



## Psychiatry – Dentistry EA0905390 1/1 C+Ex

### Annotation:

General psychiatry. Examination of the present mental state. Psychotic disorders. Mood disorders. Organic mental disorders. Delirium. Anxiety and adjustment disorders. Stress reaction, crisis intervention. Addiction to psychoactive substances. Prevention of mental disorders. Suicidality. Aggression and violence in psychiatry. Stigmatization (labeling), destigmatization. Community psychiatry.

### Syllabus:

#### 1. Phenomenology of mental disorders

Basic psychopathological phenomena is psychiatry. Explanation of those basic phenomena such as vigily (alertness) and lucidity (consciousness), disorders of thinking, disorders of perception, mood disorders, appropriate and inappropriate (incongruous) emotions. Anxiety, phobia (fear), obsessional state, compulsion. Sleeping disorders. Cognitive functions, executive functions, memory impairment. Aggression, suicide, self-harm. Craving, addiction. Specific psychopathology in childhood, adolescence, adulthood and older people.

#### 2. Mood disorders

Phenomenology of depression and mania. Prevalence and aetiology of unipolar depression (major depression). Antidepressants. Bright light therapy, electroconvulsive therapy, vagus nerve stimulation, transcranial magnetic stimulation. Psychotherapy of depression. Bipolar affective disorder, aetiology and prevalence. Mood stabilizers, lithium. Persistent mood disorders.

#### 3. Psychotic disorders

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Phenomenology of schizophrenia. Clinical manifestation, prevalence, heritability. Positive and negative symptoms. Catatonic states. Delusional disorder. Differential diagnostic of psychotic disorders. Antipsychotic pharmacological treatment. Depot medications. Neuroleptic malignant syndrome. Relaps prevention programmes.

#### **4. Anxiety disorders**

Phenomenology of anxiety disorders. Aetiology and pathophysiology of anxiety disorders, „fight and flight reaction“. Phobias. Panic disorder, generalized anxiety disorder. Obsessive compulsive disorder. Posttraumatic stress disorder. Acute stress reaction. Adjustment disorders. Somatoform disorders, somatization disorder. Psychotherapy in anxiety disorders with emphasis on cognitive-behavioral approach. Medication in anxiety disorders, anxiolytics.

#### **5. Addiction disorders**

Definition of addiction and drug abuse. Tolerance and withdrawal syndrome. Craving. Social impacts of addiction. List of the most commonly abused psychotropic substances. Behavioral and regimen treatment of addiction syndrome, cue – exposure therapy. Basic principles of harm reduction approach. Aversion treatment. Eating disorders.

#### **6. Psychopharmacology**

Basic groups of psychiatric medications. Antidepressants. Antipsychotics. Anxiolytics. Hypnotics. Anti-dementia medications. Stimulants. Basic mechanisms of action. Issues associated with iatrogenically induced addiction. Important interactions of medications. Off - label prescription.

#### **7. Organic mental disorders**

Memory impairments. Neurodegenerative type and vascular type of dementia. Delirium. Mild cognitive disorder. Problems associated with legal capacity in persons with dementia. Pharmacological treatment of delirium. Regimen approach in delirium. The use of restraint measures and associated legal issues. Anti-dementia medications. Cognitive training in persons with dementia.

#### **PRACTICALS**

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## **1. Demonstration of a patient with anxiety disorder**

How to carry out a psychiatric interview, analysis of presented psychopathology, feedback.

## **2. Suicidal, aggressive, anxious and phobic patient**

Main causes of suicidal behavior. Urgent care for people at the risk of suicide. Causes of aggressive behavior towards health professionals. Deescalation. Phobia in the dentist's office. The possibility of pharmacological and non-pharmacological intervention in an anxious or phobic patient in the dental office.

## **3. Demonstration of a patient with psychosis**

How to carry out a psychiatric interview, analysis of presented psychopathology, feedback.

## **4. Destigmatization, community psychiatry, history of psychiatry**

Meaning of stigma (label). Multidisciplinary team. Mental health centre – community based service. Psychiatric care milestones in modern medicine.

## **5. Demonstration of a patient with a syndrome of addiction to psychoactive substances**

How to carry out a psychiatric interview, analysis of presented psychopathology, feedback.

## **6. Delirium, acute psychosis**

Aetiology of different delirium states, the role of a psychiatrist in the management of delirium. Interdisciplinary cooperation in the treatment of a patient in delirium. Specific type „delirium tremens“ being a part of alcohol withdrawal. Pharmacological management of delirious states. Regimen measures, the use of restrictions. Acute psychotic states, pharmacological intervention in acute psychosis.

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## LEARNING OUTCOMES, FORM OF COURSE COMPLETION

Basic orientation in the classification of mental disorders. Basic information on psychiatric medication. Ability to understand a psychiatric examination record and present mental state description. Deepening of knowledge of psychotherapy. Basic orientation in the mechanism of action of particular psychotherapeutic techniques. Deepening the ability to communicate with the patient. Ability to communicate with a person with mental illness.

## RECOMENDED LITERATURE

Goldberg David, Gask Linda and Morris Richard. 2008. Psychiatry in Medical Practice 3rd Edition. Routledge. ISBN 978-0-415-42544-5

Sadock, Benjamin J., Virginia Alcott Sadock, Pedro Ruiz, and Harold I. Kaplan. 2017. Kaplan and Sadock's Comprehensive Textbook of Psychiatry. 10th ed. Surrey, UK: Wolters Kluwer.

### **Requirements for student's self-study:**

Recommended literature, preparation of presentations on the chosen topic

**Way of communication with students:** SIS, individual communication in person, on-line platform (MS Teams) if necessary

### **Assessment of students' knowledge**

Oral exam. The oral exam consists of an explanation and answering of questions on two topics.

To be awarded the credit, it is necessary to participate in practicals and leading a clinical interview with assistance.