

Neuropsychiatry Disorders

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Neuropsychiatric Disorders

- Neurocognitive Disorders
 - Memory, language, attention, etc.
- Disorders of mood and affect
 - Moody, irritable, flat or labile affect, apathy
- Disorders of behavior
 - Impulsive, impatient, hyperactive, perseverative, motor planning impairments
- Impulse control disorders
 - Impulsive aggression, dis-inhibited sexuality

Neurocognitive Disorders?

- An acquired decline in cognition.
 - Not a developmental disorder.
- Due to neurologic or psychiatric disorder.
 - Delirium – (acute or subacute disturbance of alertness, awareness, and attention with a fluctuating course).
 - Learning disabilities, schizophrenia, depression, bipolar.
- Major cognitive disorder (Dementia)- two domains.
 - Memory (verbal-visual), reasoning, language, attention-working memory, executive cognition, processing speed.
- Minor cognitive impairment (MCI) – one domain.
 - Amnesia, aphasia, agnosia, apraxia.
- Associated behavior problems:
 - Agitation, aggression, apathy, irritability, anxiety, wandering.

Cognitive Disorders in Youth

- Typical Neurocognitive Deficits
 - Attention (working memory)
 - Memory (verbal or visual learning)
 - Reasoning (verbal or visual processing)
 - Processing speed (quality not impaired)
 - Cognitive flexibility (executive cognition)
 - Rigid thinking, disorganized, can't change ideas
 - Language (fluency and/or comprehension)
 - Anomia, agraphia, alexia, acalculia, etc.

Syndromes

- ADHD (inattentive, impulsive, hyperactive)
 - Neurocognitive disorders (learning disorders)
- Bipolar Disorder (manic-depressive)
 - Neurocognitive disorder (processing speed)
- Schizophrenia (thought disorder)
 - Neurocognitive disorder (executive cognition)
- Neuropsychiatric (hot-temper aggression)
 - Neurocognitive disorder (memory impairment)
 - Frequently associated with ADHD

Frustration and Aggression

- Major trigger for aggression:
 - Frustration; often associated with a mild neurocognitive impairment.
- Brain disorders: neurocognitive impairments are common.
 - Misinterprets what is said, may be concrete in thinking, rigid (hard headed), impatient, impulsive, inattentive, forgetful, slower in processing (speed, not quality of thought).

Disorders of Mood and Affect

- Flat affect
 - May or may not be depressed
 - Normal affective tone is missing
- Labile affect
 - Too much affect; cries, laughs, screams
- Irritable moods: short temper, negative
- Moody: sad moods for no reason
- Apathy: nothing matters, no drive, no motivation, lack of enthusiasm for activities

Neuropsychiatry and Moods

- Neuropsychiatric conditions:
 - Moody: May mimic Bipolar Disorder
 - Apathetic: May mimic Depression
 - Flat affect: May mimic psychopathy
 - Labile affect: May mimic personality d/o
 - Irritable moods: May mimic Conduct d/o
- Mood and Affect Disorders
 - Caused by brain damage or electrical d/o

Neuropsychiatry and Behavior

- **Pseudo-psychopathic**
 - Frontal lobe damage
 - Impairment of impulse control
 - No concern for consequences of behavior
- **Pseudo-bipolar**
 - Temporal limbic damage
 - Impairment of emotion control
 - No control of temper or rages

Impulse Control Disorders

Acquired, due to brain damage or cerebral dysrhythmia; loss of control systems

- ADHD due to frontal lobe brain damage
 - Usually during pregnancy or delivery
 - Fetal alcohol effect
- Mood Disorder, NOS
 - Poor control of emotions, impulsive aggression
- General dis-inhibition: aggression, sexuality
 - Frontal lobe: acts impulsively, no brakes

Too much or too little control?

- Frontal lobe
 - Too little control: hyperactive, impulsive
 - Too much control: compulsive symptoms
- Temporal lobe
 - Too little control: explosive, labile
 - Too much control: flat, apathetic
- Gray matter: neurocognitive disorders
- White matter: psychomotor planning d/o

Interventions

- Medications for mood disorders
- Medications for frontal lobe disorders
- Therapeutic interventions
- School interventions
- Nursing interventions
 - Neuropsychiatric milieu
 - Positive Discipline
 - Neurocognitive interventions

Medications for Mood Disorders

- **Tegretol (carbamazepine)**
- **Trileptal (oxcarbazepine)**
- **Keppra (levetiracetam)**
- **Depakote (divalproex sodium)**
- **Topamax (topiramate)**
- **Lamictal (lamotrigine)**

Medications for Frontal Lobe

- **Stimulants**
 - **Used for ADHD symptoms**
- **Amantadine**
 - **Used in brain damage**
- **Alpha adrenergic agonists**
 - **Clonidine**
 - **Tenex (guanfacine)**

Therapeutic Interventions

- More supportive psychotherapy
- Less psychodynamic psychotherapy
- More family therapy
- More behavioral therapy
- More skill-based therapy
- More active, talk and walk, talk and play basketball, therapeutic games, etc.

Educational Interventions

- Neuropsychological testing
 - Show strengths and weakness in cognition
- Develop IEP for neurocognitive d/o's
 - Memory – use visual aids, repetition, more multiple choice tests
 - Executive- help with planning, organization
- Use positive Behavior Intervention Plans
- Lighten up, pick your battles, on moody or irritable days.

School Interventions

- Give more time on exams
- Use more multiple choice tests
- Grade on quality not quantity or speed
- Preferential seating near teacher
- Give breaks, less lecture, more action
- Strong visual aids, use of calculator
- Strong on praise, less punitive

Nursing Interventions

- Attention: get eye contact
- Mem.: write down/one-step commands
- Language: Repeat directives, simplify communications, use picture chart
- Alexia, agraphia; no written assignments
- Slow processing speed: give more time
- Poor executive: help with organization

Nursing Interventions

- Neuropsychiatric Milieu
 - Low stimulation, more structure/routines, more positive discipline, no confrontation
- Make level system very simple and easy
 - So easy, a four year old could understand
- Do not overuse punishments
 - Mild punishments OK, but add redirection
- Use more Behavior Contracts

Summary

- In Neuropsychiatry
- Expect:
 - Neurocognitive disorders
 - Disorders of mood and affect
 - Disorders of behavior
 - Disorders of impulse control
- Interventions: medicine, school, and nursing - accommodate above disorders