

# HIGH-YIELD PSYCHIATRY SYSTEM NOTES

FOR USMLE STEP 1 AND STEP 2

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**Dear IMG**

High-Yield Notes for USMLE Step 1 & Step 2 CK

# STEP 1 - PATHOPHYSIOLOGY & BASIC SCIENCE

## MOOD DISORDERS - DEPRESSIVE

- $\geq 2$  weeks of depressed mood + SIG E CAPS  $\rightarrow$  Major depressive disorder (MDD)
- SIG E CAPS: Sleep disturbance, Interest loss (anhedonia), Guilt/worthlessness, Energy loss, Concentration $\downarrow$ , Appetite/weight changes, Psychomotor changes, Suicidal ideation
- Neurobiology:  $\downarrow$  Serotonin,  $\downarrow$  Norepinephrine,  $\downarrow$  Dopamine
- Treatment: SSRIs (first-line), Psychotherapy (CBT)

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- Depression + Psychotic features  
(delusions/hallucinations) → Major depressive disorder with psychotic features
- Treatment: SSRI + Antipsychotic OR ECT
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- Chronic mild depression for  $\geq 2$  years + Never symptom-free  $> 2$  months → Persistent depressive disorder (Dysthymia)
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- Postpartum within 4 weeks + Depressed mood → Postpartum depression
- Treatment: SSRIs + Psychotherapy
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- Postpartum within 2 weeks + Psychosis + Risk of infanticide → Postpartum psychosis
- **PSYCHIATRIC EMERGENCY**

- Treatment: Hospitalization + Antipsychotics + ECT if needed
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- Depression in winter months + Improves in spring/summer → Seasonal affective disorder (SAD)
- Treatment: Light therapy + SSRIs

## **MOOD DISORDERS - BIPOLAR**

- $\geq 1$  manic episode ( $\geq 1$  week) + May have depressive episodes → Bipolar I disorder
- Manic episode: DIG FAST - Distractibility, Irresponsibility/Impulsivity, Grandiosity, Flight of ideas, Activity $\uparrow$ /Agitation, Sleep $\downarrow$ , Talkative
- Neurobiology:  $\uparrow$  Dopamine,  $\uparrow$  Norepinephrine
- Treatment: Mood stabilizers (Lithium, Valproic acid, Carbamazepine), Atypical antipsychotics

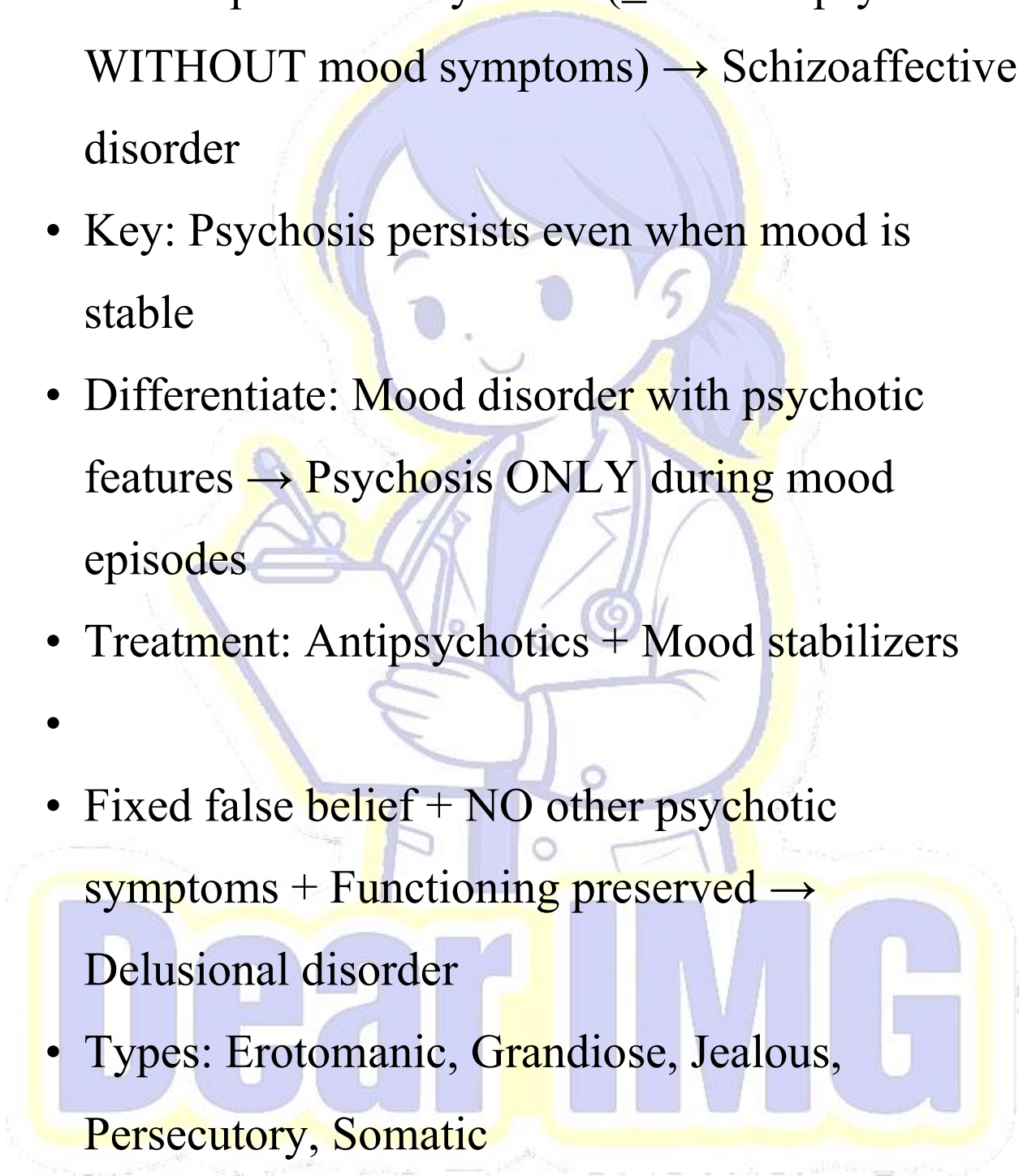
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- $\geq 1$  hypomanic episode ( $\geq 4$  days) +  $\geq 1$  major depressive episode  $\rightarrow$  Bipolar II disorder
- Hypomania = Milder mania, NO psychosis, NO marked impairment
- Treatment: Same as Bipolar I
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- $\geq 2$  years alternating hypomania + mild depression  $\rightarrow$  Cyclothymic disorder

