

A Brief Review of Organic Brain Disorders are Included in Mental Disorders

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Abstract

Organic brain syndromes are becoming an increasing source of social, economic, and public health issues. There is no single symptom that is pathognomonic in the diagnosis of organic brain syndrome. Disruptions in cognitive processes like memory, thinking, perception, and attention are at the heart of organic brain syndrome. Emotional expression is altered, and alertness and vigilance are thrown off. Compensatory, protective, and reactive symptoms blur the clinical picture. Impaired cerebral function and the individual's subjective meaning of the illness are the most significant psychopathogenetic mechanisms of organic brain syndrome. Organic brain syndromes can be broken down into seven purely descriptive clusters using the DSM-III classification system established by the American Psychiatric Association.

Keywords: Organic brain syndromes; Acute syndromes; Nonpsychotic syndromes; Astheno-emotional; Psychopathogenetic

Introduction

Acute and chronic brain syndromes, as well as psychotic and nonpsychotic syndromes, have not been subdivided. Delirium, dementia, amnesic syndrome, organic delusional syndrome, organic hallucinosis, organic affective syndrome, and organic personality syndrome are the organic brain syndromes. The aspects of differential diagnosis are discussed. Non-specific and multifactorial organic brain syndromes are brought on by industrial chemicals. The clinical picture is frequently characterized by tiredness and astheno-emotional or neurasthenic syndrome resembling neurotic states, depressive states, or presenile dementia when long-term exposure to organic solvents occurs [1].

Organic brain syndromes

Organic brain syndromes are becoming an increasing source of social, economic, and public health issues. There is no single symptom that is pathognomonic in the diagnosis of organic brain syndrome. Disruptions in cognitive processes like memory, thinking, perception, and attention are at the heart of organic brain syndrome. Emotional expression is altered, and alertness and vigilance are thrown off. The clinical picture is muddled by compensatory, protective, and reactive brain disorders. In the literature, the term organic brain syndrome (OBS) refers to both organic mental disorders and organic brain disorders. This reflects the dualist distinction between mind and body that gave rise to it. That is, it implies that behavioral, emotional, and cognitive dysfunction can be attributed to both "physical" and "mental" factors [2]. The latter are also referred to as psychopathology, but can an organic mental disorder or even normal behavioral and cognitive functioning that is unrelated to brain function exist? If you can't function without it, try it. And is it possible that a condition in the brain is not "organic" in the sense that it refers to something other than normal or impaired brain tissue function? According to current information, neither question can be answered positively. The diagnosis of OBS reflects a long-standing dualism in psychiatry regarding "functional" and "organic" disorders. This dualism is based on the belief that some behavioral abnormalities are caused by brain pathology, while others are caused by "psychological" or "functional" factors, such as emotional, social, and familial dysfunction [3].

It is now common knowledge that a wide range of medical conditions can result in the entire spectrum of psychiatric syndromes and symptoms. As a result, numerous diagnostic categories of psychiatric symptoms that are the result of particular medical conditions are recognized and typically grouped with other clinical entities that exhibit similar clinical manifestations. OBS has significant diagnostic, prognostic, and therapeutic implications when used wisely:

Psychopathogenetic

It suggests that treating the underlying brain pathology, rather than the behavioral-affective manifestations, may be the best course of action for addressing the symptoms. Medical intervention is the treatment of choice if OBS is secondary to some underlying brain pathology and if this pathology can be treated. However, in some cases of OBS (such as degenerative disease), medical treatment may be limited to the pharmacological treatment of behavioral problem symptoms. Medicine only provides symptomatic relief for other subcategories of OBS, such as mild to moderate traumatic brain injury (TBI) or stroke, leaving rehabilitation of impaired functions to other professions. Because brain pathology can reveal a spectrum of psychiatric symptoms and because many of these disorders may be reversible with medical intervention, it is crucial that practicing clinicians include the various forms of OBS in their differential diagnoses [4].

In the context of psychiatric symptoms, the presence of documented brain pathology may exclude standard psychotherapeutic methods for similar reasons. Thus, insight-oriented psychotherapy, for instance, is very ineffective for a patient whose frontal lobe damage impairs insight. Impaired cerebral function and the individual's subjective meaning of the illness are the most significant psychopathogenetic mechanisms of

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organic brain syndrome. Organic brain syndromes can be broken down into seven purely descriptive clusters using the DSM-III classification system established by the American Psychiatric Association; Acute and chronic brain syndromes, as well as psychotic and nonpsychotic syndromes, have not been subdivided. Delirium, dementia, amnesic syndrome, organic delusional syndrome, organic hallucinosis, organic affective syndrome, and organic personality syndrome are the organic brain syndromes. The aspects of differential diagnosis are discussed. Non-specific and multifactorial organic brain syndromes are brought on by industrial chemicals. The clinical picture is frequently characterized by tiredness and astheno-emotional or neurasthenic syndrome resembling neurotic states, depressive states, or presenile dementia when long-term exposure to organic solvents occurs [5].

