

# Psychiatric disorder

- Early life adversity increases risk for chronic post-traumatic pain, data from humans and rodents
- Benchmarking empirical severity for the Yale-Brown Obsessive Compulsive Scale-Second Edition
- Distinct symptom recoveries based upon highest level of care in patients with sport-related concussion or traumatic brain injury and Glasgow Coma Scale 13-15
- Unveiling genetic and biological links: exploring the intersection of autoimmune and psychiatric disorders
- Cargo of small extracellular vesicles from neuronal origin shows progression of dementia in individuals with Down syndrome
- Integrated analysis of in vivo retinal perivascular amyloid imaging and cognition
- Peripheral MicroRNA Signatures in Adolescent Depression
- Evaluation of the macrophage migration inhibitory factor (MIF) -173 G/C variant in bipolar disorder

A [mental health disorder](#), also known as a mental [illness](#) or [psychiatric disorder](#) refers to a wide range of conditions that affect a person's [mood](#), [behavior](#), and [thinking](#). Mental health disorders can impact a person's ability to [function](#) in their daily life, maintain relationships, and achieve their goals.

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Several studies have explored the relationship between intracranial aneurysms and psychiatric disorders; nevertheless, the causal connection remains ambiguous. Findings furnish compelling evidence suggesting a causal influence of intracranial aneurysms on psychiatric disorders, specifically, both IAs and uIA exhibit a negative causal association with SCZ <sup>1)</sup>

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There are many types of mental health disorders, including [anxiety](#) disorders, [mood](#) disorders, [personality](#) disorders, psychotic disorders, eating disorders, substance use disorders, and more. Each disorder has its own set of symptoms and can be diagnosed and treated by a mental health professional.

It's important to remember that mental health disorders are common, and seeking help is a sign of strength. Treatment options may include therapy, medication, support groups, and lifestyle changes. With proper treatment, many people with mental health disorders can lead fulfilling lives.

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Psychiatric disorder” refers to a broad range of problems that disturb a person's thoughts, feelings, behavior, or mood.

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Patients admitted with certain psychiatric diagnoses appear more likely to be readmitted within 5 years with specific types of [intracranial tumor](#) diagnoses. The association between certain psychiatric diagnoses and subsequent [brain tumor](#) diagnosis most likely reflects the long-held belief that slow-growing tumors may first present as psychiatric symptoms before being diagnosed. Primary care physicians should consider the possibility of an underlying intracranial tumor in patients with new

psychiatric diagnoses<sup>2)</sup>.

Very few studies have utilized specific criteria to assess mental disorders in [brain tumor](#) patients, and from them, they are mainly descriptive.

## Classification

Psychiatric diagnosis is moving away from symptom-based classification and towards multi-dimensional, biologically-based characterization, or [biotyping](#).

### [Addictions](#)

### **Childhood and development**

Concerned with neurological and behavioral development in childhood and adolescence.

This includes the following:

ADHD

Autism

Fetal Alcohol Syndrome

Tic disorders

### [Eating disorders](#)

### **Degenerative diseases**

In psychology, memory is an organism's mental ability to store, retain and recall information. Traditional studies of memory began in the fields of philosophy, including techniques of artificially enhancing the memory. The late nineteenth and early twentieth century put memory within the paradigms of cognitive psychology. In recent decades, it has become one of the principal pillars of a branch of science called cognitive neuroscience, an interdisciplinary link between cognitive psychology and neuroscience. This includes the following: Dementia Parkinson's Disease Alzheimer's

### [Mood disorders](#)

### [Neurotic disorders](#)

### [Psychosis](#)

### [Sleep disorders.](#)

## Diagnosis

### [Neuropsychiatric disorder diagnosis](#)

## Biomarkers

There are five types of [biomarkers](#): clinical/behavioral, omic, neuroimaging, electrophysiological, and neurobiochemical. The information provided by each biomarker within these categories is highly variable and may be relevant for diagnosis, response prediction, target selection, program adjustment, etc.

A better understanding of biomarkers and their applications would allow DBS in psychosurgery to advance more objectively, guided by the information they provide and within the context of precision psychiatry <sup>3)</sup>.

## Treatment

see [Neuropsychiatric disorder treatment](#).

## Case series

[Psychiatric disorders](#) occurred predominantly in patients with craniopharyngiomas developing primarily at the [tuberoinfundibular](#) region (45%) or entirely within the [third ventricle](#) (30%), mostly affecting adult patients (61%,  $p < 0.001$ ). Most tumors without psychic symptoms developed beneath the third ventricle floor (53.5%,  $p < 0.001$ ), in young patients (57%,  $p < 0.001$ ). Psychiatric disturbances were classified in six major categories: i) Korsakoff-like memory deficits, 66%; ii) behavior/personality changes, 48.5%; iii) impaired emotional expression/control, 42%; iv) cognitive impairments, 40%; v) mood alterations, 32%; and vi) psychotic symptoms, 22%. None of these was associated with hydrocephalus. Severe memory deficits occurred with damage of the mammillary bodies ( $p < 0.001$ ). Mood disorders occurred with compression/invasion of the third ventricle floor and/or walls ( $p < 0.012$ ). Coexistence of other hypothalamic symptoms such as temperature/metabolic dysregulation or sleepiness favored the emergence of psychotic disorders ( $p < 0.008$ ). Postoperative psychiatric outcome was better in strictly [intraventricular craniopharyngiomas](#) than in other topographies ( $p < 0.001$ ). A multivariate model including the hypothalamic structures involved, age, hydrocephalus and hypothalamic symptoms, predicts the appearance of psychiatric disorders in 81% of patients.

CPs primarily involving the [hypothalamus](#) represent a neurobiological model of psychiatric and behavioral disorders <sup>4)</sup>.

<sup>1)</sup>

Bao S, Xing Z, He S, Hu X, Yang J, Zhou B. Association between psychiatric disorders and intracranial aneurysms: evidence from Mendelian randomization analysis. *Front Neurol*. 2024 Jul 26;15:1422984. doi: 10.3389/fneur.2024.1422984. PMID: 39131049; PMCID: PMC11312739.

<sup>2)</sup>

Tringale KR, Wilson BR, Hirshman B, Zhou T, Folsom D, Norman MA, Grant I, Chen CC, Carter BS. Psychiatric Disease Preceding Intracranial Tumor Diagnosis: Investigating the Association. *Prim Care Companion CNS Disord*. 2016 Dec 15;18(6). doi: 10.4088/PCC.16m02028. PubMed PMID: 28002663.

<sup>3)</sup>

Bazarra Castro GJ, Casitas V, Martínez Macho C, Madero Pohlen A, Álvarez-Salas A, Barbero Pablos E, Fernández-Alén JA, Torres Díaz CV. Biomarkers: The Key to Enhancing Deep Brain Stimulation Treatment for Psychiatric Conditions. *Brain Sci*. 2024 Oct 26;14(11):1065. doi:

10.3390/brainsci14111065. PMID: 39595828.

<sup>4)</sup>

Pascual JM, Prieto R, Castro-Dufourny I, Mongardi L, Rosdolsky M, Strauss S, Carrasco R, Barrios L. Craniopharyngiomas primarily involving the hypothalamus: a model of neurosurgical lesions to elucidate the neurobiological basis of psychiatric disorders. *World Neurosurg*. 2018 Sep 18. pii: S1878-8750(18)32099-0. doi: 10.1016/j.wneu.2018.09.053. [Epub ahead of print] PubMed PMID: 30240857.

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