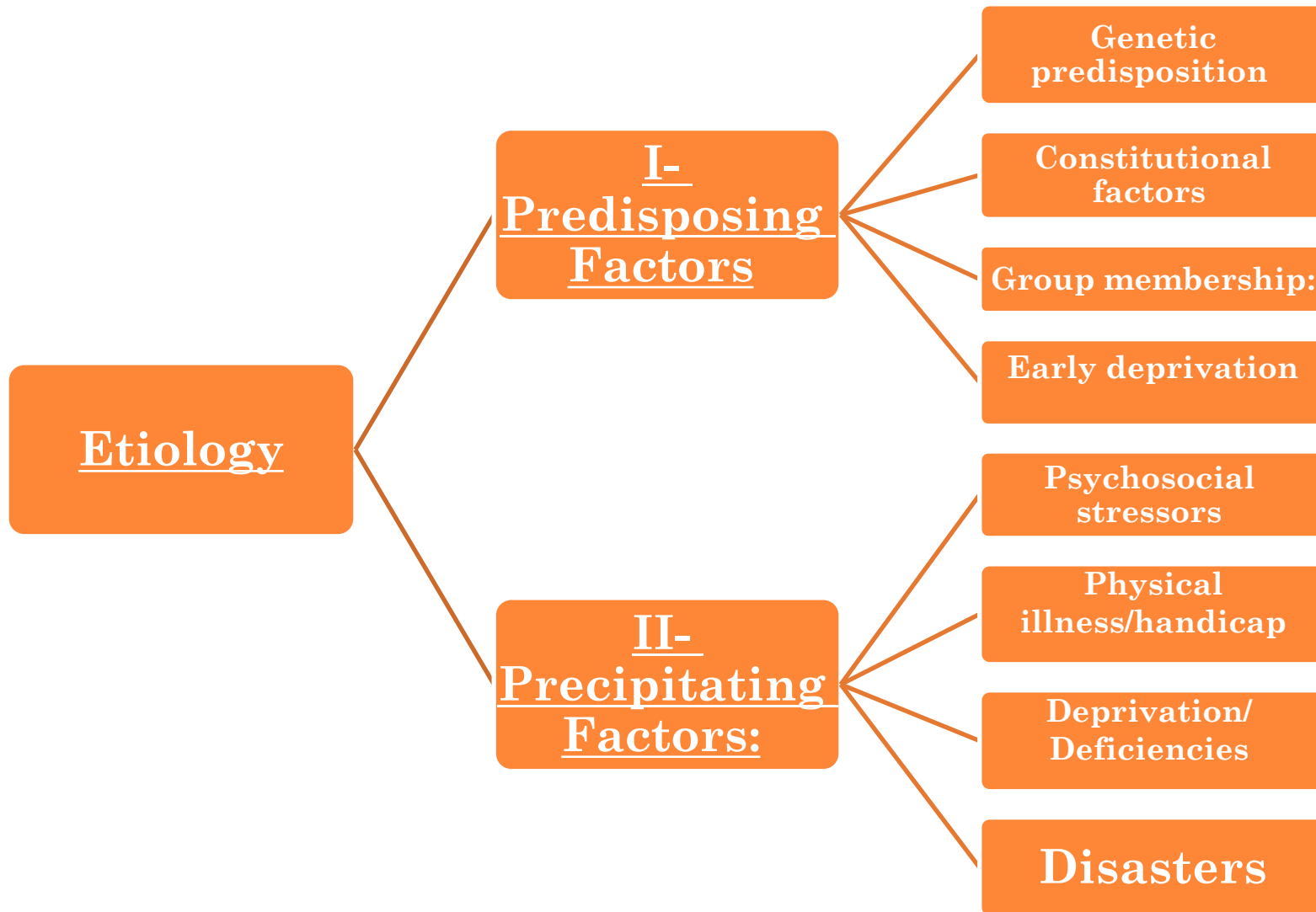
A personality characterized by excessive emotionality, attention seeking and suggestibility



# OBSESSIVE-COMPULSIVE PERSONALITY DISORDER

**A personality characterized by**  
preoccupation with **orderliness**  
**perfectionism** and mental and interpersonal  
control instead of being flexible  
open and efficient.





## - PREDISPOSING FACTORS:

### ○ 1- Genetic predisposition:

- a) **Faulty genes** may result in some mental disorders (mongolism) a common form of mental retardation, or degenerative disorder of the central nervous system.
  
- b) Genetic transmission has been reported in studies of bipolar depressive disorder).



## 2- CONSTITUTIONAL FACTORS

Having a congenital defect that is not accepted by the per later to mental health problems.

The newborn reaction pattern or temperament can influence infant reaction to affect his mental health later.



# GROUP MEMBERSHIP

**Sex:** Affective disorders, anxiety disorders, somatisation are more frequently diagnosed in women.

**Age:** Certain periods of life are considered of special vulnerable middle age, old age.

**Economic status:** A correlation between low economics of a number of mental disorders is found e.g. poverty, malnutrition, inadequate prenatal care and /or disorganized risk factors that predispose to mental illness. ○



## EARLY DEPRIVATION

Food deprivation will lead to chronic malnutrition leading to retarded physical and mental growth and lowered resistance to external stress.

Deprivation from human contact in infancy and early childhood can lead to chronic defects in cognitive and social functioning





## II- PRECIPITATING FACTORS

These are factors that directly preceded the occurrence of mental illness. They include:

- **Psychosocial stressors:**

Family events e.g. separation, death, etc.

Interpersonal difficulties (neighbours, friends).

Change in living circumstances (immigration).

Financial losses.

Occupational stresses.



# PHYSICAL ILLNESS/HANDICAP

- Distortion of body image (mastectomy) may disturb self concept and create negative feelings.
- Handicap may lead to feelings of helplessness, resentment and/ or depression.
- Toxins (internally /externally induced) may lead to organic mental disorders (delirium).
- Disease like syphilis, encephalitis, AIDS may produce mental symptoms (dementia).



## DEPRIVATION/ DEFICIENCIES:

- **Dietary deficiencies** may lead to symptoms of mental disorder (dementia).
- **Sensory deprivation** may lead to hallucinations.
- **Deprivation of sleep** will lead to temporary mental and personality changes.
- **Deprivation of sunlight** may trigger depression in predisposed persons.



# DISASTERS:

Most people experience either short or long term reactions to disasters like accidents, fires, earthquakes and wars.



# THANK YOU

