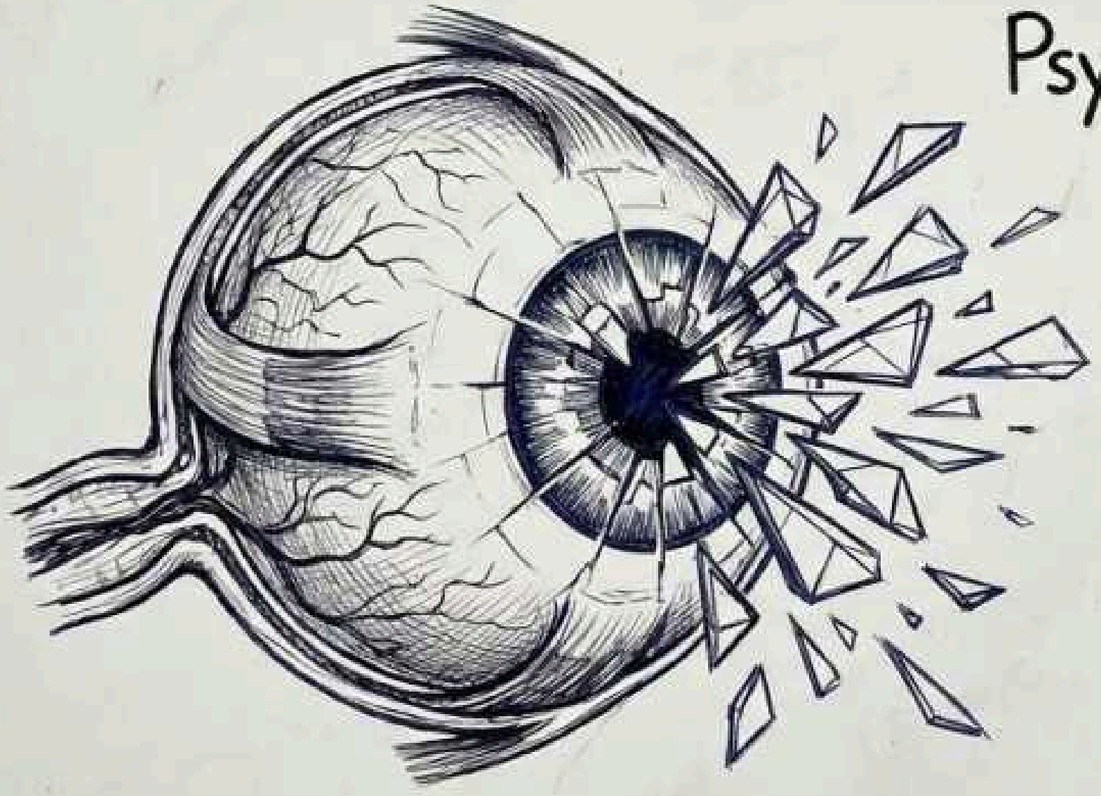
¶ 3.1



$$\text{Psychosis} = \sum (\text{Hallucinations}, \text{Delusions}, \text{Disorganized Thinking})$$

Core Definition: A state in which a person loses contact with reality to some extent.

