RAPID BOARD REVIEW—KEY POINTS TO REMEMBER:

DEPRESSION

- Patient should have been depressed or dysphoric most of the day, for ≥2 weeks, with difficulties in social interactions or at work, and ≥4 of the following problems:
  - S: Sleep—poor or excessive
  - I: Interest in normal activities—diminished
  - G: Guilt—excessive or inappropriate
  - E: Energy—lower than normal
  - C: Concentration—poor
  - A: Appetite—reduced or increased, with weight change
  - P: Psychomotor retardation, slowed speech, physical involvement or agitation
  - S: Suicidal thoughts or thoughts of death

- Patients with a diagnosis of major depression can often present with physical symptoms.
- Depressed patients have a two- to fourfold greater risk for a recurrent cardiovascular event.
- The first-line treatment is a selective serotonin reuptake inhibitor (SSRI) such as escitalopram. If patients do not achieve remission, switch to another SSRI or another class of antidepressant. Augmenting the response with either buspirone or bupropion is also effective.
- All antidepressant medications can increase the suicidal behavior and ideation in children, adolescents, and young adults ages 18 to 24 years.

SOMATIC SYMPTOM DISORDERS

- The DSM criteria include finding a history of many physical complaints beginning before age 30 years that occur over a period of several years and result in treatment being sought or significant impairment in social, occupational, or other area of functioning. Symptoms cannot fully be explained by a known medical condition or effects of a substance.

- Somatic symptom disorders respond better when the intervention is early, without reinforcement by the excessive ordering of tests and evaluations.

PANIC DISORDER

- To establish a diagnosis of panic disorder, both 1 and 2 must be present:
  1. Recurrent unexpected panic attacks.
  2. At least one of the attacks has been followed by ≥1 month of ≥1 of the following:
     a) Persistent concern about having additional attacks
     b) Worry about the implications of the attack or its consequences
     c) Significant change in behavior related to attacks
     d) The episodes are not caused by a physical, other emotional, or substance disorder

- Low-dose antidepressants for long-term treatment, benzodiazepines for the short-term anxiolysis.

MANIA

- The symptoms of a classic hypomanic/manic phase include pressured speech, racing thoughts, little to no sleep, boundless energy, euphoric mood, grandiose plans, and inappropriate judgment.

DELIRIUM

- Acute impairment in attention and concentration with a fluctuating course.

DEMENTIA

- Cholinesterase inhibitors and N-methyl-d-aspartate (NMDA) antagonists can slow the course of the illness and antipsychotics can control the agitation.
SUGGESTED READINGS


