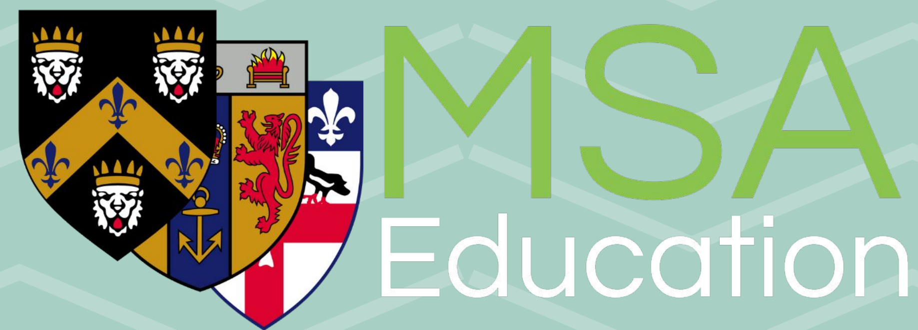
MENTAL HEALTH



SABRINA SHAHID - Year 4

GKTeach

23/24

Depression

Core Symptoms - low mood, anhedonia, anergia
Other symptoms may include: feeling worthless, altered sleep pattern, poor appetite (hallucinations may arise in severe depression), suicidal ideation, poor concentration

Investigation: Clinical diagnosis

Management: Psychological = CBT, interpersonal therapy
Pharmacological = Anti depressant e.g. SSRI (usually first choice) Non drug = electroconvulsive therapy

MSA Education

Depression

Fluoxetine = first-line SSRI in children

Mirtazapine = drowsiness and increased appetite which is good for elderly patients with insomnia and reduced appetite

Sertraline is the SSRI of choice post-myocardial infarction

Bipolar Disorder

Core symptoms: elevated mood, increased energy levels, pressure of speech, flight of ideas

Type 1 BPAD - at least one manic episode with/without depressive episodes

Type 2 BPAD - one or more major depressive episode with hypomanic episodes

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Schizophrenia

Hallucination - perception in the absence of stimulus
Delusion - fixed, false belief help despite rational argument or evidence to the contrary

Symptoms = 1 month

patients must have one first rank symptom OR at least two other symptoms

Management first line = usually atypical anti-psychotics and psychological mx second line = alternative antipsychotic

Third line = clozapine

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Anorexia and bulimia

BMI <17.5 = anorexia

Patients try to lose weight

3Gs and 3Cs = G's and C's raised: growth hormone, glucose, salivary glands, cortisol, cholesterol, carotenaemia

Management: **If <18 = Anorexia focused family therapy,**

If > 18 = CBT

binge eating and then purge

Purging could include vomiting, laxatives or diuretics, fasting or excessive exercise

BMI >17.5

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Generalised anxiety disorder

At least 6 months of excessive worry about a number of different events difficult to control about everyday issues that is disproportionate to any inherent risk

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Neuroleptic Malignant Syndrome

Potentially life-threatening reaction
Associated with antipsychotic drugs or sudden withdrawal of dopaminergic drugs

Investigations: Creatine kinase (CK): often elevated due to rhabdomyolysis.

First line - Discontinuation of neuroleptic medication

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Section	Purpose	Recommendation	Applicant	Duration
2	Assessment +/- treatment (this is non-renewable)	2 doctors	AMHP	28 days
3	Treatment (can be given for 3 months without consent, then requires form) - This is renewable after 6 months	2 doctors	AMHP	6 months
Emergency Sections				
4	Allows patient to be admitted to a mental health unit and cared for whilst arrangements for detention under S2 or S3 are made	1 doctor who is S12 approved	AMHP	72 hours
135	Allows police to enter house and remove patient to place of safety	Police officer (should try to confirm with a doctor or nurse)		72 hours
136	Allows police to take someone to place of safety for assessment			72 hours
5(2)	Doctor can detain inpatient for assessment (used when there is no time for S2) - Used on patients who withdraw consent (if they have capacity) or show objection (without capacity) - Cannot be used on patients in ED as they have not been formally admitted.	1 doctor		72 hours
5(4)	For patients in hospital, nurse detains inpatient for assessment when doctor comes	Mental health nurse		6 hours

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QUESTIONS

A 24-year-old lady has done CBT for anxiety but her anxiety has not improved and is not able to go to university or work. She is really struggling with her situation. What is the next best step?

A. Continue with CBT
B. Fluoxetine
C. Venlafaxine
D. Sertraline
E. Mirtazapine

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MSA Education

QUESTIONS

A 28 year-old man presents to the GP with a 7 month history of being worried and insomnia. She is worried about day to day things, and is related to challenges or setbacks she may encounter day to day.
She is very anxious and has been more tired than normal.
Physical examination is normal.

A. Acute stress reaction
B. Depression
C. Generalised anxiety disorder
D. PTSD
E. Panic Disorder

MSA Education

QUESTIONS

A 28 year-old man presents to the GP with a 7 month history of being worried and poor sleep. She is worried about day to day things, and is related to challenges or setbacks she may encounter day to day.
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Physical examination is normal.

A. ***Acute stress reaction***
B. ***Depression***
C. ***Generalised anxiety disorder***
D. ***PTSD***
E. ***Panic Disorder***

MSA Education

QUESTIONS

A 14-year-old girl presents to the mental health services and is underweight, with a BMI of 16.5 and feels like she is ‘fat’ and wants to lose weight. She counts calories when she is eating.

What is the most appropriate first line management?

A. Dietary advice
B. Refer to dietician
C. Anorexia focused family therapy
D. Fluoxetine
E. Sertraline

MSA Education

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MSA Education

QUESTIONS

A 39-year-old woman has a medication review after 6 weeks for the treatment of generalised anxiety disorder. She says she is not enjoying life and feels hopeless. She is avoiding friends and family and has not been going out like usual.

A. Panic disorder
B. Bipolar disorder
C. Anxiety
D. Depression
E. Substance misuse

MSA Education

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C. *Anxiety*
D. *Depression*
E. *Substance misuse*

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References

https://cks.nice.org.uk/topics/depression/management/initial-management/

https://cks.nice.org.uk/topics/depression/

https://cks.nice.org.uk/topics/bipolar-disorder/#!background

https://cks.nice.org.uk/topics/bipolar-disorder/

https://cks.nice.org.uk/topics/psychosis-schizophrenia/

https://cks.nice.org.uk/topics/psychosis-schizophrenia/

https://cks.nice.org.uk/topics/eating-disorders/

https://cks.nice.org.uk/topics/eating-disorders/

https://www.nhs.uk/mental-health/conditions/bulimia/overview/

https://cks.nice.org.uk/topics/generalized-anxiety-disorder/

https://in2med.co.uk/lesson/mental-health-act/

https://cks.nice.org.uk/topics/generalized-anxiety-disorder/

https://www.ninds.nih.gov/health-information/disorders/neuroleptic-malignant-syndrome

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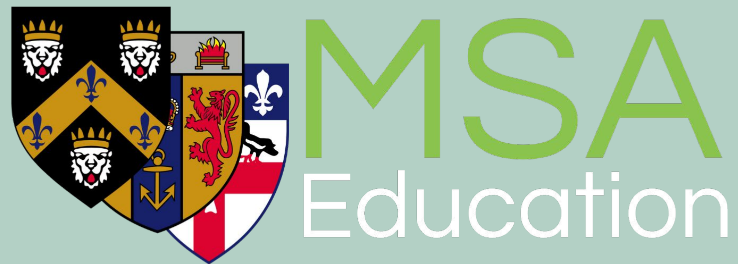

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