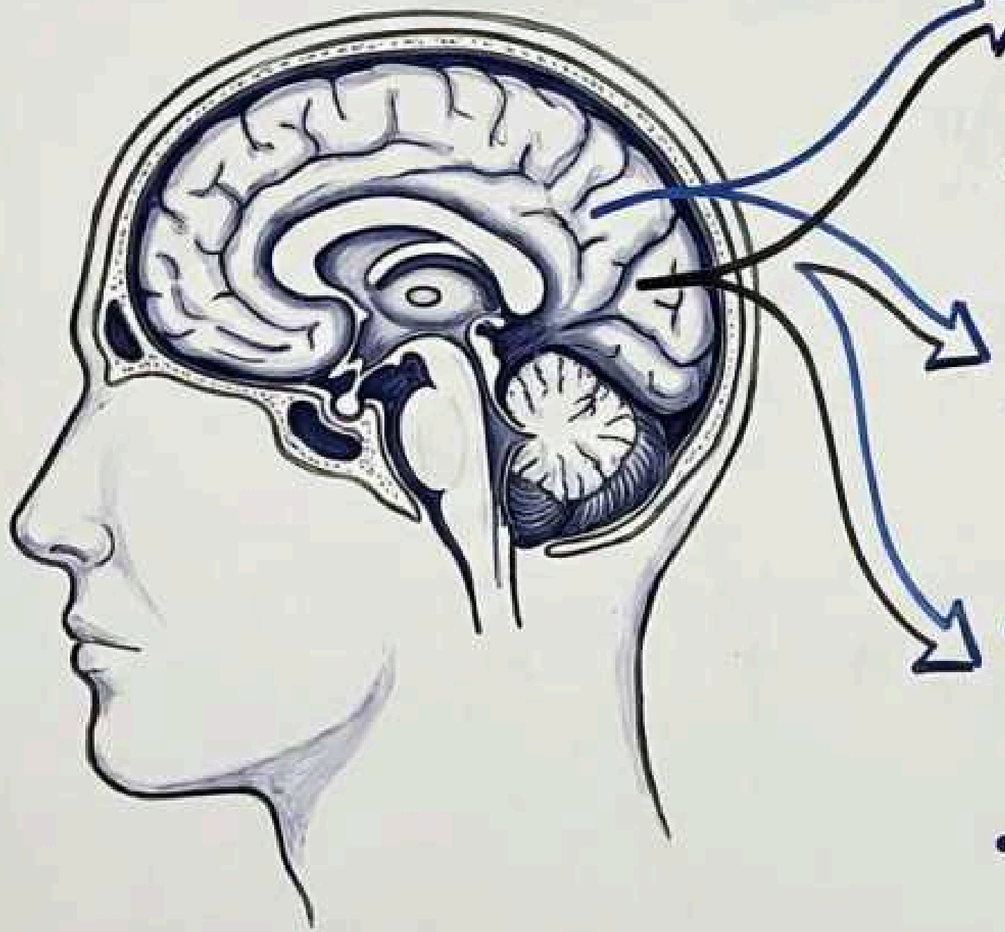
Psychosis
- Schizophrenia
- Bipolar Disorder
- Severe Depression
- Drug-induced states
- Physical illnesses (e.g., Delirium)

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¶3.2

Epidemiology: < 1% lifetime risk

Onset: Late adolescence to early adulthood.

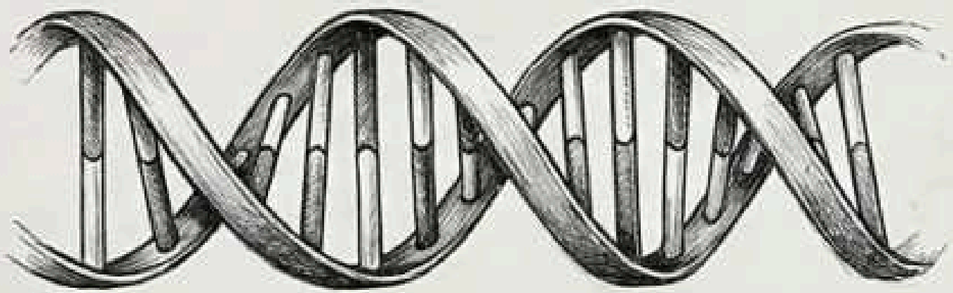


(+) Positive Symptoms	(−) Negative Symptoms	(Δ) Cognitive Symptoms
• Hallucinations (most often hearing voices) • Delusions (e.g., beliefs of being persecuted) • Disorganized thinking and speech.	↓ Motivation ↓ Emotional expression ↓ Speech ↓ Social engagement.	• Deficits in attention and memory → strongly impairs daily functioning.

