

# Lexicon of psychiatric and mental health terms

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SECOND EDITION

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# Introduction

Far from being a pastime of retired academics, psychiatric lexicography today is a necessary counterpart of the standardization of diagnosis and the refinement of classification in the mental health field. The past two decades have witnessed the introduction of explicit (or "operational") diagnostic criteria in a field that was formerly considered open to subjective interpretation, with clinical judgement as the final arbiter. Recent classifications of mental and behavioural disorders, such as DSM-III-R<sup>1</sup> and Chapter V(F) of ICD-10<sup>2</sup>, have been developed with the ambitious goal of serving as clinical, research, and teaching tools rather than merely as conventions for statistical reporting of psychiatric diagnoses. Clinical descriptions and diagnostic guidelines for some 380 disorders are incorporated in *The ICD-10 Classification of Mental and Behavioural Disorders: Clinical descriptions and diagnostic guidelines*,<sup>3</sup> which represents a major step towards the attainment of a "common language" among mental health professionals and other workers worldwide.

However, agreement and mutual understanding in the mental health field will remain incomplete or spurious unless the syntax provided by the classification and diagnostic criteria is complemented by an equally explicit and acceptable lexis. Clinical descriptions and diagnostic guidelines, explicit as they are, use terms that are not themselves defined. Many of these terms have a long history and evolved in contexts different from the one provided by current classifications. Some of them have changed their meanings repeatedly. In addition, modern psychiatry is increasingly permeated by concepts and by related terms originating in other scientific and clinical fields with which psychiatry is interacting: biology, genetics, physiology, neurology, psychology, and the social sciences. There is a practical need in clinical work, teaching, and research for reference to an authoritative lexicon of terms.

In 1989 the World Health Organization published the *Lexicon of psychiatric and mental health terms, Volume 1* (Lexicon 1), which contained definitions of over 300 terms that appeared in Chapter V of ICD-9.<sup>4</sup> This was the result of a joint project between the WHO Division of Mental Health and the US Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA), which had sponsored much of the work leading to a better congruence between ICD and other national classifications in the mental health field, and to the development of international diagnostic instruments for field and clinical research.

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1 *Diagnostic and statistical manual of mental disorders*, 3rd ed. (revised). Washington, DC, American Psychiatric Association, 1987.

2 *International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Vol. 1: Tabular list*. Geneva, World Health Organization, 1992 (Chapter V(F) Mental and behavioural disorders).

3 *The ICD-10 Classification of Mental and Behavioural Disorders: Clinical descriptions and diagnostic guidelines*. Geneva, World Health Organization, 1992.

4 *International Classification of Diseases, Ninth Revision, Vol. 1*. Geneva, World Health Organization, 1977.

Following the finalization of the ICD-10 Classification of Mental and Behavioural Disorders, it became apparent that the lexicographic work initiated in connection with ICD-9 was in need of continuation to account for the many new terms that had been incorporated in ICD-10. It was under the aegis of the joint WHO/ADAMHA project that this new version of the Lexicon was conceived and prepared.

The second edition of the *Lexicon of psychiatric and mental health terms* is designed as a companion volume to the ICD-10 Classification of Mental and Behavioural Disorders. It contains some 700 terms that appear in the text of ICD-10 and that, in the judgement of experts, require definitions. Some of these, common to both ICD-9 and ICD-10, have been reproduced, with minor modifications, from Lexicon 1. The majority of terms, however, had to be defined *de novo*, except for the names of disorders that have a descriptive definition in ICD-10.

As in Lexicon 1, most of the terms incorporated in this second edition fall into three broad categories: (i) names of diseases, syndromes, and other conditions that appear as diagnoses in psychiatry; (ii) names of symptoms or signs and other psychopathological terms used in the descriptions or definitions of psychiatric disorders; and (iii) terms for abstract constructs reflecting relationships or rules and principles used in the conceptual construction of psychiatric diagnosis and classification. However, this second edition of the Lexicon includes a fourth category of terms, namely those originating in disciplines and fields outside psychiatry, which have gained a firm position within the mental health area. In contrast to the tripartite structure of Lexicon 1, corresponding to categories (i)–(iii), the arrangement of terms in the second edition follows the alphabetical principle throughout.

Where appropriate, the code number of the ICD-10 category in which the term appears is given in parentheses for each entry. Alternative names of certain disorders are given in square brackets, e.g. acquired aphasia with epilepsy [Landau-Kleffner syndrome]. For most of the terms, existing synonyms (or near synonyms) have been listed; where it is recommended that the user consult a related term in the Lexicon, the suggestion "See also" is given. The use of bold type for any term within a definition indicates the existence of a lexicon entry for that term.

The definitions were drafted and edited by a small editorial group consisting of Professor Michael Shepherd, Professor Assen Jablensky, and Dr Robert Campbell. In the final stages of the project the group was assisted by Dr Aleksandar Janča of the Division of Mental Health, WHO. Dr Norman Sartorius, then Director, Division of Mental Health, WHO, provided overall support and advice throughout this prolonged, and often laborious, project.

# Acknowledgements

As was the case for the first edition of the *Lexicon of psychiatric and mental health terms*, the preparation of this edition was supported by funds provided through the World Health Organization/National Institutes of Health (formerly ADAMHA) Joint Project on the Diagnosis and Classification of Mental Disorders, Alcohol- and Drug-Related Problems.

# Definitions of terms

**abreaction** The process of discharge or release of emotional tension associated with a repressed conflict, memory, or idea and often accompanied by the recall of a painful experience. As a technique it was introduced originally by Breuer (1842–1925) in a psychoanalytical context, but the term has since been broadened and has entered general parlance.

## **abuse**

1. Excessive or improper use of substances, e.g. alcohol or other drugs, which may result in damage to health or increased risk of such damage.

*See also:* abuse of non-dependence-producing substances; caffeine use disorder; harmful use; substance use disorder

2. Mistreatment; harming or injuring another.

*See also:* child abuse; deprivation; maltreatment syndrome; victimology

**abuse of non-dependence-producing substances** Excessive or inappropriate use of any of a wide variety of medicinals, proprietary drugs, and herbal and folk remedies. Particularly important groups are:

1. psychotropic drugs that do not produce dependence, such as **antidepressants**;
2. laxatives (abuse of which is termed **laxative habit**); and
3. **analgesics** such as aspirin and paracetamol.

Also within this group are **antacid abuse**, **vitamin abuse**, and **abuse of steroids** or hormones.

**acculturation difficulty** Slowness or inadequacy in adapting to the demands of a new environment with which the individual could reasonably be expected to cope.

**achievement test, standardized** A psychological test of known mean value and deviation, designed to measure an individual's level of acquired skill or knowledge in a particular field, principally for education, vocational, or diagnostic purposes.

**acquired aphasia with epilepsy [Landau–Kleffner syndrome] (F80.3)** A disorder in which the child, having previously made normal progress in language development, loses both **receptive and expressive language skills** but retains general intelligence; the onset of the disorder is accompanied by paroxysmal abnormalities on the EEG, and in the majority of cases also by epileptic **seizures**. Usually the onset is between the ages of 3 and 7 years, with skills being lost over days or weeks. The temporal association between the onset of



seizures and loss of language is variable, with one preceding the other (either way round) by a few months to 2 years. The clinical characteristics suggest the involvement of an inflammatory encephalitic process in the etiology. About two-thirds of patients are left with a more or less severe receptive language deficit.

