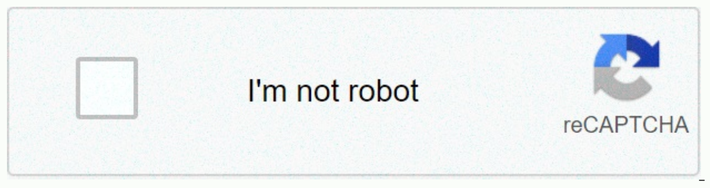

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Psychiatry cases for medical students pdf

Complete a competent diagnostic interview, outline predisposing risk factors, precipitating and perpetuating for a case formulation, and perform a brief physical examination on a patient with an eating disorder. The slides describe evidence-based management of anorexia nervosa and bulimia nervosa. Volume 141, August 25, 2014, Pages 1309-1314undergraduate psychiatry studentscollaborative training environmentElectronic Medical Records;Download full text in PDF There is nothing I love more than a good psychiatric case study book. I've included five of my favorites below, but let me know if there are any of the good ones I missed. Enjoy! Case Studies in Abnormal Psychology Case Studies in Abnormal Psychology, leads mental disorders from the realm of theory to the complex reality of human life. This case book features comprehensive coverage of 23 high-interest cases that include topics such as eating disorders, gender identity disorder, borderline personality, and post-traumatic stress disorder. Each study (1) provides detailed descriptions of a number of clinical problems, (2) illustrates some of the ways in which these problems can be seen and treated, and (3) discusses some of the available evidence on the prevalence and causes of the disorders in question. Clinical Cases DSM-5 Clinical Cases DSM-5 Clinical Cases is a versatile volume designed to be used in a variety of contexts and for an audience that includes teachers, students and clinicians. This book brings DSM-5 to life through engaging narratives of each disorder. Faithful to the new edition, the book emphasizes the diagnostic concerns of gravity, dimensionality, culture, age and development and gender. Each case is presented by a specialist who concludes with a discussion about the context of the diagnosis. Anyone interested in understanding the interface between disorder classification and patient diagnosis will find the DSM-5 Clinical Cases attractive, engaging and enlightening to read. Casebook of Psychosomatic Medicine A whole book of psychosomatic medicine case studies! I know, right! Psychosomatic medicine is typically practical through the subespesa of consultation-binding psychiatry. An invaluable contribution to the field, the Casebook of Psychosomatic Medicine describes psychiatric symptoms and/or diseases managed by the psychiatric provider of consultation-liaison in collaboration with other medical colleagues. This book presents a wide range of cases illustrating the medical, psychosocial and intertwined situations that mental health physicians are likely to encounter in an academic medical center environment. Case Files: Psychiatry presents sixty real-life cases that illustrate essential concepts. Each case includes full discussion, clinical pearls, references, key term definitions, and review questions with detailed explanations of the answers With this system, you will learn in the context of real patients, rather than just memorizing facts. Case Studies in Case Studies in Psychotherapy effectively combine powerful classical and contemporary cases to give life to concepts and practices important in psychotherapy for students. Compelling new cases illustrating psychoanalysis, Customer-Centered Therapy, Existential Therapy, Interpersonal Therapy, Contemplative Therapy, and Therapy in a Multicultural context have been added to the collection of classic case studies from the previous edition by Albert Ellis, Aaron Beck and Peggy Papp. Share on Facebook Share on Twitter Share on Pinterest How can you assess your mental state? Dental abscess untreated Generalized Diseases Note of disease Obsessive rituals, but do not want medication Have a heart attack Childbirth care for depression in primary care Raw hands with unresponsive washing in the emergency department Bipolar Disorder Psychodynamic therapy Never felt better Pains and pains and loss of interest Constantly voices comment on everything I do I just smoked a little Cannibis and took a couple of Es Beliefs unusual day used to keep my problems at a distance Paracetemol overdose Spider phobia Deja vu and amnesia Auto harming, misuse of volatile substances and relationships My husband does not let me leave Intensely fearful hallucinations Flashbacks and nightmares Ataxia Unexplained medical symptoms: this pain just does not go away Can not concentrate after your daughter died Something is not right overdose of tricyclic antidepressants Suicide risk assessment Paranoia with movement disorder My nose is too big and ugly I can section it to make her do it accept Uninhibited treatment and behaving strangely Transference and against transfer Depression progressing to mioclonus and dementia Bulimia nervosa - Constipation fever, muscle stiffness, mental confusion 'Alien impulses' and risk to others It seems that the room is changing shape Unable to open my fists Intense epilepsy fatigue and symptoms of psychosis I'm helpless I love him but I do not want sex Treatment of heroin addiction Exhibitionism Fast tranquilizer Palpitations Thoughts of killing your baby My baby My wife is having an affair A man in police custody Chasing an angry man Treatment depression resistant to treatment