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¶3.3

$$\text{Risk}_{SZ} = \left[\sum_{i=1}^{n}(G_i)\right] \times [E_{factors}]$$



High familial heritability: many genetic variants each contributing a small risk.



Growing up in cities



Complications at birth, childhood adversity, migration



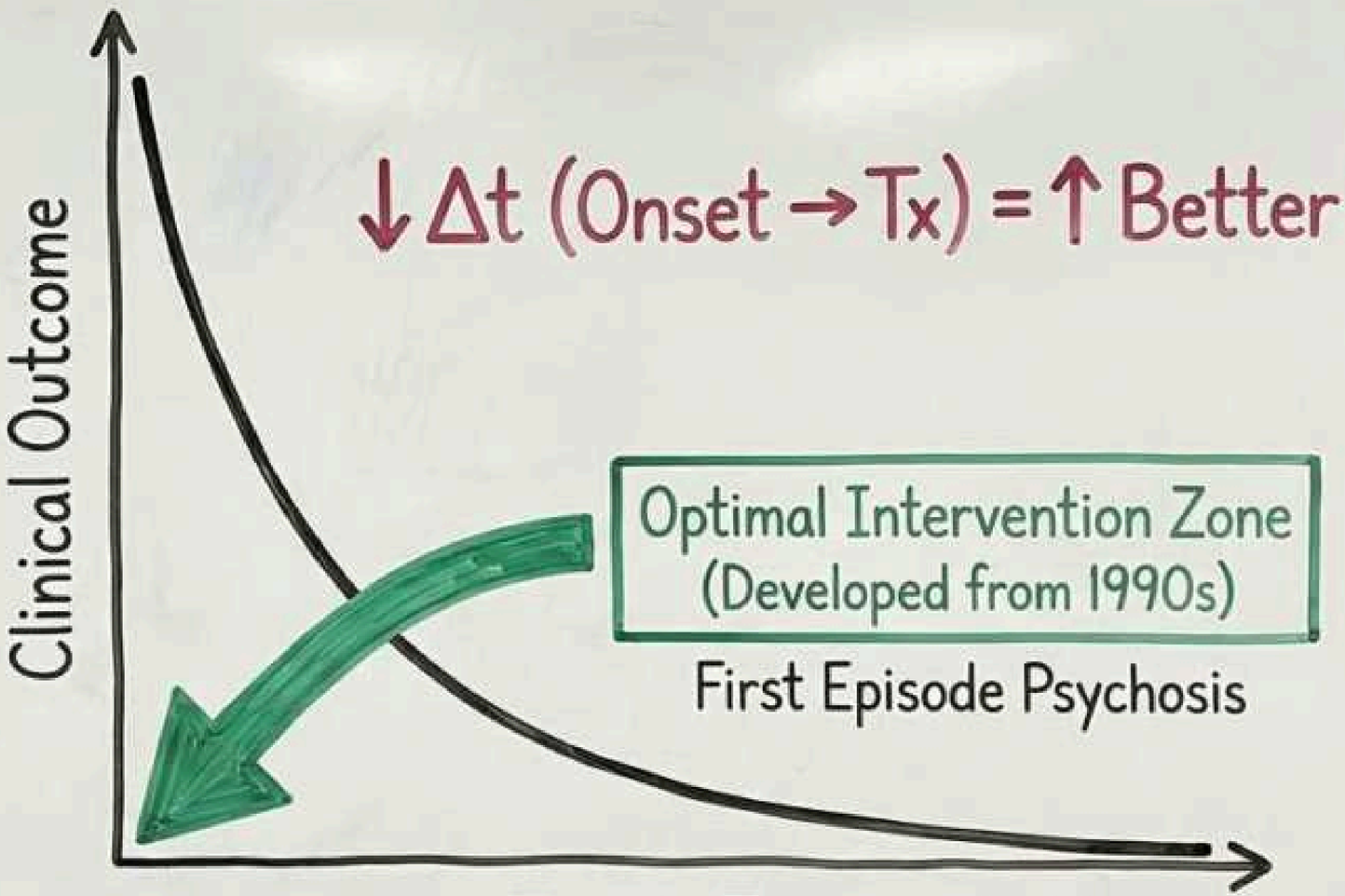
Heavy cannabis use, especially high-potency in adolescence

Schizophrenia arises from a complex combination of genetic variants and environmental stressors.