**acrophobia** A morbid fear of heights.

**addiction, drug** See dependence syndrome.

**adjustment disorder (F43.2)** States of subjective distress and emotional disturbance, usually interfering with social functioning and performance, arising in the period of adaptation to a significant life change or a **stressful life event**. The **stressor** may have affected the integrity of an individual's social network (bereavement, separation experiences) or the wider system of **social support** and values (migration, refugee status), or represented a major developmental transition or crisis (going to school, becoming a parent, failure to attain a cherished personal goal, retirement). Individual predisposition or vulnerability plays an important role in the risk of occurrence and the shaping of the manifestations of adjustment disorders, but it is nevertheless assumed that the condition would not have arisen in the absence of the stressor. The manifestations vary and include depressed mood, anxiety, or worry (or mixture of these), a feeling of inability to cope, plan ahead, or continue in the present situation, as well as some degree of impairment in the performance of daily routine. **Conduct disorder** may be an associated feature, particularly in adolescents. The predominant feature may be a brief or prolonged depressive reaction, or a disturbance of other emotions and conduct, including **culture shock**, **grief reaction**, and **hospitalism** in children.

**affect, lability of** The uncontrolled, unstable, abnormally fluctuating expression of mood, encountered most frequently in organic brain syndromes, early **schizophrenia**, and some forms of neurotic and personality disorders.  
**Synonym:** fluctuation of mood

**affective disorder** See mood disorder.

**affective disorder, bipolar (F31)** A disorder characterized by two or more episodes in which the patient's mood and activity levels are significantly disturbed. This disturbance consists on some occasions of an elevation of mood and increased energy and activity, and on others of a lowering of mood and decreased energy and activity.  
**See also:** depression; hypomania; mania

**affective disorder, organic (F06.3)** A disorder characterized by a change in mood or affect (depressive, hypomanic, manic, or bipolar), usually accompanied by a

change in the overall level of activity, and presumed to be a consequence of an independently demonstrated organic cerebral or other physical disorder. In individuals with right hemispheric disorder there is a change in ability to express or comprehend emotion.

**affective disorder, persistent** *See* mood disorder, persistent.

**affective disorder, residual, alcohol- or drug-related** *See* psychotic disorder, residual and late-onset, alcohol- or drug-induced.

**aggressive personality disorder** *See* personality disorder, emotionally unstable.

**agitation** Marked restlessness and excessive motor activity, accompanied by anxiety.

**agnosia** A loss or impairment of the capacity to recognize objects as a result of perceptual disorder affecting the interpretation of sensory stimuli.

**agoraphobia (F40.0)** A fairly well-defined cluster of phobias embracing fears of leaving home, entering shops, crowds and public places, or travelling alone in trains, buses, or planes. Panic attacks are a frequent feature. Depressive and obsessional symptoms and **social phobias** are also commonly present as subsidiary features. Avoidance of the phobic situation is often prominent, and some agoraphobics experience little anxiety because they are able to avoid their phobic situations. The condition was first described by Westphal in 1872 as a morbid fear of large open spaces.

*See also:* panic disorder

**agraphia** In its complete form, an inability to express ideas in writing that is unrelated to dysfunction of motor power, speech, or **comprehension**; it is associated with a lesion in the posterior part of the middle frontal gyrus of the dominant hemisphere. Agraphia is commonly associated with alexia as a symptom of visual asymbolia.

**AIDS** Acquired immunodeficiency syndrome, an infectious disease caused by a retrovirus, human immunodeficiency virus (HIV). The virus is spread by contact with the body fluids (e.g. semen, blood) of an infected person. HIV infects and suppresses the T4 lymphocytes (helper-inducer cells). Many of the HIV-associated neuropsychiatric disorders may be due to a direct neurotropic action of the virus. AIDS manifests itself through one or more indicator diseases such as Kaposi sarcoma, primary CNS lymphoma, progressive multifocal leukoencephalopathy, and opportunistic infections to which the individual is abnormally vulnerable because of a compromised immune defence system.

*See also:* AIDS-related complex (ARC)

**AIDS, CNS complications** *See* HIV-associated neuropsychiatric disorders

**AIDS–dementia complex (ADC)** HIV-associated **dementia**.

**AIDS-related complex (ARC)** A clustering of certain symptoms that some clinicians consider to be the earliest indicators or premonitory signs of AIDS, including lymph node enlargement, night sweats, persistent fevers, persistent cough, prolonged diarrhoea, weight loss, and development of candidiasis (thrush).

**Synonyms:** AIDS prodrome; generalized lymphadenopathy syndrome (GLS)

**akinesia** Signifying in general the absence or lack of voluntary movement, akinesia has become the term of choice for the state of difficulty in initiating movements or changing from one motor pattern to another that is associated with **Parkinson disease**.

**alcohol amnestic disorder** *See* Korsakov psychosis.

**alcoholic brain syndrome, chronic** *See* psychotic disorder, residual and late-onset, alcohol- or drug-induced.

**alcoholic dementia** *See* psychotic disorder, residual or late-onset, alcohol- or drug-induced.

**alcoholic encephalopathy** **Encephalopathy** precipitated by alcohol use.

**alcoholic hallucinosis** *See* psychotic disorder, alcohol- or drug-induced.

**alcoholic jealousy** *See* psychotic disorder, alcohol- or drug-induced.

**alcoholic paranoia** *See* psychotic disorder, alcohol- or drug-induced.

**alcoholism** The **dependence syndrome** induced by alcohol. Also, chronic alcoholism (*deprecated*).

**See also:** substance use disorder

**alexia** In its complete form, an inability to recognize and understand written or printed words, ideograms, letters, or colours due to a failure to recognize the linguistic significance of visual patterns; it is associated with a lesion in the medial occipitotemporal gyrus in the dominant hemisphere, and involvement of the optic radiation causes a homonymous hemianopia. Alexia is commonly combined with agraphia as a symptom of visual asymbolia.

**Alzheimer disease** A primary degenerative cerebral disease of unknown etiology with characteristic neuropathological and neurochemical features, including

cortical atrophy with neurofibrillary tangles and **neuritic argentophilic plaques**, and a marked reduction in the enzyme choline acetyltransferase, in acetylcholine itself, and in other neurotransmitters and neuromodulators. The disorder is usually insidious in onset and develops slowly but steadily over a period of several years. Cases with late onset, i.e. after the age of 65 years (Type 1), are characterized by a slow progression, with memory impairment as the principal feature; cases with onset before the age of 65 years (Type 2) show a relatively rapid deteriorating course and marked multiple disorders of the higher cortical functions. The condition was first described as presenile dementia by Alzheimer (1864–1915).

**Alzheimer neurofibrillary changes** *See* neurofibrillary tangles.

**amaurotic family idiocy** *See* Tay–Sachs disease.

**amnesia** A loss or disturbance of memory (complete or partial, permanent or temporary), attributable to either organic or psychological causes.

**amnesia, anterograde (R41.1)** Memory loss of varying duration for events and experiences subsequent to a causal incident after consciousness has been regained.

**amnesia, dissociative (F44.0)** The main feature is loss of memory, usually of important recent events, that is not due to organic mental disorder and is too great to be explained by ordinary forgetfulness or fatigue. The **amnesia** is usually centred on traumatic events, such as accidents or unexpected bereavements, and is usually partial and selective. Complete and generalized amnesia is rare, and is usually part of a **fugue**.

**amnesia, postictal** Memory loss of varying duration following epileptic **seizures**, usually for episodes of clouding of consciousness or automatism.

