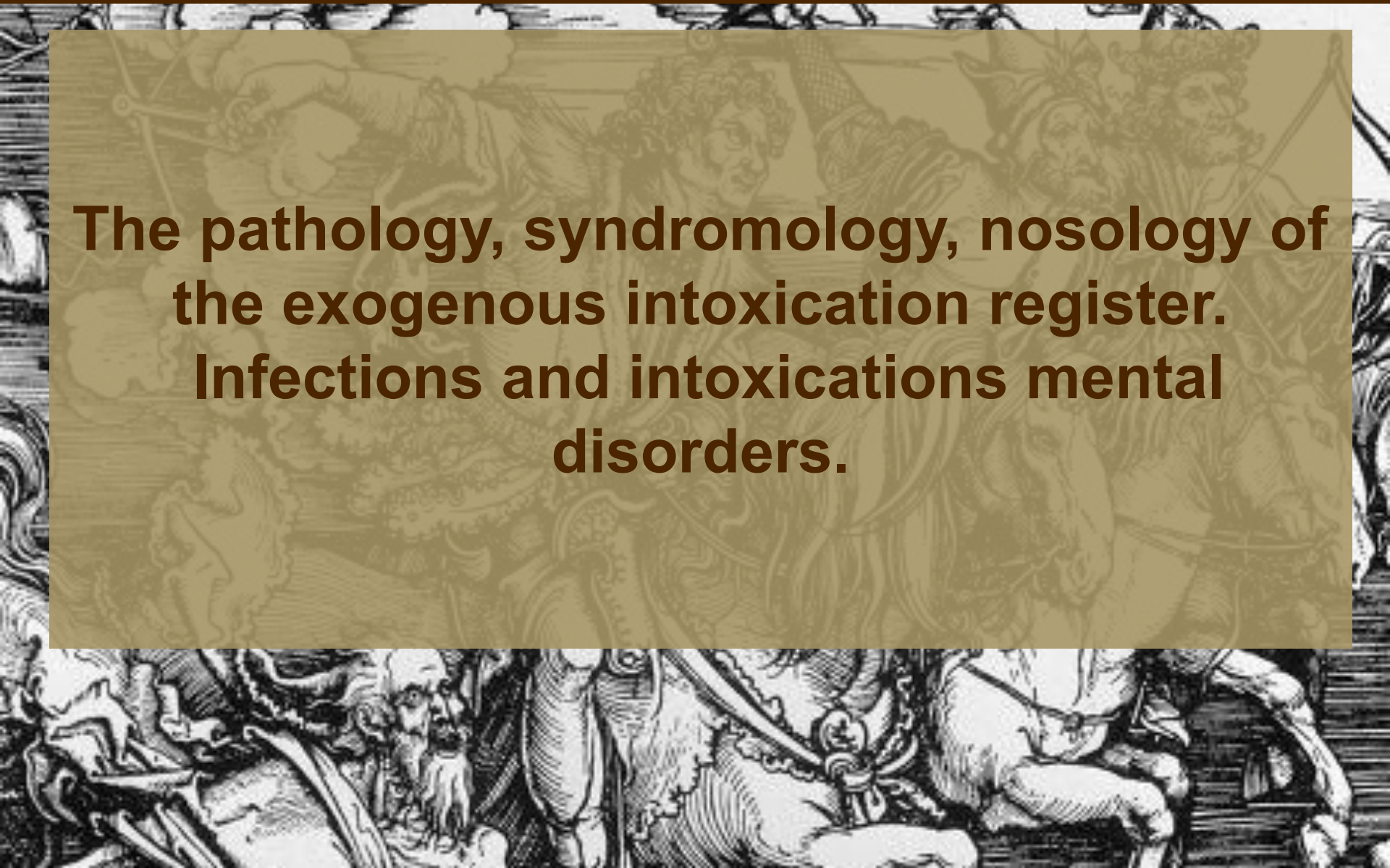


Zaporizhiv State Medical University
Faculty of psychiatry, psychotherapy, general and medical psychology,
narcology and sexology

**The pathology, syndromology, nosology of
the exogenous intoxication register.
Infections and intoxications mental
disorders.**



Exogenous psychoses

Exogenous psychoses are a group of mental disorders with the same clinical manifestations, course, outcomes and etiology. The etiological factor is an exogenous organic brain damage (infection, intoxication, traumatic brain injury, etc.)