Materials and Methods

Disorders of the Pituitary–Hypothalamus

At the beginning of the 20th century, psychiatrists were primarily responsible for providing medical care to patients with endocrine disorders. Bleuler and colleagues referred to psychophysiological functions associated with hormonal disorders as "endocrine psychosyndrome." Some patients are only diagnosed with an endocrine disease, such as Cushing disease, after being hospitalized for a psychiatric disorder, such as depression, despite the fact that endocrine disorders nowadays typically present in more subtle ways and are detected earlier by specialists. Psychoneuroendocrinology is a new field of study that focuses on the relationship between hormones and the brain. The physiological and pathophysiological roles of hormones in cognition, mood, behavior, sleep, and cognition can be studied using outcomes of hormonal excess syndromes and hormonal substitution as a model [6].

Psychiatric and Behavioural Conditions

Only a few mental disorders, such as so-called "organic mental disorders," in which organic (biological) factors have been demonstrated to be necessary for the development and maintenance of the respective disorder, have the etiology or pathophysiological processes fully understood. The majority of the other disorders, on the other hand, have no known etiology beyond the fact that a complex vulnerability-stress model appears to be the most appropriate for all of them. Although numerous theories have been proposed to explain some disorders' core psychopathological processes, the explanations at this point are insufficient and do not provide a solid classification basis. Consequently, the specific etiology or pathophysiological processes of mental disorders are largely atheoretic in the current classification systems for mental disorders. The current system is descriptive, which refers to the fact that the definitions of disorders typically only include descriptions of the clinical features of the disorders. These clinical features typically consist of easily recognizable behavior signs or symptoms like pathological anxiety reactions (such as a panic attack), mood disturbances, and certain psychotic symptoms that only require a minimal amount of inference from the observer [7].

Result and Discussion

Mental health issues: Abnormalities in mental or behavioral functioning that are connected to brain dysfunction. A specific organic factor that is thought to be etiologically related to the abnormal mental state and loss of previously acquired functional abilities is found in the history, physical examination, and laboratory tests. Disorders of schizophrenia, paranoia, and other psychoses: characterized by the onset of psychotic symptoms and a decline in functioning from previous

levels. When a person's personality traits are rigid and unadaptable and cause either significant social or occupational impairment or subjective distress, they are considered to have a personality disorder. The individual's characteristic features are not limited to distinct illness episodes; rather, they are typical of the individual's long-term functioning. Phobic disorder or resisting obsessive compulsive disorders' obsessions and compulsions. Physical symptoms for which there are no known physiological mechanisms or organic findings to support them [8].

Disorders of the emotions: characterized by mood swings and the presence of a complete or partial manic or depressive syndrome. A prolonged emotion that influences one's entire psychic life is referred to as mood; it for the most part includes either sorrow or rapture.

Mental impairment: When the evidence demonstrates or supports onset of the impairment before age 22, mental retardation is defined as significantly subaverage general intellectual functioning accompanied by deficits in adaptive functioning that first manifest during the developmental period.

Disorders related to anxiety: Anxiety is either the primary disturbance in these disorders, or it is experienced when the individual tries to control symptoms; for instance, confronting the dreaded object or circumstance in a

Disorders of substance abuse: changes in one's behavior or body as a result of regular use of substances that have an effect on the central nervous system. Other pervasive developmental disorders and autism: characterized by qualitative deficits in creative activity, the development of verbal and nonverbal communication skills, and the development of reciprocal social interaction. There is frequently a severely limited selection of activities and interests, many of which are stereotypical and monotonous [9].

Conclusion

The majority of mental disorders were linked to an increased likelihood of developing subsequent medical conditions; hazard ratios varied depending on the length of time since the mental disorder was first diagnosed, ranging from 0.82 to 3.62. Even though there is no official indication for bipolar disorders, clinicians typically prescribe mood stabilizers as empirically supported treatment for managing mood symptoms in patients with diagnoses other than bipolar disorder. More research is needed to determine the costs and benefits of this additional treatment for symptoms [10].

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