**amnesia, retrograde** Memory loss of varying duration for events and experiences preceding a causal incident.

**amnesia, selective** A form of psychogenic memory loss restricted to associations of the psychological precipitant of the reaction.

**amnesic syndrome, alcohol- or drug-induced (F1x.6)** Organic amnesic syndrome caused by alcohol or other drugs.

*See also:* Korsakov psychosis; substance use disorder; Wernicke encephalopathy

**amnesic syndrome, organic (F04)** Prominent impairment of recent and remote memory while immediate recall is preserved, with reduced ability to learn new material and disorientation in time. Confabulation may be a marked feature, but perception and other cognitive functions, including the intellect, are usually intact.

**Synonyms:** dysmnestic state; Korsakov syndrome (other than induced by alcohol or drugs)

**See also:** amnesic syndrome, alcohol- or drug-induced.

**amnesic disorder** *See* amnesic syndrome, organic.

**amoral personality disorder** *See* personality disorder, dissocial.

**amotivational syndrome** Characteristics are apathy, loss of effectiveness, diminished capacity to carry out complex or long-term plans, low tolerance for frustration, impaired concentration, and difficulty in following routines. The syndrome may occur in the course of a variety of mental disorders, e.g. **schizophrenia** and **affective disorders**. It has also been observed in association with regular marijuana use or other substance use, but the extent to which it is attributable to the direct effects of the substance rather than to characteristics of the user's **personality**, attitude, or developmental stage is uncertain.

**amyloid** Abnormal proteins and polypeptides forming deposits at sites of histopathological lesions. Such deposits make up the core of the **neuritic argento-philic plaque**, which is a typical finding in the brain affected by **Alzheimer disease**.

**amyotrophy** Wasting of skeletal muscle on a neurogenic basis, as distinct from wasting on the basis of primary muscle disease.

**anaesthesia, dissociative (F44.6)** Impaired sensation not due to organic disorder. It is characterized by sensory loss with anaesthetic areas of skin which often have boundaries suggesting that they are associated with the patient's ideas about bodily functions, rather than medical knowledge. There may be differential loss between the sensory modalities, which cannot be due to a neurological lesion. Sensory loss may be accompanied by complaints of **paraesthesia**.

**anaesthesias** Losses of feeling or sensation in part of the body, attributable to either physical or psychological causation.

**analeptic drug** *See* stimulant.

**analgesic abuse** *See* abuse of non-dependence-producing substances.

**analgesic drug** Drug or other agent that alleviates pain.

**anankastic features** Compulsive phenomena such as overscrupulousness, self-destructive intrusive thoughts and images, and anxious uncertainty, occurring in sensitive personalities characterized by a perpetual sense of guilt and inferiority. The term was introduced by Schneider in 1939.

*See also:* personality disorder, anankastic

**anhedonia** An absence of the capacity to experience pleasure, associated most frequently with some schizophrenic and depressive states. The concept was introduced by Ribot (1839–1916).

**anhedonia, sexual** *See* aversion, sexual.

**anorectic** *See* appetite suppressant.

**anorexia nervosa (F50.0)** Deliberate weight loss, induced and sustained by the patient, and a specific psychopathology whereby a dread of fatness and flabbiness of body contour persists as an intrusive, overvalued idea. Patients impose a low weight threshold on themselves, usually with resultant undernutrition of varying severity, secondary endocrine and metabolic changes, and disturbances of bodily function (e.g. amenorrhoea). Symptoms include restricted dietary choice, excessive exercise, induced vomiting and purgation, and use of **appetite suppressants** and diuretics. The disorder occurs most commonly in adolescent girls and young women, but older women up to the menopause, as well as adolescent boys and young men, may also be affected.

*See also:* eating disorder; Quetelet body mass index

**anorexia nervosa, atypical (F50.1)** Disorders that fulfil some of the features of **anorexia nervosa** but in which the overall clinical picture does not justify that diagnosis.

*See also:* eating disorder

**anorgasm, psychogenic** *See* orgasmic dysfunction.

**anosmia** Loss of the sense of smell, attributable to either physical obstruction or damage to the nervous mechanisms associated with this special sense.

**antacid abuse** *See* abuse of non-dependence-producing substances.

**antianxiety drug** Any of a heterogeneous group of substances employed in the treatment of morbid anxiety. They include the traditional **sedatives**, the **benzodiazepines**, and some antihistaminics and anticholinergics, as well as newer compounds. The term is loosely employed.

*Synonym:* anxiolytic drug

*See also:* substance use disorder

### Definitions of terms

**antidepressant abuse** *See* abuse of non-dependence-producing substances.

**antidepressant drug** Any chemical or pharmacological substance used to counteract depressive syndromes.

**antiepileptic drug** A drug that abolishes or attenuates epileptic **seizures**, either by its direct effects on the seizure foci or by preventing the spread of excitation from such foci. The antiepileptics in common clinical use include the barbiturates, phenytoins, oxazolidinediones, iminostilbenes, valproates, and some **benzodiazepines**.

**antiparkinsonian drug** A drug that reduces the severity of parkinsonian symptoms and signs by its action on the basal ganglia. The two principal categories contain:

1. natural or synthetic anticholinergic compounds;
2. dopaminergic substances, usually administered with antihistamines.

**antipsychotic** A general term loosely applied to several chemical classes of drugs employed in the symptomatic management of various psychotic conditions, especially the **schizophrenias** and states of excitement. The substances include the phenothiazines, the butyrophenones, and the thioxanthenes as well as newer drugs such as the diphenylbutyl piperidines, pimozide and fluspirilene. Most of them can give rise to adverse reactions, of which extrapyramidal syndromes are the most troublesome.

*See also:* neuroleptic drug

**antisocial personality disorder** *See* personality disorder, dissocial.

**anxiety disorder, generalized (F41.1)** Anxiety that is generalized and persistent but not restricted to, or even strongly predominating in, any particular environmental circumstances (i.e. it is "free-floating"). The dominant symptoms are variable but include complaints of persistent nervousness, trembling, muscular tension, sweating, lightheadedness, palpitations, dizziness, and epigastric discomfort. Fears that the patient or a relative will shortly become ill or have an accident are often expressed.

**anxiety disorder, organic** A disorder characterized by the features of **generalized anxiety disorder**, **panic disorder**, or a combination of both, arising as a consequence of an organic cerebral disorder.

**anxiety, episodic paroxysmal** *See* panic disorder.

**anxiolytic drug** *See* antianxiety drug.

**anxious [avoidant] personality disorder** *See* personality disorder, anxious [avoidant].

**aphasia** A loss (aphasia) or impairment (**dysphasia**) of the symbolic function of speech related to the **comprehension** and expression of meaning by means of words. The various forms of dysphasia depend on the site of the cerebral lesion and are generally subdivided into motor and sensory categories, involving speech production and speech comprehension respectively. In the developmental form of dysphasia, it is possible that no cerebral lesion will be found.

**aphasia, jargon** See jargon aphasia.

**aphasia, receptive** See Wernicke aphasia.

**aphasia, Wernicke** See Wernicke aphasia.

**aphonia** The inability to produce vocal sound as a result of organic or emotional disorder.

**apoplectic onset** Abrupt, dramatic beginning of an attack of cerebral disease, resembling stroke in the speed and spread of its manifestations. The opposite of insidious onset.