лат.

exogenus

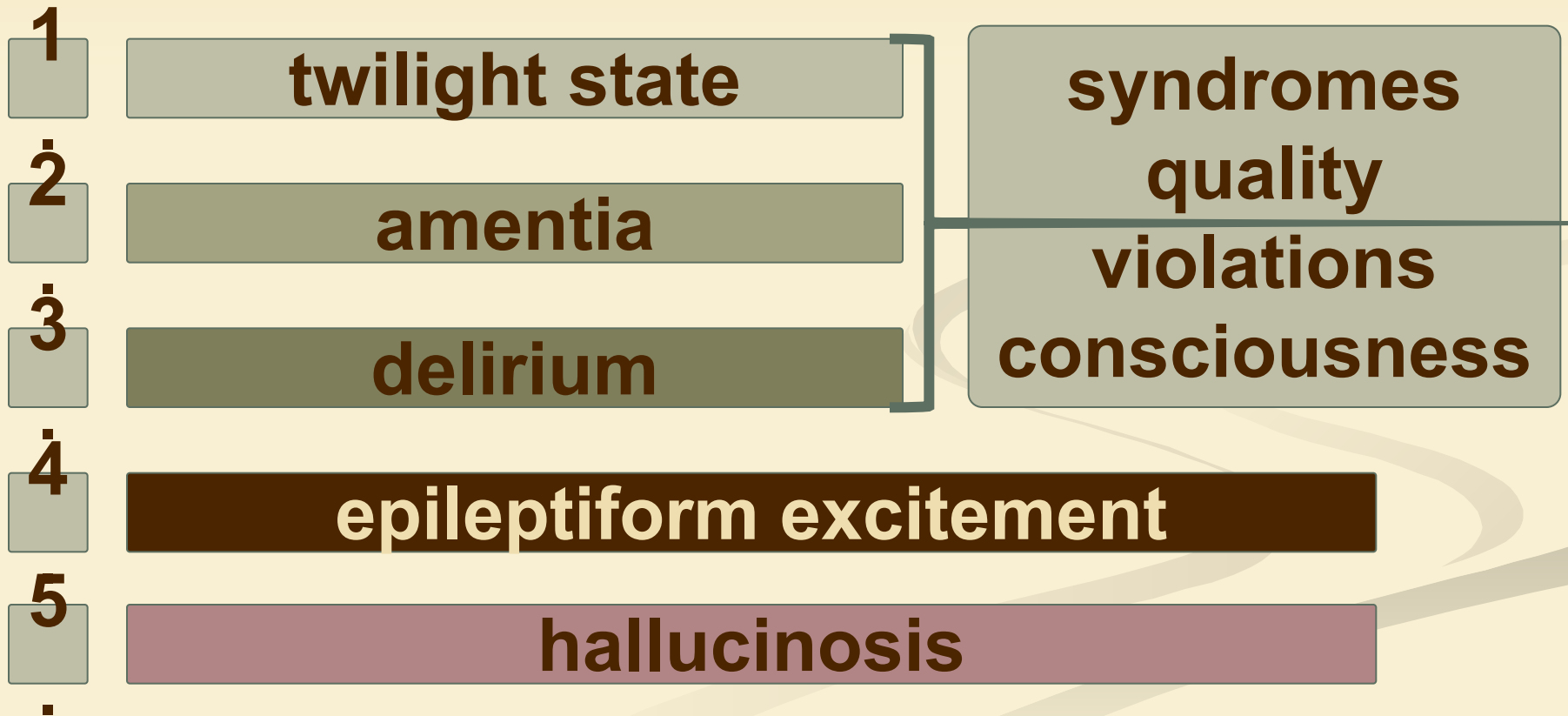
– out, outside

Exogenous reaction type (K. Bonhoeffer, 1910)

