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PSYCHOLOGY SHEET

Disorders of memory, thinking, intellect, motion -

will sphere, emotional disorders.

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MEMORY

Memory goes through three steps: 1- registration. 2- retention. 3-recall. for example when I study and I get the information for the first time this is called registration but when I repeat the information this is called retention but when I remember the information in the exam this is called recall. is considered by psychologists as kind of activity, which provides memorizing, keeping, retention, forgetting. It gives opportunity togather the information and on basis of experience to use it later.

Types of memory:

1st classification:

- figurative possibility to memorise figures according to sense organs.
 - Kinesthetic sequence, formule of actions.
 - Emotional memory

2nd classification:

Short –term memory& Long - term memory

The problem may be in long term memory or in short term memory or in both —> if be in both we called this state total amnesia.

Disorder of memory

Quantative disorders:

Hypomnesia decreasing of memory. (the ability of patient to remember is little)

Hypermnesia increasing of memory. (The ability of patient to remember high)

the hypermnesia is considered disorder because in this case the patient be unable to forget the tragic events in his life.

Amnesia – loss of memory 🚫

Amnesia = total amnesia loss both long and short term memory.

Disorder of memory

Qualitative disorders:

Fixative amnesia - loss of capacity to memorize new or certain events. Previous events are kept in memory.

-The problem in fixative amnesia is in the registeration, where that the patient is unable to get any new information.

Amnestic disorientation - one of the main components of Korsakoff's psychosis, as a resultof brain trauma, atherosclerotic changes, poisoning by CO2.

Amnestic disorientation: the most repeated cases in alcoholic people as complication of alcohol drinking which cause thiamine (B1) deficiency, which causes korsakoffs psychosis which leads to amnestic disorientation.

Disorder of memory

Retrograde amnesia – loss of memory on events which tookplace before psychosis or disease. Could be on few seconds, minutes, months, years.

Retrograde amnesia which happening when patient is remember what happened in the accident and what happened after it but he forget what happened before the accident.

This disorder may be temporary or permanent.

Anterograde amnesia. - on the events, which took place after psychosis or disorder of consciousness.

The patient remember what happened in the accident and before it but he forgot what happened after the accident.

Maybe temporary or permanent.

Retroanterograde amnesia. - before and after psychosis.

The patient remember what happened during the accident just but he forgot what happened before and after the accident.

Maybe temporary or permanent.

Total a.

Amnesia = total amnesia loss both long and short term memory Fragmentive amnesia. – this is the amnesia that happens during delirium like after general anesthesia.

This amnesia is temporary.

Note: delirium is acute but dementia is chronic.

e.g. You visit a patient in hospital after an operation. After a week you repeat the visit, yet the patient forgot the previous visit due to low concentration during anaesthitic effect.

Specific alcoholic amnesia. For its precursor could be special sign forearly alcoholism. Its a loss of memory on some details during alcohol drinking.

Disorder of memory

Affectogenic amnesia. – connected with stress, psychotrauma. During pathological affect, twilight disorder of consciousness.

-is the amnesia which caused by emotional trauma.

One can find amnesias during disorders of consciousness :somnolence, sopor, coma, during twilight conditions, pathologialaffects, intoxications, vascular diseases, after traumas, epilepsy, ECT.

العلاج بالصدمات الكهربائية ECT: Electroconvulsive Therapy

ect: exposing the patient to epilepsy by electric shock on brain which needs to general anesthesia.

Pseudoreminiscence – disorder of events localization in memory, "illusions of memory". Gaps in memory are filled with events which took place in life this leading to gap in the patient's words which filled by events took place in his life.

Confabulations – pathological pictures, with which "amnesticwindows" are gap in the patient's words which filled by events never happen in their life.

Progressive amnesia – gradually decreasing of memory.

Ekmnesia – events from the past are feels as present

Disorders of form of thinking:

Rigidity - complicated change of one topic to another, long fixation on first association. Language is slow. Patients with epilepsy retardation.

-the patient is fixed on a fixed subject.