**appetite suppressant** An agent used to reduce hunger and diminish food intake in the treatment of obesity. Most of the drugs employed are **sympathomimetic amines**, whose efficacy is limited by associated insomnia, dependence phenomena, and other adverse effects.

**Synonyms:** anorectic; anorexiant

**See also:** substance use disorder

**apraxia** A loss (apraxia) or impairment (**dyspraxia**) of the ability to carry out a purposive movement, whose nature is understood, in the absence of ataxia, motor paresis, or sensory loss. Various functions may be affected, according to the site of the cerebral lesion and its pathology.

**arithmetical skills disorder, specific (F81.2)** A deficit in the mastery of basic computational skills of addition, subtraction, multiplication, and division, rather than of the more abstract mathematical skills involved in algebra, trigonometry, geometry, or calculus.

**Synonyms:** developmental acalculia; dyscalculia

**arousal** A psychophysiological concept incorporating a state of alertness of varying degree, associated with sensory stimulation and activation of corticopetal impulses from the reticular formation. Arousal has been linked with personality theory, the biological basis of drives, drug responses and mental disorders.

**See also:** autonomic hyperarousal with hypervigilance

**arousal disorder, female sexual** See genital response, failure of.



**arrhythmia** Any irregularity of rhythm or pattern, most commonly used in reference to abnormality of the heart beat. The electrocardiogram is used to detect abnormalities in the spread of the electrical impulse through the heart tissue. Cardiac arrhythmias may be caused by a variety of factors, including electrolyte imbalance, psychopharmacological agents and other drugs, heart disease, and anxiety.

**arteriosclerosis** An inexact term—literally, hardening of the arteries—which covers a variety of pathological processes associated with thickening and loss of elasticity of arterial walls.

**asocial personality disorder** *See* personality disorder, dissocial.

**Asperger syndrome (F84.5)** A disorder of uncertain nosological validity, apparent in childhood and characterized by the same type of qualitative abnormalities of reciprocal social interaction that typify **autism**, together with a restricted, stereotyped, repetitive repertoire of interests and activities. It differs from autism primarily in the fact that there is no general delay or retardation in language or in cognitive development. The disorder is often associated with marked clumsiness. There is a strong tendency for the abnormalities to persist into adolescence and adult life. Psychotic episodes occasionally occur in early adult life.

**Synonyms:** autistic psychopathy; schizoid disorder of childhood

**asthenic personality** *See* personality disorder, dependent.

**asthenic syndrome, postinfectious** A transient state of mild to moderate **depression**, fatigue, **irritability**, and heightened sensitivity to environmental stimuli, following recovery from an infectious, usually viral, disease. Postinfluenzal asthenia is the most commonly described instance of the syndrome, which may have a specific, but not yet fully understood, metabolic basis.

**Synonyms:** myalgic encephalomyelitis; post-viral fatigue

**See also:** neurasthenia

**asthma (bronchial)** A respiratory disorder consisting of recurrent episodes of spasm of the bronchioles, which traps air in the lungs and thus makes expiration difficult. Emotional and psychological factors are often important in triggering or aggravating attacks.

**attachment behaviour** Various forms of behaviour related primarily to the affective link between an infant and a care-giver, principally the maternal figure, which indicate to all concerned the need to ensure proximity to the care-giver and provide safety, comfort, and a base for exploration. Mother-to-infant attachment, often termed maternal bonding, has been held responsible for a variety of clinical disorders in children. Empirical research has challenged the validity of the concept.

**attachment disorder of childhood, disinhibited (F94.2)** A particular pattern of abnormal social functioning that arises during the first 5 years of life and tends to persist despite marked changes in environmental circumstances, e.g. diffuse non-selectively focused **attachment behaviour**, **attention-seeking behaviours**, indiscriminately friendly behaviour, and poorly modulated peer interactions. Depending on circumstances there may also be associated emotional or behavioural disturbance.

**attachment disorder of childhood, reactive (F94.1)** Persistent abnormalities in the child's pattern of social relationships that are associated with emotional disturbance and are reactive to changes in environmental circumstances (e.g. fearfulness and hypervigilance, poor social interaction with peers, aggression towards self and others, misery, and growth failure in some cases). The syndrome probably occurs as a direct result of severe parental neglect, **abuse**, or serious mishandling.

**attention deficit disorder** *See* hyperkinetic disorder.

**attention-seeking behaviour** A form of conduct motivated by a wish to gain attention; the behaviour is often inappropriate and occurs commonly in childhood and in personality disorders.

**attitude** An acquired behavioural disposition, assumed to account for variations in social behaviour under seemingly similar circumstances. As latent states of readiness to respond, attitudes cannot be measured directly but must be inferred from overt behaviour or questionnaire responses.

**auditory association** One of the steps in the processing of auditory stimuli, consisting of linking a sound to a memory trace or concept so that the sound can be apperceived and understood. Auditory processing is often defective in developmental language and reading disorders.

**auditory sequential memory** The ability to remember sounds that are presented in a series, such as a conversational phrase, a set of numbers, or a bar of music. Impairment in auditory sequential memory is frequent in developmental language and reading disorders.

**autism, atypical (F84.1)** A type of **pervasive developmental disorder** that differs from **childhood autism** either in age of onset or in failure to fulfil all diagnostic criteria. It refers to abnormal and impaired development that is present only after age 3 years, and a lack of sufficient demonstrable abnormalities in one or two of the three areas of psychopathology required for the diagnosis of autism (namely, reciprocal social interactions, communication, and restricted, stereotyped, repetitive behaviour) in spite of characteristic abnormalities in the other area(s). Atypical autism arises most often in profoundly retarded individuals and in individuals with a severe specific developmental **receptive language disorder**.

**autism, childhood (F84.0)** A pervasive development disorder defined by the presence of abnormal or impaired development that is manifest before the age of 3 years, and by the characteristic triad of abnormal functioning in social interaction, abnormal communication, and restrictive, stereotyped, repetitive behaviour. In addition to these specific diagnostic features, a range of other nonspecific problems are common, such as phobias, sleeping and eating disturbances, temper tantrums, and (self-directed) aggression.

**Synonyms:** infantile autism; Kanner syndrome

**autistic psychopathy** *See* Asperger syndrome.

**autonomic discharge** Activity within the vegetative (autonomic) nervous system, the result of activation of neurons within any of the structures involved in autonomic regulation or expression: cerebral cortex, subcortical grey masses such as the amygdala, septum, diencephalon, portions of the reticular formation of the brain stem, and peripheral sympathetic or parasympathetic nerve fibres. Unless further specified, autonomic discharge generally refers to activation of the sympathetic portion of the system, manifested as one or more of the following: constriction of blood vessels in skin and viscera, piloerection, relaxation of the muscular walls of hollow viscera, tachycardia, rise in blood pressure, pupillary dilatation, increased respiratory rate and depth, and heightened motor excitability. Sometimes referred to as the "fight or flight" response, autonomic discharge is characteristic of anxiety and panic states, stress reactions, and **sleep terrors**.

**autonomic hyperarousal with hypervigilance** Intense and prolonged autonomic discharge accompanied by a state of frozen watchfulness and alertness to environmental stimuli. Such responses are seen most frequently in **post-traumatic stress disorders** and in **reactive attachment disorder of childhood**.

**See also:** hypervigilance

**autosomal dominant gene** A gene carried by one of the 22 autosomes, which produces its effect regardless of whether it is present on one or on both chromosomes paired in the fertilized ovum or the somatic cell.