- the brain can react to a variety of external damaging factors by limited number of non-specific psychopathological reactions
- the same pathogenesis of the exogenous psychoses is identified by a limited set of constitutional adaptive responses that are associated with the features of the central nervous regulation, and the system reactivity state.
- the pathogenesis: sensitivity thalamo-hypothalamic area to toxins

Exogenous reaction type (K. Bonhoeffer, 1910)

At high intensities
and acute onset



Exogenous reaction type (K. Bonhoeffer, 1910)

With slow
and not massive exposure

1

asthenic syndrome

2

paranoid syndrome

3

depressive
syndrome

4

manic
syndrome

affective
infringement

Exogenous reaction type (K. Bonhoeffer, 1910)

Atypical syndromes

1

emotional weakness

2

**mood disorder
(dysphoria, euphoria)**

3

hallucinatory-delusional syndrome

4

hysterical disorder

5

anankastic phobic syndrome

Exogenous reaction type (Modern view)

- asthenic syndrome
- syndromes of impaired consciousness (qualitative, quantitative)
- Syndromes of disorders of perception ("organic hallucinosis")
- amnestic (Korsakoff's) syndrome
- emotional disorders
- anxiety disorders of organic nature
- hallucinatory paranoid syndrome
- catatonic disorder of organic nature
- convulsive syndrome (symptomatic epilepsy)