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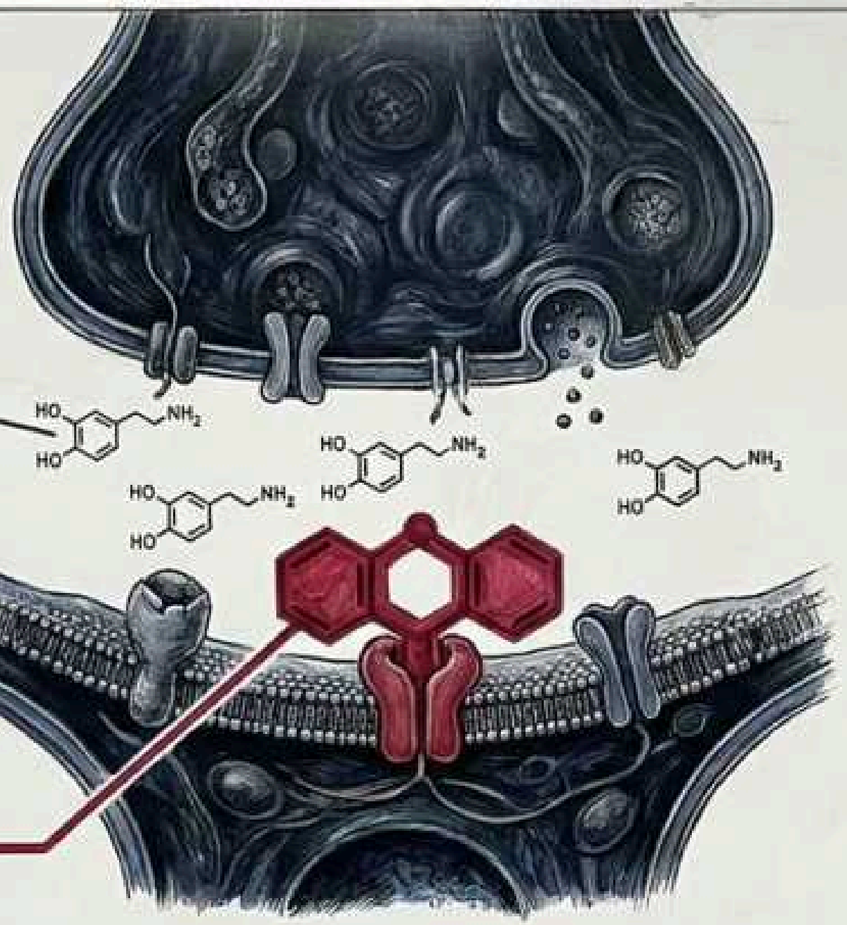
¶ 3.4

↓ Δt (Onset → Tx) = ↑ Better Outcomes



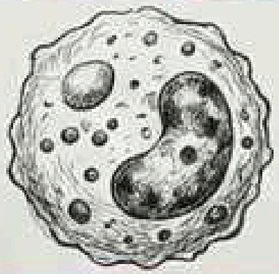
Specialist Care Vector:
- Medication +
- Family Support +
- Psychological Therapy +
- Assistance with Education & Work

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Mechanism: Blocks Dopamine Receptors → Reduces (+) symptoms & prevents relapse.

Clozapine (late 1980s): Highlighted as the most effective antipsychotic for treatment-resistant illness.