**aversion, sexual (F52.1)** A type of **sexual dysfunction** in which either the prospect of sexual interaction produces sufficient fear or anxiety that sexual activity is avoided (sexual aversion), or sexual responses occur normally and orgasm is experienced but there is a lack of appropriate pleasure (lack of sexual enjoyment, sexual **anhedonia**).

**See also:** sexual dysfunction

**avoidant disorder of childhood or adolescence** *See* social anxiety disorder.

**avoidant personality** *See* personality disorder, anxious [avoidant].

**backward reading** *See* reading disorder, specific.

**“bad trip”** One of the possible adverse effects of hallucinogen use, consisting of **hallucinoses** with marked anxiety or **depression**, **ideas of reference**, delusional ideas, fear of insanity, impaired judgement, and perceptual changes such as **depersonalization**, **derealization**, **hallucinations**, and synaesthesias. The episode usually ends in less than 2 hours.

*See also:* intoxication, acute

**barbiturate abuse** *See* sedative use disorder.

**belle indifférence** Apparent lack of concern about disabling symptoms, often a prominent feature of **dissociative [conversion] disorders**, described by French neuropsychiatrists in the 19th century. The symptom is now very rare. La belle indifférence is to be differentiated from anosognosia, a denial of illness based on a disorder of body image, usually the result of a lesion in the non-dominant parietal lobe. In la belle indifférence, the illness is not denied and body image is not disturbed, but the individual seems unconcerned about the degree to which symptoms interfere with functioning.

**benzodiazepine** Any of a group of aromatic lipophilic amines with a characteristic ring structure, which act on the gamma-aminobutyric acid (GABA) receptor and are used clinically as **anxiolytics**, **hypnotics**, and anticonvulsants. The benzodiazepines are not general neuronal depressants and they have a greater margin of safety than most other sedative-hypnotics. Individual benzodiazepines have markedly different pharmacological profiles but they can all induce dependence and give rise to a variety of side-effects.

*See also:* substance use disorder

**bestiality** Sexual intercourse with animals.

*See also:* sexual preference disorders.

**Binswanger syndrome** A rare form of **presenile dementia** associated with hypertension and ischaemic damage to the deep white matter of the cerebral hemispheres, in the presence of an intact cortex and a distinctive CT scan appearance of white matter translucency. The condition was first described by Binswanger in 1894.

**Synonyms:** chronic subcortical leukoencephalopathy; subcortical arteriosclerotic encephalopathy

*See also:* Alzheimer disease

**biological clock** Physiological mechanism that controls periodic changes or rhythms in various physical and behavioural functions, e.g. body temperature or blood pressure.

*See also:* circadian oscillator.

**bisexuality counselling** *See* sexuality counselling.

**borderline personality disorder** See personality disorder, emotionally unstable.

**borderline state** A poorly defined term employed with reference to three types of mental aberration:

1. an incomplete form of **schizophrenia**, virtually synonymous with **schizoid personality disorder**;
2. a general category of personality or character disorder, construed in psychoanalytic terms as a disturbance of ego function; and
3. a more specific form of personality disorder characterized by defective affectional relationships, a deficient self-identity, feelings of depressive loneliness, and a tendency to outbursts of anger.

None of these categories has been established as a valid clinical syndrome.

**bouffée délirante** A term used to designate acute psychotic episodes originally thought to occur in psychopathic personalities (dégénérés). The original description of the clinical picture contained five cardinal characteristics: abruptness of onset; a variety of fully formed delusions with occasional **hallucinoses**; some clouding of consciousness associated with emotional instability; an absence of physical signs; and a rapid complete remission. More recently, other features have been emphasized: the possibility of precipitation by psychosocial **stressors**; the high risk of recurrence of episodes after asymptomatic intervals; and the nosological independence of the episode from **schizophrenia**, though a chronic schizophrenic state may develop after one or more relapses. The term was first introduced in 1886 by Legrain and adopted by Magnan.

*See also:* reactive psychosis; schizophrenic episode, acute; schizophreniform psychosis

**brain imaging** A range of non-invasive techniques that rely on computer processing and enhancement of signals carried by X-rays, charged particles, or electromagnetic or ultrasonic waves for the visualization of cerebral structure, blood flow, or metabolism. Included are **computerized tomography**, positron emission tomography, single-photon emission tomography, and magnetic resonance imaging (formerly known as nuclear magnetic resonance tomography).

**brain neoplasm** Tumour originating within the brain, or intracerebral metastasis of neoplasms with a primary site elsewhere in the body. Both commonly produce a variety of mental symptoms (impairment of consciousness, cognitive deterioration, **hallucinations** and other psychotic phenomena, and affective changes), in addition to the signs of raised intracranial pressure, **focal neurological signs**, and epileptic **seizures**. In some cases, psychiatric symptoms may long precede the development of overt neurological signs.

**breath-holding attacks** A relatively common pattern of behaviour in young children, characterized by spells of voluntary suspension of breathing which may lead to

cyanosis and loss of consciousness. The condition is self-limiting and may be employed to manipulate the environment.

**bulimia nervosa (F50.2)** Repeated bouts of overeating and an excessive preoccupation with the control of body weight, leading to a pattern of overeating followed by vomiting or use of purgatives. Repeated vomiting often causes **electrolyte disturbances** and physical complications. Bulimia nervosa is sometimes preceded, by a few months to several years, by an episode of **anorexia nervosa**.

**Synonym:** hyperorexia nervosa

**See also:** eating disorder

**bulimia nervosa, atypical (F50.3)** Disorders that fulfil some of the features of bulimia nervosa, but in which the overall clinical picture does not justify that diagnosis.

**See also:** eating disorder

**burn-out** A state of physical or emotional exhaustion in response to the stress of unrelenting performance demands stemming from the individual's occupation. Characteristics are: impaired work performance, fatigue, insomnia, **depression**, reliance on alcohol or other drugs of abuse for temporary relief, and sometimes suicide. The term is controversial and some authorities maintain that most cases of burn-out are clinical depressions.

**caffeine use disorder** Acute or chronic overuse of caffeine, i.e. a daily intake of 250 mg or more, leading to toxic manifestations such as restlessness, insomnia, facial flushing, muscle twitching, tachycardia, gastrointestinal disturbances including abdominal pain, pressured or rambling thought and speech, and sometimes exacerbation of pre-existing anxiety or panic states, **depression**, or **schizophrenia**.

**See also:** substance use disorder

**cannabinoid use disorder** Any mental or behavioural disorder due to use of cannabis or its alkaloids. Cannabis, the cannabis alkaloids, and in particular tetrahydrocannabinol (THC) are the active ingredients of the hemp plant. Cannabis is also known as marijuana, grass, hashish, or pot. It is usually smoked, and the drug and its metabolites can be detected in urine for 48 to 72 hours after symptoms of acute intoxication disappear.

Cannabis intoxication impairs driving, flying, and the performance of other complex, skilled activities. It produces decrements in immediate recall, attention span, reaction time, learning ability, motor coordination, depth perception, peripheral vision, time sense (the individual typically has a sensation of slowed time), and signal detection. Other signs of intoxication include excessive anxiety, suspiciousness, or **paranoid** ideas in some and euphoria or apathy in others, impaired judgement, conjunctival injection, increased appetite, dry mouth, and tachycardia. Cannabis is often consumed with alcohol, a combination that is additive in its effects.