Asthenic syndrome



Anxiety disorders of organic nature



Psychoorganic syndrome



Emotional disorders



Hallucinatory-paranoid syndrome



Dore, Gustave: Jacob wrestled with the angel

COMA



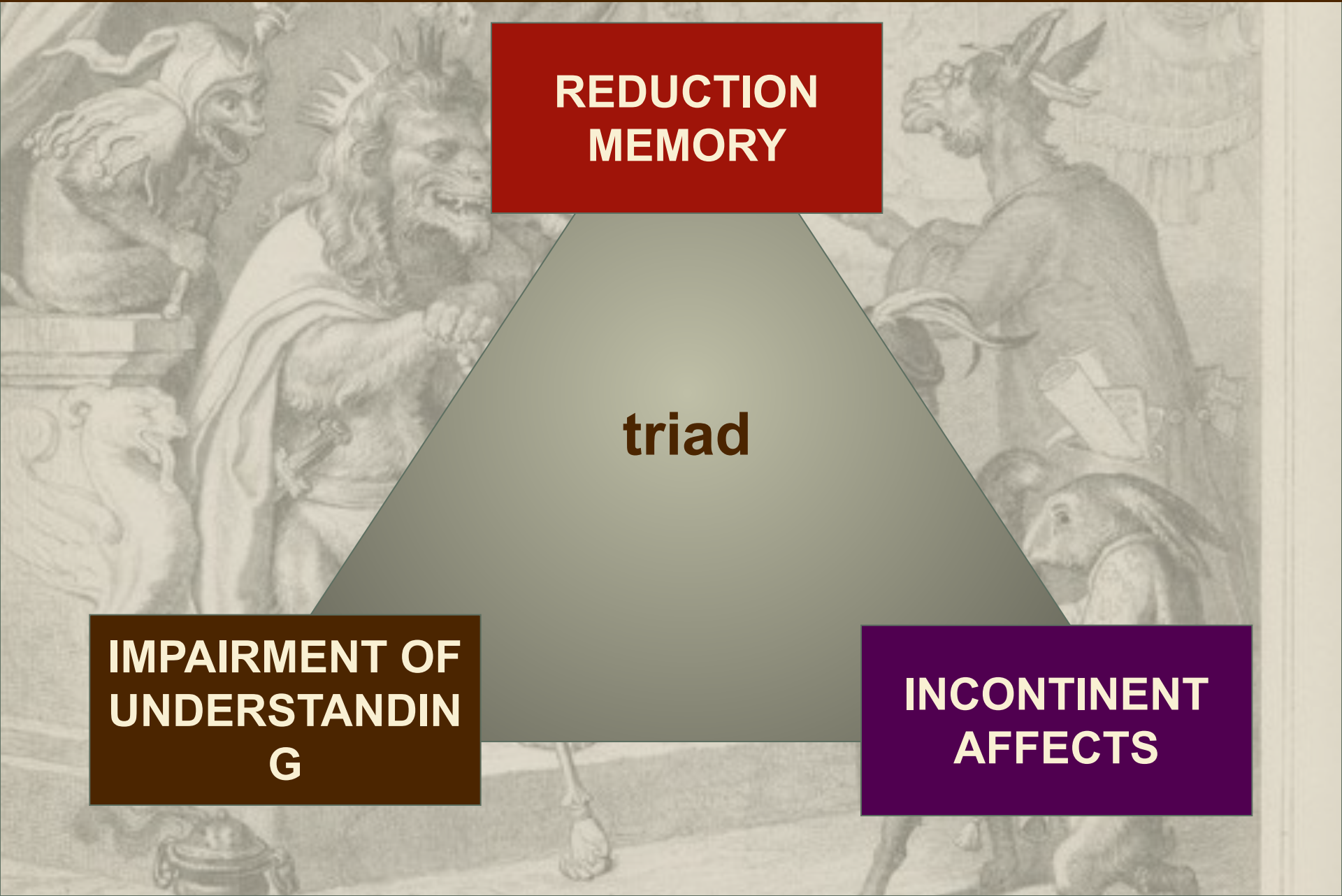
Psychoorganic syndrome

**REDUCTION
MEMORY**

triad

**IMPAIRMENT OF
UNDERSTANDIN
G**

**INCONTINENT
AFFECTS**



Diagnostic options psychoorganic syndrome

ICD-10

Organic neurosis-like disorders - organic emotionally labile disorder (asthenic), organic anxiety disorder, organic dissociative disorder (hysterical)

Organic disorder of personality - characterized by a significant change in normal behavior, dominated by emotional and volitional and behavioral disorders

Mild cognitive impairment - dominated intellectual and mental disorders, which, however, do not reach the degree of dementia

Dementia – pronounced intellectual and memory decline lasting more than 6 months (the criterion of severity: the inability to cope with their daily duties to serve themselves because of intellectual-mental disorders)

The types of psychoorganic syndrome depending on emotional disorders leading symptom

- ❖ **Cerebro - asthenia** accompanied by symptoms of organic pathology of the central nervous system (headaches, meteosensitivity, poor tolerance of alcohol and so on.)
- ❖ **Explosive** - irritability, aggressiveness, mood instability, tendency to dysphoria
- ❖ **Euphoric** - inappropriate fun, inappropriate jocularity, disinhibition, restlessness.
- ❖ **Apathic** - inactivity, lethargy, weakness, indifference to their fate and the fate of loved ones
- ❖ **Epileptiform** - symptomatic traumatic epilepsy

Korsakoff's syndrome

**fixation
amnesia**

**amnestic
disorientation**

**Anteroretrograde
amnesia**

**Paramnesias
(confabulation,
false memory
syndrome,
cryptomnesia)**

+

polyneuropathy

=

Korsakoff's disease

Exogenous intoxication register



**INFECTIOUS
PSYCHOSES**

- intoxication bacterial
toxins, decay products
of proteins

TOXIC PSYCHOSES

- intoxication exogenous
substances (alcohol,
narcotic drugs, technical
materials, metals, etc.)

Clinical picture of toxic psychosis

- symptoms of quality and quantitative disturbance of consciousness
- asthenic syndrome
- hallucinatory-delusional psychosis
- affective psychoses
- amnestic disorder, Korsakoff's syndrome
- psychoorganic syndrome

TOXIC PSYCHOSIS



INFECTIOUS PSYCHOSIS



Delirium



Oneiroid



INFECTIOUS PSYCHOSES



Symptomatic

- arise in common infectious diseases as a result of intoxication

Intracranial

- psychosis with infections that cause direct damage brain substance or its membranes (encephalitis, meningitis, arachnoiditis)

Infectious diseases can provoke the manifestation of endogenous psychoses (schizophrenia, bipolar disorder)

SYMPTOMATIC INFECTIOUS PSYCHOSES



ACUTE

(acute infectious diseases)

- Occur as a complication of the underlying disease during its height and appear transient dimming of consciousness (qualitative, quantitative)



PROTRACTED

(with protracted course of infectious diseases)

- Have a duration of 2 weeks to 2-3 months and end a long period of asthenia or replaced by more severe irreversible psychoorganic syndrome