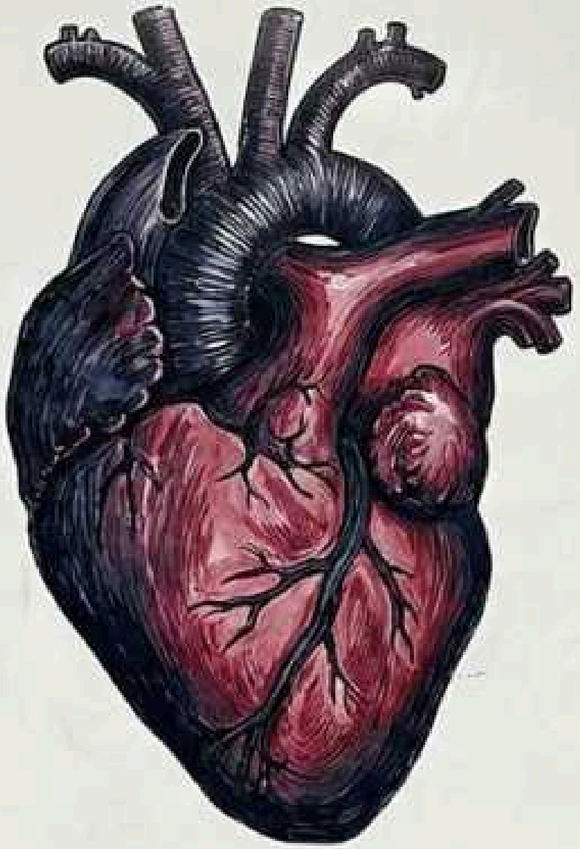


Requires regular blood monitoring → rare but dangerous fall in white cells.

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¶ 3.6

Antipsychotics
↓
Weight Gain
& Diabetes
↓
↑ Cholesterol
↓
Movement Disorders



$$\text{Life Expectancy}_{SMI} = \text{Population}_{Avg} - [15 \text{ to } 20 \text{ Years}]$$

- Mortality is mostly driven by physical illnesses (e.g., heart disease).
- Contributing Vectors: Medication side effects, smoking, poverty, poorer access to physical healthcare.

Conclusion: Monitoring and improving physical health is a core part of psychiatric care.

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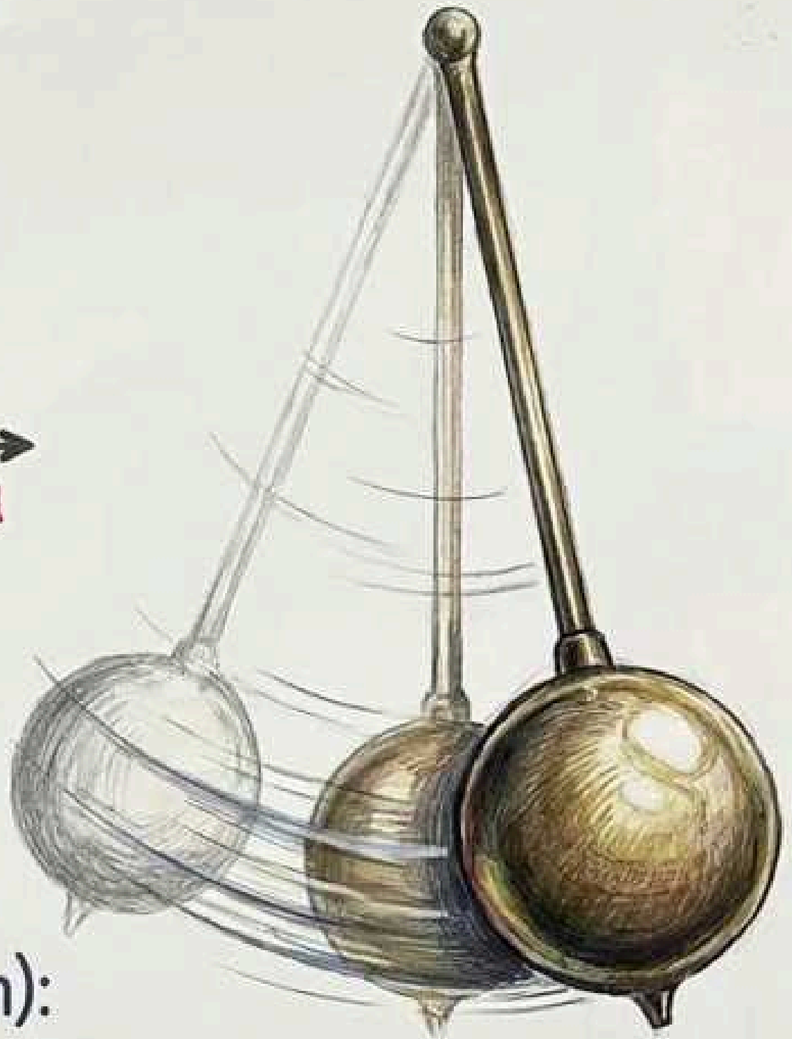
¶ 3.7