لما يكون الحديث عن الأجهزة والإلكترونيات أمام المريض، فجأة المريض ببلش يتكلم عن الكمبيوتر والبرمجة وكل ما نحاول نغير الموضوع برجع يحكي في الكمبيوتر والبرمجة.

Sperrung – episodically appearance of mental blocking, full stop of thinking. Patients speaks, during conversation shut up on few minutes, after that begin to speak again."emptiness appeares in my head, as someone cut off my thinking". Consciousness during it is not disordered. During schizophrenia. (Gap without being filled with words)

المريض كان يتكلم عن حدث صار معه أيام الجامعة، وبنص الحكي وقّف وبطّل يكمّل، ولما نحاول نحاوره ونرجعه للحكى بضل ساكت.

Obsessive----overvalued ideas(the exaggeration of things) - - delusions (false fixed believe)

Productive disorders of thinking.

Obsessive(وسواس) could be thinking, fears (phobias), movements.

Examples to explain these three words:

- 1. Obsessive: A woman who has grown some hair on her face and thinks she is going to be a man.
- 2. Delusions: false fixed believe like the patient thinks his the strongest person in the world.
- 3. Overvalued ideas: a patient with superficial wound on his hand he go to clinics and to hospitals to treat this small wound.

Overvalued ideas - when for some fact a very special meaning is given, but there must be a real beginning.

Dysmorphophobias -the patient thought he has a problem in his shape for example a girl she thought her obese where as her weight is 40kg like what happens in anorexia nervosa patients.

which are comes into dysmorphomanias – they are sure that have physical insufficiency, bad smell, think that people are watching on them, discuss them, its accorded by bad mood. One of its syndroms is "anorexia nervosa". Mostly at girls

• Delusions - untruthful thinking, which could not be corrected by any chance, appear on sick basis. Delusions are most often defined as <u>false</u> <u>fixed beliefs</u> that cannot be corrected by reasoning.

At first person is over whelmed by anxiety and is not able to distinguish what is inside (thoughts) from what is outside(reality). Therefore, a delusion may stimulate behavior for dealing with confusion and the resulting anxiety. When delusional, a person truly believes what he or she thinks to be real <u>is</u> real.

Types of delusions

محور الكون – Ideas of reference

misconstruing trivial events and remarks and giving them personal significance. Ex.: When Maria saw the doctor and nurse talking together, she believed they were talking against her. When she heard on the radio that a hurricane was coming she believed this to be a message that harm was going to befall her.

The ideas of reference is a type of delusion where the patient see any person talking talks about him.

(شكاك): (افكار الاضطهاد) (افكار الاضطهاد)

the false belief that someone is singled out for harm by others; this belief often takes the form of a plot by people in power against theperson. Ex.: Same belief that the secret service was planning to killhim. He became wary of the food he ate, since he believed that the secret service was poisoning his food.

Ideas of grandeur(افكار العظمة) the false belief that one is a very powerful and important person. Ex.: Sally believed that she was Maria Magdalene and that Jesus controlled her thoughts and was telling her how to save the world.

Somatic delusions – the false belief that the body is changing in an unusual way, e.g., rotting inside. Ex.: David told that his brain was rotting away other ex: the patient say him suffering from diabetes but in actually he is healthy.

وبعيش كانه مريض سكري وبمشى عحمية ..

Thought broadcasting, the belief that one's thoughts can be heard by others (e.g., "My brain is connected to the world mind. Ican control all heads of state thought my thoughts.").

يعتقد المريض ان الجميع يسمع افكاره

Thought insertion, the belief that thoughts have been inserted in toone's mind by an outside agency (e.g., "They make me think bad thoughts and are rotting my brain".).

يعتقد المريض ان افكاره زُرعت داخله وانها ليست افكاره

Thoughts withdrawal, the belief that's thoughts has been removed from ones mind by an outside agency (e.g., "The devil takes mythoughts away and leaves me empty.").

يعتقد الريض أن أفكاره قد شرقت من عقله.

