Key Dates

- Mar 14-16 SPRING BREAK!
- TU Mar 21
- TH Mar 23 Begin Explanations and Treatments, review Unit 3, plus Unit 17
- TU Mar 28 Unit 18 “Loss of control drinking in alcoholics” (on course website); Marlatt assignment
- TH Mar 30 Unit 19; Term Paper Step 2
- TU Apr 4 Begin Biological Perspectives, Unit IIIA and 20; Step 2 Assignment

Goal: To recognize and differentiate different forms of psychopathology that involve difficulties with some of the body's basic functions

UNIT 15: BASIC BODILY FUNCTIONS

Learning Outcomes

- By the end of this class, you should be able to:
  - Explain some of the reasons that diagnosing a sexual dysfunction can be tricky
  - Identify the stages of the sexual response cycle, and identify which sexual dysfunctions fit within each

Basic Bodily Functions

- Physical (and mental) health depends upon many basic bodily functions:
  - Sex (both for pleasure and reproduction)
  - Bowel and bladder control
  - Body movements and motor control
  - Sleeping
  - Feeding could also be here, but we considered feeding and eating disorders as more behavioral—Unit 9

Basic Bodily Functions

- Sexual dysfunctions
  - Interference with or inability to experience sexual pleasure in some stage of the sexual response cycle
  - Might be lifelong or more recently acquired
  - Might occur in many different circumstances or be unique to particular situation or partner
  - Might have medical or psychological origin or both—often hard to tell (and DSM-5 doesn't distinguish)

Basic Bodily Functions

- Tricky to diagnose
  - Isolated occurrences are common, so duration/frequency critical
  - Alcohol and drugs (including prescription drugs) often involved
  - Often symptomatic of other disorders
  - Influence of culture and personal beliefs has to be factored in, but not easy—who says what's "normal"?
  - May reflect partner differences and relationship problems

Basic Bodily Functions

- Masters and Johnson: desire, arousal, orgasm
- In men:
  - Hypoactive sexual desire disorder: more common as secondary to depression
  - Delayed ejaculation: rare
  - Erectile disorder: ~10%, increasing with age
  - Premature ejaculation: if criteria strictly applied (<1 minute), no more than 1%
- Repeated occurrences with minimum duration 6 months

Basic Bodily Functions

- In women:
  - Sexual interest/arousal disorder (DSM-5 eliminates DSM-IV's listing of sexual aversion disorder)
    - Might avoid sexual activity, and/or might be non-responsive during sex
    - Prevalence perhaps as high as 20%
  - Orgasmic disorder
    - Absence, delay, or low intensity of orgasm
    - Prevalence perhaps as high as 25%
  - Genito-pelvic pain/penetration disorder: prevalence estimated as high as 15%
  - Repeated occurrences with minimum duration 6 months

Basic Bodily Functions

- Motor disorders (included under broad heading of Neurodevelopmental Disorders)
  - Involuntary or poorly coordinated body movements (which includes vocalization)
    - Developmental coordination disorder
    - Stereotypic movement disorder
  - Also includes tic disorders (motor or vocal)
    - Tourette's disorder includes both, frequently recurring
    - Onset before age 18, duration at least one year
    - Prevalence <1%, male:female at least 2:1

Basic Bodily Functions

- Elimination disorders
  - Encopresis
    - Lack of bowel control, inappropriate passing of feces
    - Might be intentional, usually unintentional
    - Specify if with sustained constipation
    - Must be at least 4 years of age, at least 1x/month for at least 3 months
    - ~1% among 5-year olds, male>female
  - Enuresis
    - Lack of bladder control, inappropriate passing of urine
    - Nocturnal or diurnal or both
    - Must be at least 5 years of age, at least 2x/week for at least 3 months
    - ~5%-10% at age 5, 1% or less for teenagers, male>female for nocturnal but reverse for diurnal

Basic Bodily Functions

- Sleep-wake disorders
  - Growing emphasis due to increased awareness of sleep as factor in physical and mental health, leading to increase in reported rates
  - Four main types
    - Abnormal sleeping: insomnia disorder, hypersomnolence disorder, narcolepsy
    - Breathing-related: most common is obstructive sleep apnea
    - Circadian rhythm sleep-wake disorders
    - Parasomnias: non-REM sleep arousal disorders (sleepwalking and/or sleep terrors), nightmare disorder, REM sleep behavior disorder, restless legs syndrome

