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ORGANIC MENTAL DISORDERS



Classification of Dementia

Organic, including symptomatic, mental disorders:

- F00 Dementia in Alzheimer's disease
- F01 Vascular dementia
- P02 Dementia in other diseases classified elsewhere
- F03 Unspecified dementia
- F04 Organic amnesic syndrome, not induced by alcohol and other psychoactive substances
- F05 Delirium, not induced by alcohol and other psychoactive substances
- F06 Other mental disorders due to brain damage and dysfunction and to physical disease
- F07 Personality and behavioural disorders due to brain disease, damage and dysfunction
- F09 Unspecified organic or symptomatic mental disorder

Dementia

Dementia is a syndrome usually of chronic and progressive nature characterized by decline of memory and intellect.

Diagnostic criteria of dementia:

- decline of learning new information
- decline of other cognitive functions (thinking, judgement, planning, organizing, processing of information)
- no disorder of consciousness
- affective disorders (impaired emotional control - lability, irritability, apathy, decline of social functioning)
- the symptoms evident for at least 6 months

Dementia

- The degrees of dementia:
 - mild
 - moderate
 - serious
- Dementia is usually (80%) an irreversible process

F00 Dementia in Alzheimer's Disease

DAT = dementia of Alzheimer's type:

- the most frequent type of dementia
- primary degenerative cerebral disease of unknown etiology
- characterized with marked reduction of neurons, appearance of neurofibrillary tangles and senile plaques (beta-amyloid)
- especially cholinergic system is affected

DAT with Early Onset

- Dementia before the age of 65
- Relatively rapid deterioration
- Aphasia, agraphia, alexia, apraxia

DAT with Late Onset

- Dementia after the age 65
- Family history of DAT or Down's syndrome
- Slow progression, no insight
- Severe impairment of memory, confabulations

Treatment of DAT

A) Pharmacotherapy of cognitive symptoms

1. Cholinesterase inhibitors - ACHEI, BuCHEI (fysostigmin, rivastigmin, donepezil, rivastigmin, metrifonat, galantamin, huperzin, tacrin, velnakrin)
2. CHEI + selegilin
CHEI + lecitin
CHEI + propentophylin
3. (CHEI) + nootropic agents + agents with a scavenger effect (piracetam, pyritinol, Gingko biloba extr., vitamine E)
4. Agonists of muscarinic (M_1 , M_3) and nicotinic acetylcholine receptors (nicotine)
5. Nootropic agents (cerebral metabolic enhancers) + Ca channel antagonists (nimodipin, cinnarizin)
6. Nootropic agents + antiinflammatory agents (acetylosalicylic acid, ibuprofen, indometacine)
7. Nerve growth factors (cerebrolysin)
8. Somatostatin deficit (octostatin)

Treatment of DAT

B) Pharmacotherapy of non-cognitive symptoms

1. Depression, anxiety - SSRI (citalopram, fluvoxamin, paroxetin, ...), SNRI (venlafaxin)
2. Psychotic + confusional states - neuroleptics with minimal adrenolytic + anticholinergic effects (tiaprid, sulpirid, risperidon, haloperidol, clozapin)
3. Insomnia - non-benzodiazepine hypnotics (zolpidem, zopiclon)
4. Epileptic seizures - carbamazepin, valproic acid, Na valproate

C) Psychotherapy

1. Reeducation of cognitive, emotional + behavioural disorders
2. Family therapy
3. Alzheimer's society

F01 Vascular Dementia

- F01 Vascular dementia
- F01.0 Vascular dementia of acute onset
- F01.1 Multi-infarct dementia
- F01.2 Subcortical vascular dementia
- F01.3 Mixed cortical and subcortical vascular dementia
- F01.8 Other vascular dementia
- F01.9 Vascular dementia, unspecified

F01 Vascular Dementia

Diagnostic guidelines:

- a) Presence of a dementia
- b) Uneven impairment of cognitive function + focal neurological signs
- c) Insight and judgement relatively well preserved
- d) An abrupt onset or a stepwise deterioration

F01 Vascular Dementia

Associated features:

- a) Hypertension
- b) Emotional lability, weeping or explosive laughter
- c) Transient episodes of clouded consciousness
- d) Personality relatively well preserved, accentuation of previous traits (egocentrism, paranoid attitudes, irritability)

F01 Vascular Dementia

- F01.0 - after a succession of strokes or a single large infarction (cerebrovascular thrombosis, embolism or haemorrhage)
- F01.1 - more gradual in onset after a number of minor ischaemic episodes
- F01.2 - destruction in the deep white matter (Binswanger's encephalop.)
- F01.3 - mixed cortical + subcortical components

F02 Dementia in Other Diseases Classified Elsewhere

Diagnostic guidelines:

- a) Presence of a dementia
- b) Onset at any time of life
- c) Presence of features characteristic of one of the specified syndromes