schizophrenia resistant to treatment Low mood and tired all the time A deeply deaf man 'auditory voices' I'm sure I'm not well Repeating the same story over and over again Progressive cognitive deterioration step-wise Seeing flies on the ceiling Cognitive impairment with visual hallucinations Paranoia - my wife is poisoning my food Acute agitation in a patient hospitalized doctor Woman no is eating or drinking anything A restless postoperative patient who will not stay in bed Parkinson's disease She is refusing treatment. Her decision is wrong. She Should Be Mentally Ill Depression in a Caregiver wife is an impostor Marked tremor, getting worse He can not stand socially isolated Killed his friend's hamster and in trouble all the time Anorexia Cutting on the forearms Feelings of of Intense feelings of uselessness Seeing things that are not there Separation anxiety Getting behind the couch She will not say anything in school Tics and checking behaviors Do not eat, move or talk Attachment disorder Tantrums Gender identity disorder Blood in urine in a healthy girl Child protection He does not play with other children Problem in the classroom Restlessness A man with Down Syndrome is not dealing with strange behavior in a person with Syndrome Down Learning difficulties, behavior problems and repetitive behavior Malaise and high blood pressure Compulsive and aggressive behavior in a man with Down PAGE 1 PAGE 2 syndrome Depression is one of the most commonly diagnosed mental disorders among adults. Our understanding of the course and nature of depression has changed significantly in the last 15 years. Depression was previously seen as an acute and self-limiting disease, but is now recognized as a lifelong chronic disease. The prevalence of depression is worrisome, leading to significant morbidity of the patient, increased mortality and substantial costs for both health and social care [1]. This case report follows a series of online interviews with Joanna (a pseudonym for confidentiality purposes), a 53-year-old college man, part-time accountant, highlighting a number of areas that I found thought-provoking and the reflexive mental health associated with and the well-being of medical students in general. Is depression common in medical students? Joanna was first diagnosed with chronic depression in her teens and struggled with it for most of her adult life. Studies have shown that up to 50% of those recovering from a first episode of depression have one or more additional episodes in their lifetime, and approximately 80% of those with a history of two episodes with another recurrence [2]. Once a first episode has occurred, recurrent episodes will usually begin within five years of the initial episode, with five to nine separate depressive episodes in their lifetime [3,4]. This correlates positively with Joanna, who has had four episodes. Joanna revealed that she tried to take her own life last year, which took me by surprise, and it was something I wasn't prepared for. This correlates with published research. A recent systematic review, which included 28 publications, found that factors that significantly increase the risk of suicide include: male gender (OR=1.76, CI95=1.08-2.86), family history of psychiatric disorder (OR=1.41, CI=1.00%-1.97), previous suicide attempt (OR=4.84, CI 95% =3.26-7.20), more severe depression (OR=2.20, CI95=1.05-4.60), hopelessness (OR=2.20, 95% CI=1.49-3.23) and ate, including anxiety (OR=1.59 , 95% CI =1.03-2.45) and alcohol and drug misuse (OR=2.17, 95% CI =1.77-2.66) [5]. We often read media about doctors taking their own lives, which provoked me to reflect and research. A recent systematic review that included 167 167 studies [n= 116 628] and 16 longitudinal studies [n= 5728] from 43 countries showed that the total prevalence of depression or depressive symptoms in medical students was 27.2% (37,933/122,356 individuals; CI 95%, 24.7% to 29.9%, I2 = 98.9%). In the 9 longitudinal studies that evaluated depressive symptoms before and during medical school [n = 2432], the mean absolute increase in symptoms was 13.5% (range, 0.6% to 35.3%). The percentage of medical students who tested positive for depression who sought psychiatric treatment was only 15.7% (110/954 individuals; CI 95%, 10.2% to 23.4%, I2 = 70.1%). The prevalence data of suicidal ideation were extracted from 24 cross-sectional studies (n = 21 002] from 15 countries and the total prevalence of suicidal ideation was 11.1% (2043/21 002 individuals; 95% CI, 9.0% -13.7%, I2 = 95.8%) [6] A survey of more than 4,300 doctors and medical students in the UK showed more than a quarter (27%) of the interviewees reported having been diagnosed with a mental health condition at some point, and 40% of the interviewees reported currently suffering from a wider range of psychological and emotional conditions [7]. At the annual meeting of representatives of the British Medical Association (BMA) in Brighton, UK (2019), members approved a motion calling for more research into the types of mental health problems experienced by medical students and to improve the services available to them. The motion also calls for awareness of mental health and the promotion of self-care practices to be a central part of the curriculum, and that students' health services should