Delusions of being controlled, beliefs that ones body or mind is controlled by an outside agency (e.g., "There is a man from darkness who controls my thoughts with electrical waves.").

يعتقد المريض ان هنالك من يتحكم بافكاره

Grandious ideas – all nature processes are goes on their will;

يشعر المريض أنه نبي أو مختار من بين الناس، أو حتى هو المتحكّم في مسار هذا الكون

Immortality idea – they beliefs them always lived and will liveforever;

يعتقد المريض انه مُخلّد..

nihilistic delusion.(The patient sure in absence of inner organs or all of his is absence or other people are absence like his father or absence of something) يعتقد المريض ان احدى اجزاء جسمه مفقود بشكل كامل، وعند مراقبته بالواقع يكون غير مستخدم لهذا الجزء ذراعه مثلا.

The difference between:

1) Lu ;somatic delusion; بالشخص يكون مقتنع إنه مشلول (مثلا) بدون سبب إنه مشلول (مثلا) ويقتنع ;conversion disorder إنه الشخص يصير معه حادث سيارة فيشعر إنه مشلول (مثلا) ويقتنع ;هيك على الرغم إنه سلم، أو إنه الواحد يسمع خبر وفاة أبوه فبطّل يشوف وانعمى.

conversion disorder is a psychological statefollows an accident (shock) to the patient makes him feel that he lose a sense.

The difference between nihilistic delusion and somatic delusion is important . (اعرف تميز بينهم.

Disorders of some kinds of thinking.

Unlogical thinking – process of abstracting, generalisation, selection of main part is disordered.

Ex: if you ask patient with unlogical thinking how do you go to school the answer will be unlogic for example may say for you he go to school by swimming.

ممكن تساله كيف رح تروح ويحكيلك بمركبة فضائية

Symbolic thinking – some symbol becomes some sign for patients, which are understandable only for them.

رموز خاصة فيه لا يفهمها غير المريض..

Neologisms – patients makes new words, which are understandable only for them.

لغة خاصة بالمريض

- Concrete thinking سطحی

implies overemphasis on specific details and an impairment in the ability to use abstract concepts. For ex.:during an assessment, you might ask what brought the client to the hospital. The client might answer "a cab" rather than explaining the need for seeking medical or psychiatric

aid. When asked to give the meaning of the proverb "people in glasshouse shouldn't throw stones", the person might answer, "Don'tthrow stones or the windows will break." The answer is literal; the ability to use abstract reasoning is absent

Other ex: when I say this exam is a piece of cake I mean the exam is very easy but the patient with concrete thinking will understand this sentence in the literal .meaning

Echolalia – is the pathological repeating of another's word by imitation and is often seen in people with catatonia.

Echolalia is the counterpart of echopraxia, mimicking the movements of .another, and is also seen in catatonia

بعیدکلام شخص معین Echolalia: speech imitation.

بعید حرکات شخص معین Echopraxia: movment imitation.

Clang association – is the meaningless rhyming (قافية)

of words, often in a forceful manner, example on the way that the patient speech by it "On the track.have a Big Mac.or get the sack," in which the rhyming is often more important that the context of the word.

Word salad – is a term used to identify a mixture of phrases that is meaningless § to the listener and perhaps to the speaker as well.It may include a string of neologisms, as in the following example: "Birds and fishes.framewoes.mud and ".stars and thumpbump going

The speech of the patient becomes like a salad (no word is related to other) and .no idea in the speech for example: cheese, gold, chicken, car, cat and hospital Flight of ideas – is a nearly continuous flow of accelerated speech with abrupt changes from topic to topic that are usually based on understandable associations or plays on words. At times, the attentive listener can keep up with the changes, even though direction changes from moment to moment. Speech is rapid, verbose, and circumstantial (including minute and unnecessarydetails). When the condition is severe, speech may be disorganized and incoherent.

.The patient is jumping from idea to idea before comleting the first idea §

Disorders of form of Emotion:

Hypotymia, hypertymia - depends on mood.