Mid-Peak (Hypomania):
A milder form of elevation.

Euthymia

Peak (Mania):
Abnormally elevated, expansive, or irritable mood.
Features: ↑ Energy, ↓ Need for sleep, Rapid speech, Racing thoughts, Grandiose ideas, Risky behavior (e.g., overspending). Can include psychosis and often requires hospital admission.

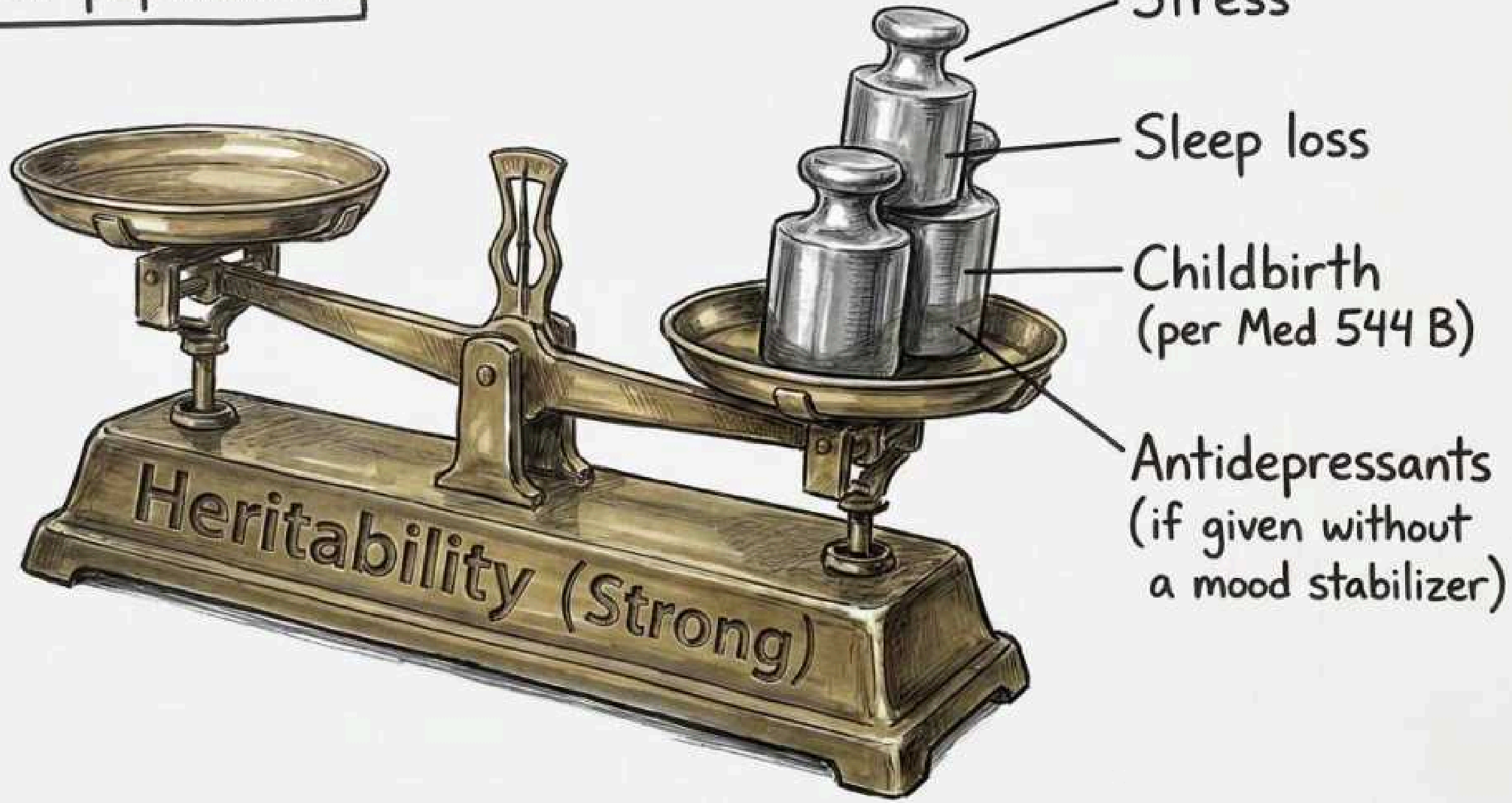
Trough (Depression):
Severe episodes alternating with mania/hypomania.