provide extended working hours for those who study medicine, who often fail to meet a schedule of 9 to 5. Symptoms of anxiety are related to depressive symptoms and is this common in medical students? Most people think of symptoms of depression related to continuous low mood or sadness, feeling hopeless and forsawed, having low self-esteem, feeling tearful, full of guilt, irritable and intolerant to others, without motivation or interest in things, finding it difficult to make decisions, not taking any pleasure from life, feeling anxious or worried, having suicidal thoughts or thoughts of hurting [8]. Although Joanna described many of the traits above, she also described what she called her sixth sense, almost as an aura and recognized the impending sense of destruction. She described this as symptoms of worry and anxiety, feeling anxious about her work as an accountant, how she would cope, how it affected her mental health, constant ruminations. She recognized this as a consistent factor throughout her relapses, demonstrating a complete understanding of one me. She described how she will be aware of the impending relapse, complicated by feelings of complete and incapable isolation self-management measures to get out of a severe depressive episode. She had previously worked full-time for a reputable accounting firm, but had had resigned himself part-time, self-employed. Research studies have consistently documented extensive comorbidity between anxiety and depression [9]. The main depressive disorders co-occur substantially with anxiety disorder, at much higher rates than with other diagnostic categories, such as substance use disorder or impulse control [10,11]. In addition, anxiety living with depression has been shown to have negative implications beyond the impact of each individual disorder, including poorer prognosis, academic difficulties, suicide risk, lower quality of life and worse treatment outcomes [12,13]. This clearly has significant implications for Joanna. This made me reflect on anxiety symptoms in medical students, which I know are common and clearly this is a precursor to other mental health problems, whether simultaneously or developing them in the long run. A recent systematic review that analyzed just over 40,000 medical students showed a prevalence rate of anxiety symptoms of 33.8% (95% confidence interval: 29.2-38.7%), more prevalent among medical students from the Middle East and Asia [14]. In addition, in a study conducted by De Sousa et al, medical students had a significantly higher prevalence of anxiety (p = 0.034) compared to other students. More worryingly, 59.6% (n = 96) of students with generalized anxiety symptoms and 46.4% (n = 13) of students with depressive symptoms did not seek medical or psychological care at the time [15]. Do certain parental relationships increase the risk of developing depression in adolescence? Relatively early, I concluded that Joanna prides herself on being fiercely independent, admitting that although when she sees her mental state deteriorating, she disfavors herself from her family, in addition to her sister, for support. Joanna spoke about her traumatic and unstable parental relationship from childhood to adolescence, which in turn resulted in the deterioration of her own relationship with her mother. A recent systematic review and meta-analysis concluded that parental factors that include less heat, more conflicts between parents and over-involvement increased the risk of depression and anxiety in adolescents [16]. This is extremely relevant, Joanna told me that this was the dominant and threatening thinking during the Christmas period. It was clear to see that although a fiercely independent and strong woman, significant unresolved events in childhood can cripple an individual if left long enough, returning to cause distress and influence thoughts in adulthood. My naïve prejudice was that most people experience stable family networks from childhood onwards, and always have one to turn to in times of discouragement. However, in reality it is quite the opposite, this is something I took for granted, and I did not gain the vision if I wasn't able to talk to Joanna this way. In reflection and going forward, I'll be considerate in asking patients if have a family network that they can turn to for support and love, while experiencing something as debilitating as mental illness. Interestingly, although I have not found published studies, talking to fellow medical students, many have felt that over-involvement of parents is a common theme among students and whether this correlates with higher rates of anxiety in medical students requires further evaluation. Is there any intervention to support anxiety for medical students? There are a number of self-help interventions that have been demonstrated to help reduce general symptoms of anxiety, which include regular exercise, breathing techniques to help you learn to relax while avoiding stimulants (alcohol, caffeine smoking), joining support groups and more online specialists Cognitive Behavioral Therapy (CBT) [17]. When I discussed this with Joanna, she talked about a series of simple breathing exercises that she had been taught to help her, allowing her to focus on being present at that time, which she found particularly