Heavy daily use may produce a chronic amotivational syndrome, characterized by loss of energy, reduced drive, loss of goal-directedness, and withdrawal

### Definitions of terms

from previous interests. Cannabis use may precipitate a relapse in schizophrenics. Acute anxiety and panic states and acute delusional states have been reported with cannabis intoxication; they usually remit within several days.

**See also:** substance use disorder

**cataplexy** Sudden decrease of muscle tone, which may be partial (involving circumscribed muscle groups, e.g. of the jaw or head) or generalized (the patient collapses in a heap, unable to move or speak). Consciousness is intact. The attack is often precipitated by emotional arousal, and is one of the diagnostic features of **narcolepsy**.

**See also:** narcolepsy

**catastrophic reaction** A response to exceptionally severe physical or mental **stress**, characterized by a breakdown of coping behaviour, intense anxiety, and shock. The term catastrophic reaction has also been applied to the state of **agitation** and helplessness exhibited by patients with cerebral damage when confronted with tasks beyond their competence (Goldstein, 1878–1965).

**See also:** acute stress reaction

**catatonia** A range of qualitative psychomotor and volitional disturbances including **stereotypies**, mannerisms, automatic obedience, catalepsy, echokinesis and **echo-praxia**, mutism, negativism, automatisms, and impulsive acts. These phenomena may occur against a background of hyperkinesia, hypokinesia, or **akinesia**. Catatonia was described as a separate disease by Kahlbaum in 1874, but later subsumed by Kraepelin as one of the subtypes of **dementia praecox (schizophrenia)**. Catatonic phenomena are not limited to schizophrenic psychoses and may occur in organic cerebral disease (e.g. encephalitis), other physical disease, and affective illness.

**catatonic disorder, organic** A disorder of diminished (**stupor**) or increased (excitement) psychomotor activity associated with catatonic symptoms. The condition arises in the context of cerebral disease, damage, or dysfunction.

**See also:** catatonia

**catatonic schizophrenia** *See* schizophrenia, catatonic.

**cerebral palsy** A group of chronic non-progressive disorders of the brain, present from birth or acquired during the developmental period, and characterized by bilateral disturbances of motility. Most commonly the corticospinal tracts are involved, producing weakness and spasticity most conspicuous in the lower extremities and leading to contractures and a “scissors gait”. There may also be associated athetosis or ataxia, and convulsions and **mental retardation** are frequent. The brain lesion(s) may be congenital or acquired (prenatal infection, birth injury, asphyxia, rhesus incompatibility, etc.).

**Synonym:** Little disease

**cerebral toxoplasmosis** Infection of the brain by the parasite *Toxoplasma gondii*; it occurs in patients with **AIDS** as a result of reactivation of latent brain infection with the opportunistic intracellular parasite. Both clinical findings and radiological studies are nonspecific; presumptive diagnosis can be based on response to empirical therapy with pyrimethamine and sulfadiazine. Lifelong treatment is usually necessary.

*See also:* HIV-associated neuropsychiatric disorders

**cerebral ventricles, enlarged** An increased volume of the ventricular system of the brain, due to cortical atrophy, obstructive hydrocephalus, or communicating hydrocephalus. As air encephalography and ventriculography have largely become superseded by non-invasive techniques, various measurements have been proposed to evaluate ventricular enlargement detectable by **computerized tomography**.

*See also:* brain imaging

**cerebromacular degeneration** *See* Tay–Sachs disease.

**cerebrovascular accident** A sudden disturbance of cerebral function attributable to vascular disease, principally thrombosis, haemorrhage, or embolism.

*Synonym:* stroke

**character neurosis** A psychoanalytical concept, which describes character **traits** as either derivations of phases of development or the analogues of particular systems. The former would include the oral or anal character; the latter would include the hysterical or obsessional character. Manifestations of character neurosis are viewed as intermediate between normal character traits and neurotic symptoms. The term is unsatisfactory as it may include any of the personality and behavioural disorders.

**characterological constitution** The basic, enduring structure of attitudes, **traits**, and reaction-pattern of the individual personality, attributable to hereditary factors modified by life-experience and environmental influences.

**child abuse** Maltreatment of a child, whether by neglect or by intentional exploitation or injuring. Child abuse may take many forms; in practice, combinations of different forms are the rule rather than the exception.

Child neglect is the failure of the parent or care-giver to provide the child with adequate care and supervision.

Physical abuse, sometimes referred to as the battered child syndrome, may involve physical violence, systematic poisoning, or other non-accidental injuries.

Sexual abuse usually involves genital contact and may range in severity from fondling to forcible rape with physical injury. Child pornography and enforced prostitution are included.

Psychological abuse refers to deliberate and repetitive subjection of a child to fear, rejection, humiliation, loneliness, and other painful psychological states.



**childhood autism** *See* autism, childhood.

**childhood disintegrative disorder (F84.3)** A rare psychotic disorder of childhood, with onset usually after 3 or 4 years of normal development. It is characterized by profound regression and behavioural disintegration over the course of a few months, with deterioration of speech and language, impairment of social skills and interpersonal relationships, **stereotypies**, and mannerisms, but retention of an intelligent facial expression. Prognosis is poor, and in some cases there is evidence of structural brain disease.

**Synonyms:** dementia infantilis; Heller syndrome

**choreiform movements** Involuntary movements, typically involving upper and lower extremities and the face, which resemble fragments of purposive movements following one another in random or disorderly fashion; the wrists jerk, the toes curl, the tongue protrudes, the lips are pursed or twisted into a bizarre smile, etc. These movements interfere with voluntary movement but usually disappear during sleep. Choreiform movements generally indicate disturbance of the extrapyramidal system, which may be caused by primary nervous system disorder or be secondary to the use of **neuroleptic drugs**. In younger children, however, choreiform movements can be normal phenomena.

**See also:** choreoathetoid movements

**choreoathetoid movements** The combined occurrence of **choreiform movements** and athetosis (slow, writhing, involuntary movements, usually affecting fingers and extremities, and only rarely speech and respiration). Choreoathetosis is caused by a variety of pathological processes that interrupt the motor circuits linking the cortex, striatum, brain stem, cerebellum, and lower motor neuron.

**chronic intractable pain** Persisting or frequently recurring pain, not explicable by the degree of tissue pathology and unresponsive to the usual attempts to relieve it. The most common form of chronic intractable pain is back pain, especially of the lower back.

**See also:** enduring personality change

**chronic pain personality syndrome** *See* personality change, enduring.

**circadian dysregulation** A disorder of circadian rhythm attributable to a failure of synchronization of internal circadian pacemakers.

**See also:** biological clock; circadian oscillator

**circadian oscillator** An internal pacemaker responsible for a particular circadian rhythm, e.g. an innate daily fluctuation of physiological and behavioural function with a periodicity of about 24 hours. The multi-oscillator model postulates the generation of circadian rhythms by multiple internal circadian pacemakers.

**circadian rhythm inversion** *See* sleep–wake schedule disorder, nonorganic.

**claustrophobia (F40.2)** Morbid fear of being in enclosed places that limit the freedom of instantaneous exit.

**clumsy child syndrome** *See* developmental disorder, specific, of motor function.

**cluttering (F98.6)** A rapid rate of speech with breakdown in fluency, but no repetitions or hesitations, of a severity to give rise to impaired speech intelligibility. Speech is erratic and dysrhythmic, with rapid jerky spurts that usually involve faulty phrasing patterns.

**CNS stimulant** *See* stimulant.

**cocaine use disorder** Any mental or behavioural disorder due to cocaine use. Cocaine is an alkaloid obtained from the coca bush or synthesized from ecgonine or its derivatives.