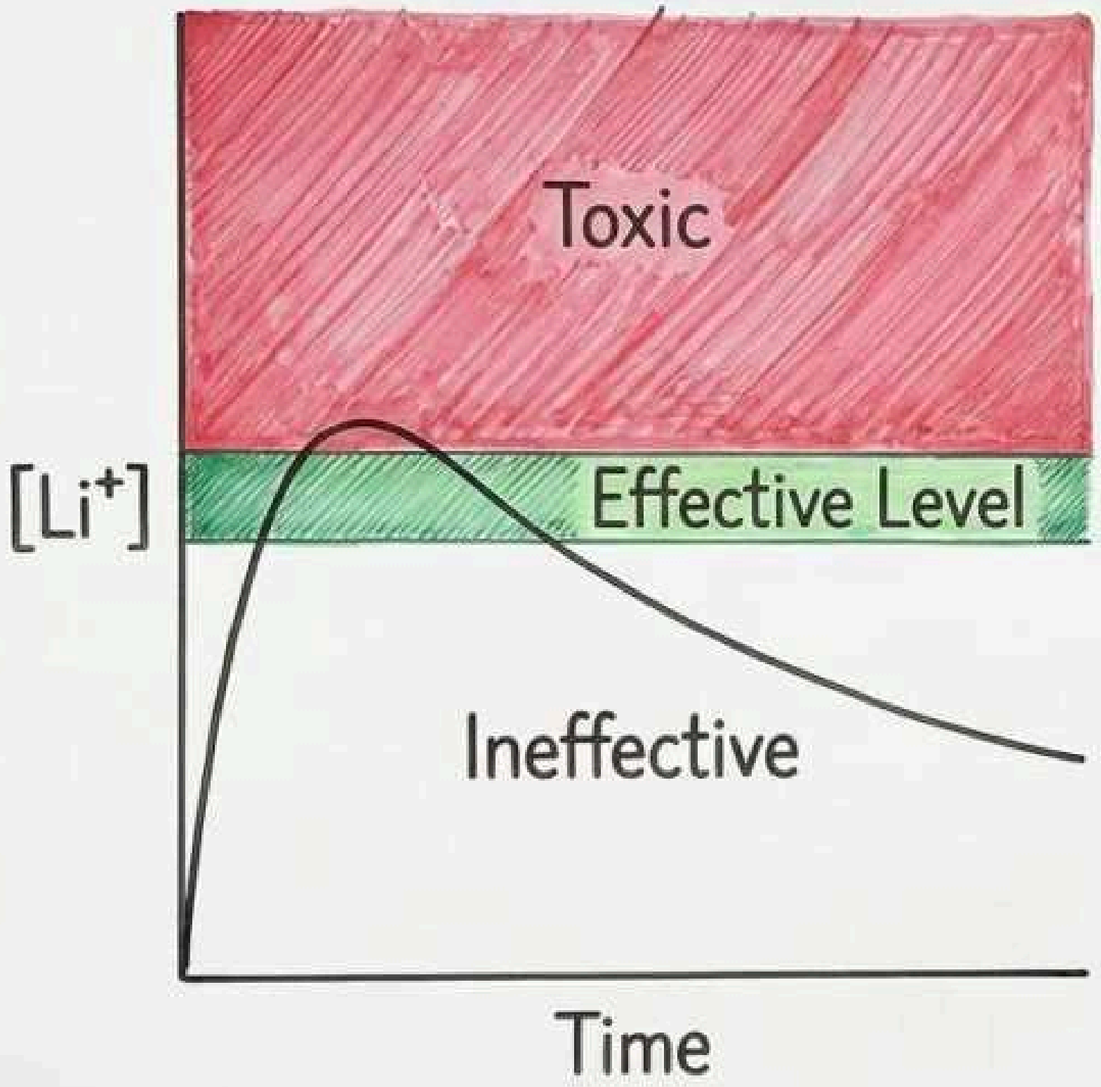
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¶ 3.8