helpful, and suggested that this could be useful for medical students as well. Mindfulness, the process by which current sensations, thoughts, emotions and experiences are met in a non-critical way [18] has been reported to exert beneficial effects on health and well-being, both in non-clinical [19,20] and clinical [21]. and decrease rates of depression and anxiety [22-24]. More specific for medical students, a recent systematic review, which included 19 studies (1815 participants), a meta-analysis was performed evaluating the effect of mindfulness training on mindfulness, anxiety, depression, stress, mood, autoeficátência and empathy in health profession students. The authors concluded that mindfulness-based interventions decreased stress, anxiety and depression and improved mindfulness, mood, self-confidence and empathy and, therefore, should be integrated into professional health training programs [25]. The Department of Health website offers a very easy webinar to follow by Dr. Chris Williams [17]. In addition to significantly reducing the causes of mortality, regular exercise and physical activity reduce the prevalence of chronic diseases. There is strong evidence to support that 2-2.5 h of moderate to high intensity exercise per week is sufficient to reduce the risk of a chronic disease. Numerous epidemiological studies have shown that exercise improves self-esteem and a sense of well-being. Individuals who exercise regularly have slower rates of age-related memory and cognitive decline compared to those who are more sedentary. Such observations provided the basis for the use of exercise to improve memory and cognition. Adults who practice regular physical activity experience depressive and anxiety symptoms, thus supporting the notion that exercise offers a protective effect against the development of mental disorders [26]. When talking to Joanna about her medical and social, social history, was not an integral part of his daily routine. I said the next best intervention was to encourage Joanna to engage in a form of physical activity. Unfortunately, when I suggested this, Joanna bravely admitted that she struggled a lot with body image, exercising as a group was an inconceivable task that she tried to address for many years in the past without success. Reading this I felt upset and guilty of having triggered a sensitive subject, and bringing exercise made Joanna 'feel sad'. Joanna then went on to tell me that she feels she is best suited for a more creative perspective, describing how she wishes to join a 55+ painting group next year as this allows her to express herself without replacing the limits of her insecurity. It made me feel like I wasn't really helping, Joanna had proposed her own lifestyle management plans instead of us suggesting a new intervention! However, in reflection, it is important to realize that some patients can already be very proactive in managing their own mental health, and like Joanna, manage to lead a relatively symptom-free life, because of the use of interventions that work for the individual. In fact, singing and painting interventions have been demonstrated to reduce pain and improve mood, quality of life and cognition, with differential effects of painting for depression and singing for memory performance [26]. In reflection, I think it is very important to recognize that, although, as a health professional, it is essential to explore possible lifestyle changes first, sometimes there are deeper reasons why patients do not feel

comfortable seeking particular interventions. The best approach is to ask the patient what is the next best step, allowing him to lead the consultation, and as a doctor to be there to offer guidance and support, rather than simply marking a list of explored options. There is no design when it comes to treating mental health, and each patient should be treated individually. At the University of Leicester alone there are more than 250 Student Groups - from Hiking to Book Club, Erasmus and Exchange to eSports, Basketball to Volleyball. They even announce that if there's nothing you're interested in – you can always start your own! So the importance of this is to be involved with something rather than noticing to help relieve the everyday stress of medical school teaching. Abstract In conclusion, meeting Joanna has been an invaluable experience, allowing me to reflect on how her symptoms relate to the mental health and well-being of medical students. There is a high prevalence of anxiety and depression among medical students and, only in those with anxiety symptoms, the risk of developing other long-term mental health symptoms is high. The mental health and well-being of medical students have been recognised by the BMA and to include mental health awareness and the promotion of practices as part of the main curriculum, and that students' health services should provide extended opening hours for those who study medicine, who are often unable to meet a schedule of 9 to 5. Above all, however, there are many simple elf help interventions that can help reduce the general symptoms of anxiety. Medical students should be more encouraged to participate in university societies and extracurricular activities. Activities.

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