DELIRIUM



INFECTIOUS DELIRIUM

dynamic variants

An initial delirium - preceded by symptoms of somatic disorders and occurs in the prodromal period. Most often this form observed in the presence of additional harmful factors in patients with asthenia, amid a general decline the body's defenses

Feverish delirium - occurs at the height of fever, during the height of the disease. Major factors in the pathogenesis of these cases is the intoxication associated with the intensity of the immunological conflict, as well as increased permeability of the blood-brain barrier at the height of the temperature of the reaction

Collapse-delirium - debuts during the critical temperature drop. Its pathogenesis is associated with abrupt changes in homeostatic balance and impaired adaptive capabilities of the central nervous system.

PROTRACED SYMPTOMATIC INFECTIOUS PSYCHOSES

- a) asthenic-depressive syndrome in the form of sadness, anxiety or apathetic depression, which is combined with severe asthenia, worse in the evening. Apathetic stupor develops in extremely severe underlying disease;
- b) depressive-paranoid syndrome is characterized by delusions of condemnation, self-blame, nihilistic delusions;
- c) hallucinatory-paranoid syndrome is accompanied by verbal hallucinations, illusions, delusions of persecution, reference, poisoning, ordinary content. Development of the phenomena of mental automatism is possible;
- d) asthenic-mania appears unproductive mania with inactivity, combined with severe asthenia disorders that sometimes resembles a mild alcohol intoxication;
- e) transitory Korsakov's syndrome is characterized by fixation amnesia, amnestic disorientation, pseudoreminiscences. After graduating from psychosis memory is restored.

Infectious intracranial psychoses

Neuroinfections

PRIMARY INFECTIOUS DISEASES OF THE BRAIN
(epidemic, Japanese encephalitis, parainfectious encephalitis - arising as complications of common infections: measles, flu, fever, mumps, etc.)

NEURORHEUMATISM

NEUROSYPHILIS

Clinical picture of brain infection depends on:

etiological factor

localization of the inflammatory process (shell or substance of the brain)

primary or secondary nature of brain damage

features of pathological processes in the brain (purulent or serous inflammation shells)

Mental disorders in primary infectious diseases of the brain

- ❖ Acute encephalitis any period is accompanied by various forms of impaired consciousness (different degrees of loss of consciousness from stunning to coma, confusion in the form of delirium, amentia, oneiric, twilight state)
- ❖ In the late period of tick-borne encephalitis often develop myoclonus epilepsy, anxiety and depression, at least - intellectual impairment
- ❖ Chronic stage of the epidemic (lethargic) encephalitis is characterized by phenomena of sleepiness, parkinsonism, bradyphrenia, slowness, difficulty in movement and mental processes.

"Preferably" syndrome in tubercular psychosis (K.A. Wangenheim)

- asthenic confusion
- paranoid-asthenic syndrome
- manic-depressive syndrome
- manic-asthenic syndrome

“Preferred” syndrome in pyogenic infection (K. A. Wangenheim)