Basic Bodily Functions

- Differential and co-morbid considerations
  - Symptoms of all these disorders frequently occur with other disorders, especially depressive and anxiety
  - Nightmares/sleep terrors often seen in PTSD
  - Occasional symptoms are almost universal, so where to draw the line?
  - Motor and elimination problems often occur as part of ID or ASD, or as direct result of a medical condition
  - Intentional encopresis might be indicative of ODD or CD

Goal: To recognize and differentiate different forms of psychopathology that involve some form of brain disease, usually associated with aging

UNIT 16: BRAIN FUNCTION AND AGING

Learning Outcomes

- By the end of this class, you should be able to:
  - Identify the major ways in which we distinguish between delirium and dementia
  - Describe the key aspects of how the *DSM-5* describes major neurocognitive disorder
  - List other mental disorders that need to be ruled out when considering a diagnosis of some form of dementia, and explain why it is so important to be able to differentiate

Brain Function and Aging

- Brain dysfunction
  - Can be caused by aging, disease, injury, stroke, substances/medications, malnutrition, toxins, etc.
  - Specific functions impaired depend on which part of the brain has suffered tissue damage
  - Impaired function might be acute and reversible or chronic and irreversible
  - Course might involve progressive deterioration, often ending in death

Brain Function and Aging

- Brain dysfunction entails not just physical problems but also psychological: impairment of basic cognitive abilities, as well as emotional and behavioral changes
- Most often associated with aging, though there can be earlier onset, especially for injury
- Must be distinguished from mild physical and mental decline associated with normal aging
- As population of people living past 65 increases, these disorders are on increase (in absolute but not in percentage terms)

Brain Function and Aging

- In DSM-5, this area is now known as Neurocognitive Disorders
  - Unlike almost all other areas of psychopathology, identification of underlying condition is often possible
  - Diagnosis is still based on observation and neuropsychological testing, but neurological examinations and laboratory tests might be helpful
  - Two fundamental patterns: delirium and major/mild neurocognitive disorder (dementia)

Brain Function and Aging

- Delirium
  - Sudden and severe changes in attention and awareness, along with memory and perceptual disturbances, disorientation
  - Can be induced by substance intoxication, substance withdrawal (DT's in alcoholics), medications, or various medical conditions
  - Usually acute, lasting just a few hours or days
  - Can be more persistent, but almost always remits, unless linked to underlying dementia

Brain Function and Aging

- Dementia
  - Gradual onset, chronic, often progressive, even fatal
  - Most common impairment is amnesia-- initially STM only but often LTM as well, especially in later stages
  - DSM used to have separate listing for amnestic disorders, but amnesia now treated as a symptom
  - Confabulation is another sign of memory problems

Brain Function and Aging

- Dementia
  - Also aphasia (expressive and/or receptive speech), apraxia (motor skills) , and agnosia (inability to recognize people or objects)
  - Personality changes, emotional outbursts, loss of judgment, impulsivity are also common
  - As well as impairment of executive functions, especially ability to plan and carry out goal-oriented activity or even simple tasks associated with ADLs

Brain Function and Aging

- DSM-5 puts all the various dementias under the broad headings of mild neurocognitive disorder or major neurocognitive disorder
- Specify with or without behavioral disturbance
- Further distinguished on the basis of etiological subtypes (i.e., the known or suspected cause of the destruction of brain tissue): Alzheimer's disease (assumed to be the most common form), vascular disease, traumatic brain injury, substance/medication induced, HIV infection, Parkinson's disease, etc.
- Most of the subtypes can be medically confirmed, but currently there is no conclusive test for Alzheimer's

Brain Function and Aging

- Mild neurocognitive disorder might persist without much worsening, or might lead to major neurocognitive disorder
- Major ND typically involves progressive deterioration
- By age 65, ~1%-2%; by age 85, ~25-30%
- Most common period of diagnosis is mid-70's
- More females than males (but perhaps only because females live longer)

Brain Function and Aging

- Differential and co-morbid considerations
  - Dementia and delirium can be easily distinguished
  - But pinpointing the specific cause can be difficult
  - And both can be secondary to a primary diagnosis of substance use disorder
  - And many symptoms of dementia might be linked to depressive or substance use disorders, often treatable (but often overlooked)
  - Or to situational influences, such as social isolation, also correctable