Base Prevalence:
1 to 2% of population.



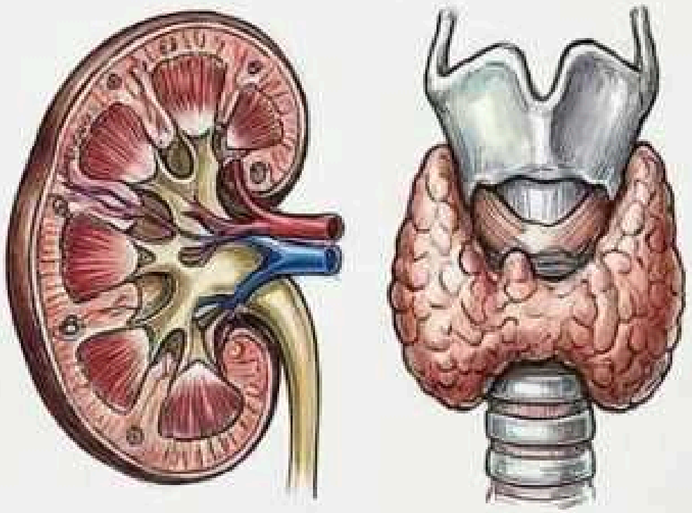
¶3.9



Discovery: John Cade (Australia, 1949).

Outcomes: Most effective long-term treatment for preventing relapse; reduces suicide risk. (Notes that other mood stabilizers/antipsychotics are also used).

Small margin of safety requires regular blood tests.



¶ 3.10



- Recovery from severe mental illness is entirely possible.
- The recovery approach emphasizes hope and living well, not only symptom reduction.
- Required inputs: Good treatment + Support + Opportunities.

$$\lim_{\text{Treatment} \to \infty} (\text{Symptom Reduction}) \neq \text{Full Recovery}$$

¶ 3.11

1. Core Pathology: Psychosis = loss of contact with reality.	2. Conditions: Schizophrenia & Bipolar are serious but treatable.
3. Strategy: Early intervention ↑ outcomes.	4. Holistic View: Physical health is a central concern.



Next Lecture: Substance Use.

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