Cocaine ("coke") is often sold as white, translucent, crystalline flakes or powder ("snuff", "snow"), frequently adulterated with various sugars or local anaesthetics. The powder is sniffed ("snorting"), producing effects within 1–3 minutes that last for about 30 minutes. Combined opioid and cocaine abusers are likely to inject cocaine intravenously. Cocaine may be ingested orally, often with alcohol. "Freebasing" refers to increasing the potency of cocaine by extracting pure cocaine alkaloid, the free base, and then inhaling the heated vapours through a cigarette or water pipe. "Crack" is free base sold as pure beige crystals already suitable for smoking; the term refers to the crackling sound the crystals make when they are heated.

Smoking cocaine produces a "rush"—an early feeling of disappearance of anxiety, with exaggerated feelings of competence and self-esteem. Judgement may also be impaired, so that the user may perform irresponsible, illegal, or dangerous activities. With large amounts, especially if taken intravenously, the user experiences a "crash"—elation gives way to apprehension, **ideas of reference**, ringing in the ears, persecutory **delusions**, "snow lights" (**hallucinations** or pseudohallucinations resembling the twinkling of sunlight on frozen snow) or other hallucinations.

Acute toxic reactions may occur in both the naive experimenter and the chronic abuser of cocaine. They include a panic-like **delirium**, hyperpyrexia, hypertension (sometimes with subdural or subarachnoidal haemorrhage), cardiac **arrhythmias**, myocardial infarct, cardiovascular collapse, **seizures**, status epilepticus, and death.

*See also:* substance use disorder

**cognition** A general term covering the acquisition of knowledge by means of any of various mental processes, such as conceptualization, perception, judgement, or imagination. Cognition is traditionally contrasted with conation (mental drive) and emotion.

**cognitive impairment** *See* psychotic disorder, residual or late-onset, alcohol- or drug-induced.

**combat fatigue (F43.0)** A state of emotional and physical exhaustion precipitated by the experience of combat.

*See also:* stress reaction, acute

**command automatism** Strict and apparently involuntary response to a command, as if the individual were an automaton. As automatic obedience it is a feature of the catatonic syndrome; command automatisms may also be induced in states of hypersuggestibility, e.g. as a result of **hypnosis**, extreme fatigue, sensory deprivation, and certain intoxications.

**comprehension** The process of intellectual grasp, transcending apprehension and assessed formally by means of comprehension tests.

**compulsive acts [obsessional rituals] (F42.1)** A compulsive act most commonly involves cleaning (particularly hand-washing), repeated checking to ensure that a potentially dangerous situation has not been allowed to develop, or orderliness and tidiness. Underlying the overt behaviour is a fear, usually of danger either to or caused by the patient, and the ritual is an ineffectual or symbolic attempt to avert that danger.

*See also:* obsessive-compulsive disorder

**compulsive gambling** *See* gambling, pathological.

**compulsive personality disorder** *See* personality disorder, anankastic.

**computerized tomography (CT)** *See* brain imaging.

**conduct and emotions disorder, mixed (F92)** A combination of persistently aggressive, dissocial, or defiant behaviour with overt and marked symptoms of **depression**, anxiety, or other emotional upsets.

**conduct disorder (F91)** Conduct disorder is characterized by a repetitive and persistent pattern of dissocial, aggressive, or defiant conduct. Such behaviour should amount to major violations of age-appropriate social expectations; it should therefore be more severe than ordinary childish mischief or adolescent rebelliousness and should imply an enduring pattern of behaviour (6 months or longer). Features of conduct disorder can also be symptomatic of other psychiatric conditions. Examples of the behaviours on which the diagnosis is based include excessive levels of fighting or bullying, cruelty to other people or animals, severe destructiveness to property, fire-setting, stealing, repeated lying, truancy from school and running away from home, unusually frequent and severe temper tantrums, and disobedience.

**conduct disorder confined to the family context (F91.0)** Conduct disorder involving dissocial or aggressive behaviour (and not merely oppositional, defiant, disruptive behaviour), in which the abnormal behaviour is entirely, or almost entirely, confined to the home and to interactions with members of the nuclear family or immediate household. The disorder requires that the overall criteria for **conduct disorder** be met; even severely disturbed parent–child relationships are not of themselves sufficient to qualify for this diagnosis.

*See also:* conduct disorder

**conduct disorder, socialized (F91.2)** Persistent dissocial or aggressive behaviour occurring in individuals who are generally well integrated into their peer groups.

*Synonym:* group delinquency

**conduct disorder, unsocialized (F91.1)** A combination of persistent dissocial or aggressive behaviour with significant pervasive abnormalities in the individual's relationships with other children.

**confabulation** A disorder of memory in a setting of clear consciousness, characterized by false accounts of past events or personal experiences. The false memories are usually loosely held and have to be evoked; less commonly they are spontaneous and sustained, and occasionally tend to grandiosity. Confabulation usually occurs in organically based amnesic syndromes (e.g. **Korsakov syndrome**). It can also be induced or influenced iatrogenically. It should not be confused with the hallucinations of memory occurring in **schizophrenia**, or with pseudologia fantastica (Delbruck syndrome).

*See also:* amnesic syndrome, organic

**confusion** A state of impaired consciousness associated with acute or chronic cerebral organic disease. Clinically it is characterized by **disorientation**, slowness of mental processes with scanty association of ideas, apathy, lack of initiative, fatigue, and poor attention. In mild confusional states, rational responses and behaviour may be provoked by examination but more severe degrees of the disorder render the individual unable to retain contact with the environment. The term is also employed loosely to describe disordered thinking in the functional psychoses; this latter usage is not recommended.

*Synonym:* confusional state

*See also:* consciousness, clouded

**confusional state, acute organic** *See* delirium.

**congenital rubella** *See* rubella, congenital.

**congenital syphilis** *See* syphilis, congenital.

**consciousness, clouded** A state of impaired consciousness representing mild stages of disturbance on the continuum from full awareness to coma. Disorders of awareness, orientation, and perception are associated with cerebral or other physical organic disease. Although the term has been employed to cover a wider range (including the restricted perceptual field following acute emotional stress), it is best used to designate the early stages of an organically determined confusional state.

*See also:* confusion

**conversion hysteria** *See* dissociative [conversion] disorder.

**conversion reaction** *See* dissociative [conversion] disorder.

**coping capacity** Ability to adjust, adapt, solve problems, and meet challenges. An individual's coping capacity reflects the interaction of multiple factors including genetic endowment, learning and developmental history, and **personality** structure.

**coping mechanisms** All the means by which an individual adapts, solves problems, and meets challenges successfully.

*See also:* coping capacity

**copropraxia** Obscene gesturing, such as occurs as a type of **echopraxia** in **tic disorder, combined vocal and multiple motor [Tourette syndrome]**.

**Creutzfeldt–Jakob disease** *See* dementia in Creutzfeldt–Jakob disease.

**crisis reaction, crisis state (F43.0)** The response to unusual or unforeseen demands on functioning capacity, such as threats to the individual's body or life, changes in family organization or status, changes in the individual's roles in the community, or threats to his or her nation or culture. The **stressor** or challenge exceeds the individual's ability to cope, and the immediate reaction is a constriction of attention, bewilderment, and a feeling of discontinuity between past, present, and future. Next the individual typically recoils and withdraws or develops panic, disorganized behaviour, and excessive dependence on others. Outcome varies from spontaneous and rapid resolution with return to the premorbid level of functioning, to personality growth and improvement in problem-solving skills, to chronic disability or illness such as **post-traumatic stress disorder**.