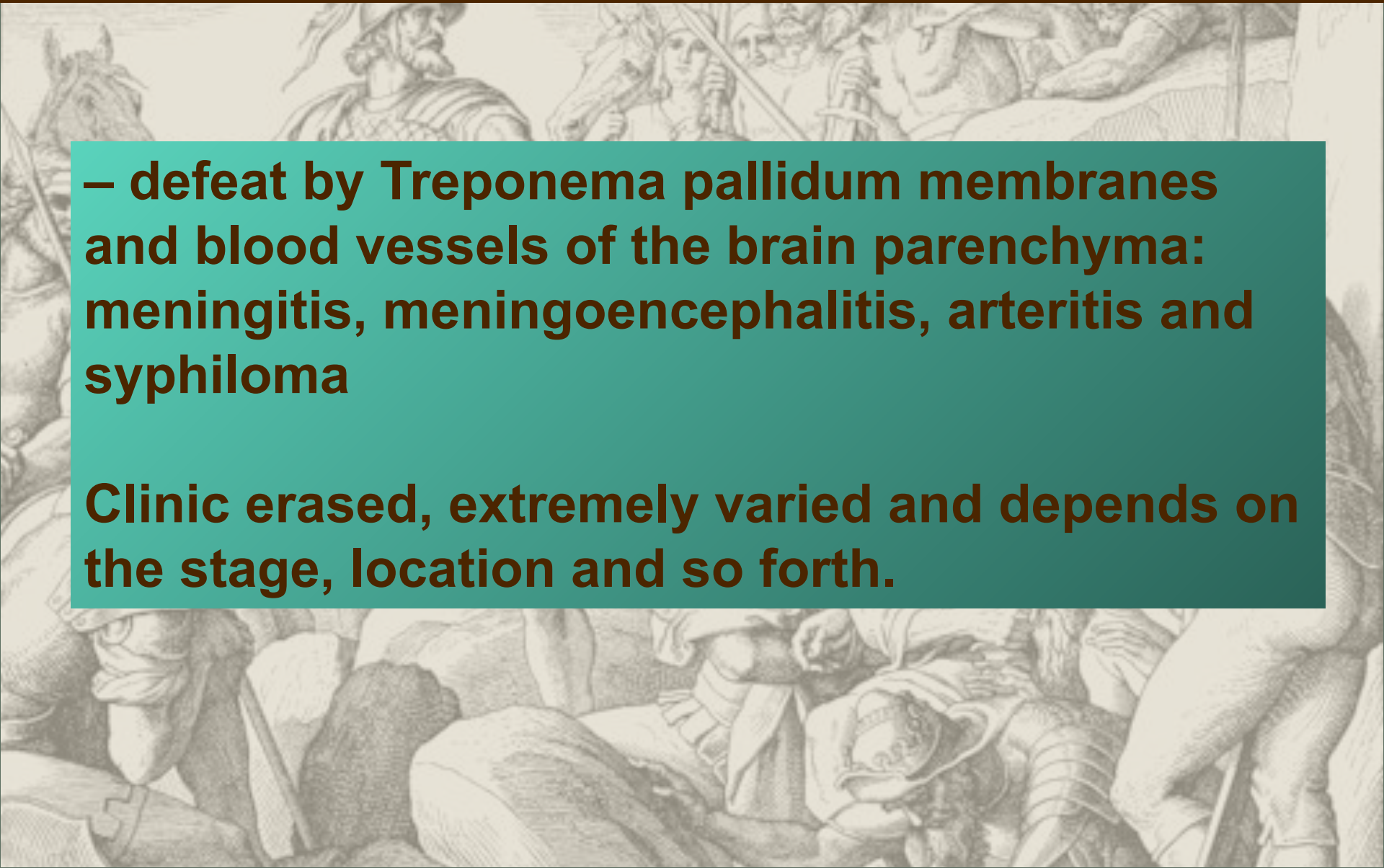
- amnestic syndrome
- disinhibition
- amentia, asthenic confusion
- catatonic-oneiroid syndrome
- hallucinatory-paranoid syndrome
- manic-asthenic syndrome

"Preferably" rheumatic syndromes in psychosis (KA Wengenheim)

- dementia
- pseudoparalytic syndrome
- disinhibition
- dream-like state, dream-like stupor
- catatonic-oneiroid syndrome
- hallucinatory-paranoid syndrome

NEUROSYPHILIS

(Secondary syphilis)



– defeat by *Treponema pallidum* membranes and blood vessels of the brain parenchyma: meningitis, meningoencephalitis, arteritis and syphiloma

Clinic erased, extremely varied and depends on the stage, location and so forth.

PHASES of NEUROSYPHILIS

I – syphilitic neurasthenia

II – meningitis or meningoencephalitis clinic - in their background - disturbances of consciousness, hallucinations, hallucinatory-delusional symptoms