F02 Dementia in Other Diseases Classified Elsewhere

F02.0 Dementia in Pick's disease

- a) A progressive dementia
- b) A predominance of frontal lobe features (euphoria, emotional blunting, coarsening of social behaviour, disinhibition, apathy)
- c) Behavioural manifestations

F02.1 Dementia in Creutzfeldt-Jakob disease

- a) Fairly rapid progressing over months to 1-2 years
- b) Multiple neurological signs (pyramidal + extrapyramidal, ataxia)

F02 Dementia in Other Diseases Classified Elsewhere

F02.2 Dementia in Huntington's disease

- a) Family history of H's d.
- b) Onset at a relatively young age
- c) Involuntary choreiform movements
- d) Slow progression of dementia

F02.3 Dementia in Parkinson's disease

In severe cases, no particular distinguishing features

F02 Dementia in Other Diseases Classified Elsewhere

F02.4 Dementia in human immunodeficiency virus (HIV) disease

- a) HIV infection
- b) Complaints of forgetfulness, slowness, poor concentration, difficulties with problem-solving and reading
- c) Apathy, social withdrawal, affective disorder
- d) Neurological signs (tremor, ataxia, hyperreflexia,...)

General paralysis of the insane (GPI – paralysis progressiva)

F05 Delirium, not Induced by Alcohol and Other Psychoactive Substances

Diagnostic guidelines:

- a) Impairment of consciousness and attention
- b) Global disturbance of cognition (perceptual distortions, illusions, hallucinations, impairment of abstract thinking and comprehension, disorientation for time + place)
- c) Psychomotor disturbances (hypo- or hyperactivity,...)
- d) Disturbances of sleep (reversal of the sleep-wake cycle)
- e) Emotional disturbances (anxiety, fear, irritability, apathy, perplexity)

F05.0 Delirium, not superimposed on dementia

F05.1 Delirium, superimposed en dementia

F05.8 Other delirium

F05.9 Delirium, unspecified

F06 Other Mental Disorders Due to Brain Damage and Dysfunction and to Physical Disease

Diagnostic guidelines:

- a) Evidence of cerebral disease, damage or dysfunction, or of systemic disease
- b) A temporal relationship (weeks or a few months) between the development of the underlying disease and the onset of the mental syndrome
- c) Recovery from the mental disorder following removal or improvement of the underlying presumed cause
- d) Absence of evidence to suggest an alternative cause of the mental sy

Types: organic hallucinosis, org. catatonic disorder, org. delusional (schizophrenia-like) disorder, org. affective disorders (manic, depressive, anxiety, emotionally labile), mild cognitive disorder (F06.7 - may precede, accompany, or follow a wide variety of infections and physical disorders)

F07 Personality and Behavioural Disorders Due to Brain Disease, Damage and Dysfunction

F07.0 Organic personality disorder

Diagnostic guidelines:

- a) Consistently reduced ability to persevere with goal-directed activities
- b) Altered emotional behaviour (emotional lability, euphoria, irritability, outbursts of anger and aggression,...)
- c) Expression of needs and impulses without consideration of consequences or social convention
- d) Cognitive disturbances
- e) Marked alteration of language production
- f) Altered sexual behaviour (hyposexuality, change of sexual preference)

F07 Personality and Behavioural Disorders Due to Brain Disease, Damage and Dysfunction

F07.1 Postencephalitic syndrome

Residual behavioural change following recovery from encephalitis often reversible

(apathy, irritability, some lowering of cognitive functioning, altered sleep pattern, a variety of neurological dysfunctions, ...)

F07.2 Postconcussional syndrome

- Occurs following head trauma
- Complaints of headache, dizziness, fatigue, irritability, difficulty in concentrating and performing mental tasks, impairment of memory, insomnia, reduced tolerance to stress, emotional excitement or alcohol, ...(sometimes associated with compensation motives)

Symptomatic Dementia

- 1. Pharmacogenic dementia** (anticholinergics, benzodiazepines, cytostatics, ...)
- 2. Alcohol dementia** (simplex, Korsakov, Wernicke sy)
- 3. Intoxicant dementia of other etiology** (CO, Pb, Hg, Al, solvents)
- 4. Dementia at vitamin deficit** (niacin-pellagra, vit. B12)
- 5. Dementia of endocrine origin** (hypothyreosis, Cushing sy)
- 6. Dementia due to dialysis**

Symptomatic Dementia

- 7. Metabolic dementia** (hypernatremia, hypocalcemia)
 - D. at uraemia** (uremic encephalopathy)
 - D. at m. Wilson**
 - D. at liver encephalopathy**
- 8. D. due to hypoxia**
- 9. D. due to trauma**
- 10. D. at epilepsy**
- 11. D. due to infection** (paralysis progressiva, human immunodeficiency virus disease, prion infection - Creutzfeldt-Jakob d., kuru)
- 12. D. at brain tumors**