Hypopathia, hyperpathia – according to emotional background.

Hyperpathia – with pain tint, have unpleasant character, different from daily feelings.. (exaggerated pain)

The pain is weak but the patient appears with strong pain.

Hypopathia – in process of acknowledge, decreasing of feeling from inner receptors "became insensitive". (diminished response to pain)

The pain is strong but the patient appears with no pain.

Apathia – absence of emotional accompaniment in feelings, dissappearing of social feelings, but they are not reflected in patient's complains

No appearing on the patient if he sad or angry or happy. (no facial expression)

Hypertymia is seen in form of various symptoms – euphoria –without any
reason increased mood. Translated as "bring good". Itcan be seen at alcoholic
psychosis.

Hypertymia is seen with mania (the reverse of depression) i.e the patient being in a high mood.

Hyperbulia-higher activity, higher need in conversation, they are not tired, sleep is disturbed, main instincts are absent.

Increase the activity and movement of the patient also seen with mania.

Depressive syndrome – mood is decreased, bradyphrenia, hypobulia. it gain vital character – disappearance of sleep, appetite, sexual functions; feeling of pain, pressure – mostly in heart. Feelingof quilt appear, they begin to remember their previous life, fixatetheir attention on negative things, self-appraisal decreased, they can't concentrate, thinking and associative functions are decreased. Suicide ideations.

Typical symptoms of depression:

1. Little sleep. 2. Little eating. 3. Isolated. 4. suicidal thoughts.

Atypical symptoms:

1. Increase sleeping. 2. Increase eating

Anxiety – undifferential feeling of coming danger. Waiting of bad end.

-زي L يكون في عندك امتحان {العامل الخارجي } (stress) بتفكر هل راح يكون صعب وكم سؤال وكم نسبة هاي المادة وهذا هو ال(fear) بينما L يصير عندك تعرق ودوخة وزيادة النبض هذا بسميه ال(anxiety).

Fear – general, projective on modern time on life threat.

Fear is an intellectual process whereas anxiety is an emotional response.

Disorders of Will sphere:

Will sphere -> the patient be conscious to these disorders which he suffering from it.

Abulia – absence of motivation, passivity, motionless. It can be manifested by incapability to make decision.

Hypobulia – is manifested with hypodynamia (low movement), decreasing of impulses.

Hyperbulia – condition of increased activity, aspiration to immediately reaching of aim.

Dypsomania - impulsive drawing to drinking.

These patients are not addicted but they must drinks alcohol as psychological condition.

Dromomania – drawing to vagrancy, to change places.

These patients likes to change their places like their houses.

Pyromania - drawing to burn something.

Kleptomania – aimless steeling.

Myphomania – need in lie.

Koprolalia - unbreakable using of slang (bad words).

These patients must be using bad words.

Transvestitism – eager to wear cloth of opposite sex; more in females.

Pathology of psychomotorics.

Akinesia - absence of movements.

Catatonic stupor – accompanied with mutism, increasing of vital muscle tonus.

The patient takes a specific position that does not change (Like a frozen chicken).

Negativism – is equivalent to resistance. In active negativism, the person do the opposite of what they are told to do.

When people do not do things they are expected to do – passive negativism.

In the active cases there is an order and the patient do opposite to this order while in the passive cases the patient don't do things we expected he will do it like study when he has an exam.

"wax flexibility" or "catalepsy" – which posture we put them –they will take it, doesn't react on speech, doesn't to contradict on putting him in that posture, can stay for a long time. Can be accompanied with negativism – that he make opposite things.

The patient takes a specific position to one of his extremities but if I caught this extremity and move it will be moved .

Hallucinative stupor – under hallucinations.

Automatic obedience – a catatonic patient may perform, without hesitation, all simple commands in a robot-like fashion.

The patient do anything you told his to do it.

فَلرُبَّا اتَّسعَ المَضيقُ ورُبَّا ضاقَ الفَضا و لرُبَّ أمرٍ مسخطٍ لك في عواقبِهِ رِضاءُ۞