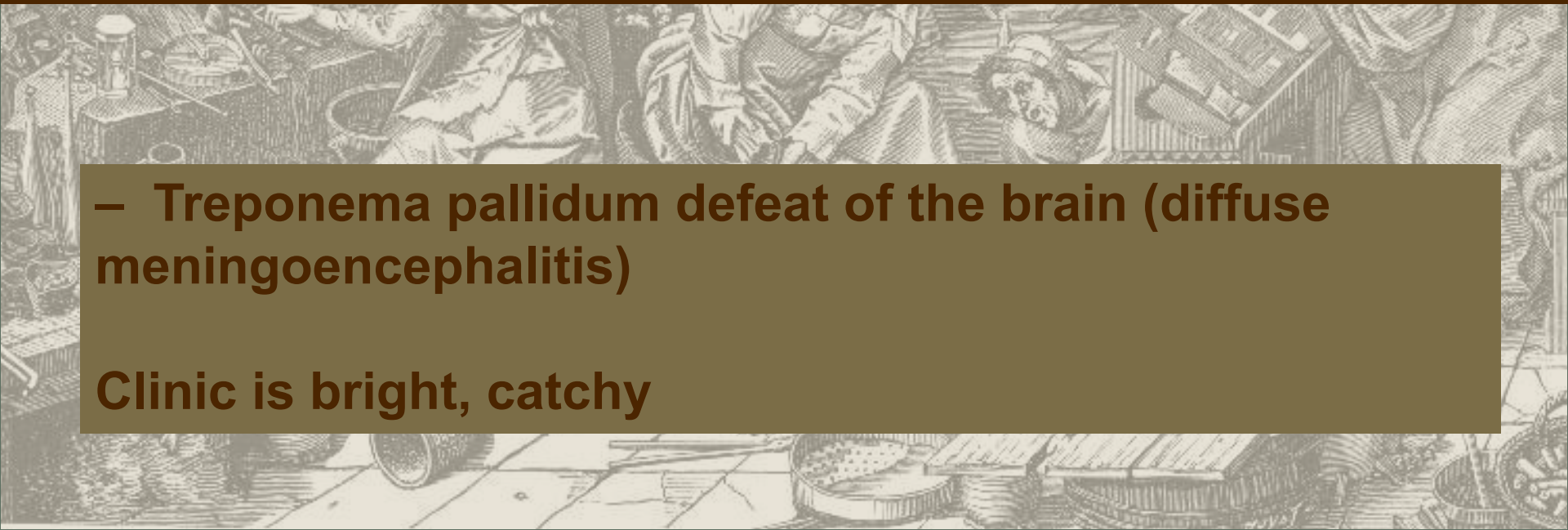
III - Clinic due to disorders of cerebral circulation and presence syphiloma - mental disorders are similar to mental disorders in vascular diseases and brain tumors

Cerebral syphilis (Tertiary syphilis)

Paralysis progressiva, dementia paralytica

Paralysis

(Illness A. L. Bayle, 1822)



– *Treponema pallidum* defeat of the brain (diffuse meningoencephalitis)

Clinic is bright, catchy

PHASES of CEREBRAL SYPHILIS

- initial (neurasthenic) stage

- stages of the disease - the growing changes in personality and behavior: lost moral and ethical standards, constant euphoria, carelessness, ridiculous delusions of grandeur and wealth

- stage of total dementia - paralytic syndrome - total dementia with euphoria, complacency, a sharp decline in criticism absurd delusions of grandeur and wealth (refer to themselves as presidents, emperors, army commanders, talk about their great riches) Dress brightly, lost sense of tact, sloppy, do not watch their appearance, eat with their hands, take other people's things, are irritable, aggressive. In the later stages – apathy.

FORMS OF CEREBRAL SYPHILIS

- simple
- expansive
- depressive-hypochondriac
- hallucinatory-paranoid
- Lissauer's paralysis
- taboparesis



**Expansive form
Unknown patient**

THANK YOU FOR YOUR
ATTENTION!

Mental disorders in neurorheumatism

- Psychosis can occur in rheumatism in different phases of the disease, including a "cold" period
- There is relation between the phase of rheumatic process and the picture of psychosis: syndromes stupefaction often occur with acute rheumatic fever; a protracted, a latent course, and in the interictal period - asthenic, paranoid, schizophreniform pictures, verbal hallucinosis
- Anxiety-depressive syndromes with thoughts of imminent death, hypochondriac, nihilistic delusions are typical for protracted rheumatic psychosis (from 2 months to 1 year)
- Upon leaving them there are long asthenic conditions