## PSYCHOTIC DISORDERS

- $\geq 6$  months +  $\geq 2$  symptoms ( $\geq 1$  must be delusions/hallucinations/disorganized speech)  $\rightarrow$  Schizophrenia
- Positive symptoms: Delusions, Hallucinations (auditory most common), Disorganized speech, Disorganized behavior

- Negative symptoms: Flat affect, Alogia (poverty of speech), Avolition (lack of motivation), Anhedonia, Social withdrawal
- Neurobiology: ↑ Dopamine (mesolimbic pathway)
- MRI: Ventriculomegaly, ↓ Frontal lobe volume
- Treatment: Atypical antipsychotics (Risperidone, Olanzapine, Quetiapine, Aripiprazole)
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- Psychotic symptoms 1-6 months → Schizophreniform disorder
- If symptoms persist >6 months → Becomes schizophrenia
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- Psychotic symptoms <1 month + Usually stress-related → Brief psychotic disorder

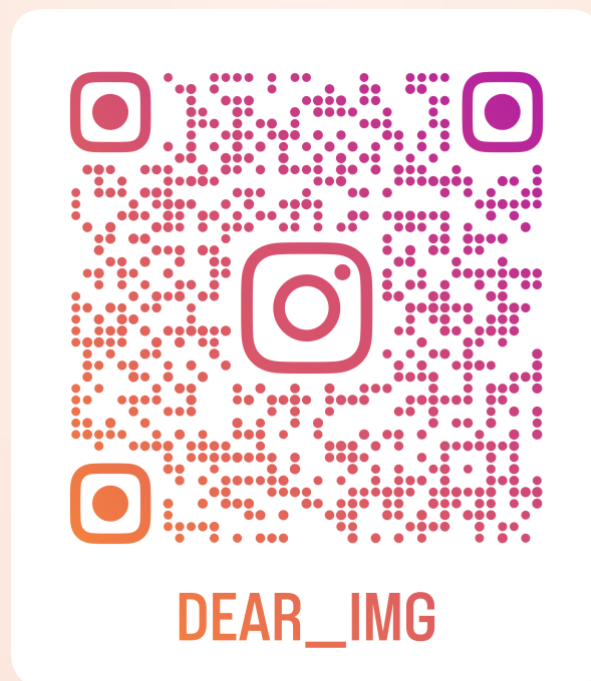
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- Mood episode + Psychosis ( $\geq 2$  weeks psychosis WITHOUT mood symptoms) → Schizoaffective disorder
- Key: Psychosis persists even when mood is stable
- Differentiate: Mood disorder with psychotic features → Psychosis ONLY during mood episodes
- Treatment: Antipsychotics + Mood stabilizers
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- Fixed false belief + NO other psychotic symptoms + Functioning preserved → Delusional disorder
- Types: Erotomantic, Grandiose, Jealous, Persecutory, Somatic





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