*See also:* stress reaction, acute

**cryptococcal meningitis** Meningitis caused by infection with the common soil fungus *Cryptococcus neoformans*, one of the opportunistic infections to which HIV-infected individuals are susceptible. The most prominent symptoms are

headache, stiff neck, fever, and photophobia. Diagnosis is made by analysis of cerebrospinal fluid with cryptococcal cultures, cryptococcal antigen titres, or India ink staining. Lifelong suppressive treatment may be required in most patients.

*See also:* HIV-associated neuropsychiatric disorders

**culture shock (F43.2)** A state of social isolation, anxiety, and **depression** arising when an individual is suddenly placed in an alien culture, re-enters his or her own culture after a prolonged absence, or has divided loyalties to two or more cultures. It is common among immigrants, but can also occur when life circumstances change radically within a society.

**cycloid psychosis** An acute psychotic disorder characterized by a relatively short (2–4 weeks) episode of either psychomotor excitement or psychomotor inhibition, or of both such contrasting states following each other in rapid succession. Emotional turmoil, **confusion**, and fleeting **delusions** are frequent accompanying features. There are no obvious precipitants and recovery without residual symptoms is the rule, but there is a tendency for such episodes to recur. The concept was introduced by Kleist (1879–1960), who distinguished two forms, motility psychosis and confusional psychosis. A third form, fear–happiness psychosis, was subsequently added to this group by Leonhard (1904–1988).

**cyclothymia (F34.0)** A persistent instability of mood, involving numerous periods of **depression** and **hypomania**, none of which is sufficiently severe or prolonged to justify a diagnosis of **bipolar affective disorder** or **recurrent depressive disorder**. Originally, the term was introduced by Kahlbaum (1828–1899) to designate the milder forms of manic–depressive psychosis; subsequently it was also applied to personality disorders characterized by affective anomalies.

**cytomegalovirus neuropathy** A severe, multifocal neuropathy predominating in the cauda equina area, usually associated with cerebrospinal fluid pleocytosis with polymorphonuclear reaction and other manifestations of cytomegalovirus infection, such as retinitis, colitis, or pneumonitis. It is one of the opportunistic infections to which HIV-infected individuals are susceptible.

*See also:* HIV-associated neuropsychiatric disorders

**Da Costa syndrome (F45.3)** Described in 1871 by Da Costa during the American Civil War as a functional cardiac disorder. The symptoms are cardiac pain, palpitations, shortness of breath, excessive sweating, giddiness, headaches, and disturbed sleep, all manifestations of an anxiety state.

*See also:* neurocirculatory asthenia

**defect** A lasting and irreversible deterioration of any particular psychological function (e.g. cognitive defect), of the general development of mental capacities (mental defect), or of the characteristic pattern of thought, feeling, and behaviour that constitutes the individual **personality**. A defect in any one of these areas can be either innate or acquired. A characteristic defect state of the personality, ranging in its manifestations from loss of intellectual and emotional vigour and mild eccentricities of behaviour to autistic withdrawal or affective blunting, has been held by Kraepelin (1856–1926) and Eugen Bleuler (1857–1939) to be a hallmark of the outcome of schizophrenic illnesses, in contrast to manic–depressive psychosis.

**See also:** personality change, enduring; schizophrenic deterioration

**degeneration** A pathological change in a tissue or organ, consisting of the breakdown of its organized structure. In 19th century psychiatry, the term was associated with the wholly discredited theories of Morel (1809–1873), who postulated the transmission of adverse hereditary characteristics over succeeding generations.

**delirium (F05)** An etiologically nonspecific cerebral organic syndrome characterized by concurrent disturbances of consciousness and attention, perception, thinking, memory, psychomotor behaviour, emotion, and the sleep–wake schedule. The delirious state is transient and of fluctuating intensity. Most cases recover within 4 weeks or less; however, delirium lasting for up to 6 months is not uncommon.

**Synonym:** acute organic confusional state

**See also:** withdrawal state; withdrawal state with delirium

**delirium tremens, alcohol-related** *See* withdrawal state with delirium.

**delusion** A false, incorrigible conviction or judgement, out of keeping with reality and with the socially shared beliefs of the individual's background and culture. Primary delusions are essentially incomprehensible in terms of the individual's life history and **personality**; secondary delusions are psychologically comprehensible and arise from morbid and other states of mind, e.g. affective disorder or suspicion. A distinction was made, by Birnbaum in 1908 and Jaspers in 1913, between delusion proper and delusion-like ideas; the latter are merely mistaken judgements held with exaggerated tenacity.

**delusional disorder (F22.0)** The development either of a single delusion or of a set of related delusions of very variable content, which are usually persistent and sometimes lifelong. Clear and persistent auditory **hallucinations**, **delusions of control**, blunting of affect, or definite evidence of brain disease are, as a rule, absent. However, the presence of occasional or transitory auditory hallucinations, particularly in elderly patients, is compatible with the description of

this disorder, provided that they form only a small part of the overall clinical picture.

**Synonym:** simple paranoid state

**See also:** paranoia; paranoid psychosis, psychogenic

**delusional disorder, induced (F24)** A delusional disorder shared by two or more people with close emotional links. Only one of them suffers from a genuine psychotic disorder; the delusions are induced in the other(s) and usually disappear when the people are separated.

**Synonyms:** folie à deux; induced psychosis

**delusional disorder, persistent (F22)** A disorder in which long-standing **delusions** constitute the only, or the most conspicuous, clinical characteristic and which cannot be classified as organic, schizophrenic, or affective.

**delusional elaboration of hallucinations** **Delusions** arising on the basis of **hallucinations** (in any modality), whose content either represents an extension of the primary hallucinatory experience or provides a quasi-explanation of its origins and significance.

**See also:** delusional perception; distortion

**delusional (schizophrenia-like) disorder, organic** A disorder in which persistent or recurrent **delusions** dominate the clinical picture. The delusions may be accompanied by **hallucinations**. Some features suggestive of **schizophrenia**, such as bizarre hallucinations or thought disorder, may be present. The condition arises in the context of a cerebral disease, damage, or dysfunction, and in particular, epilepsy.

**delusional perception** Abnormal direct experience of special meaning or significance (usually of a revelatory, mystical, or threatening quality) attached to an otherwise normal perception.

**delusion of grandeur** A morbid belief in self-importance, greatness, or superiority (e.g. delusion of messianic mission), often accompanied by other fantastic delusional ideas, which can be a symptom of **paranoia**, **schizophrenia** (often, but not invariably, of the paranoid type), **mania**, and cerebral organic states, especially **general paresis**.

**delusion of persecution** A morbid belief in victimization by one or more individuals or groups. It occurs in paranoid conditions, most commonly **schizophrenia**, but also in some depressive and organic states. In certain personality disorders there is a predisposition to such delusions.

**delusions of control** The conviction that one's own will is replaced by that of some external agency or force. The original descriptions of a syndrome in which



prominent delusions of control are associated with pseudohallucinations are attributed to Kandinski (1849–1889) and de Clérambault (1872–1934).

**delusions of polymorphic nature** Multiple, inconsistent or contradictory, and often transient delusional ideas of variable content. Essentially, they lack a logically organizing nucleus and therefore represent the opposite of systematized **delusions**.

**dementia** A syndrome due to a disease of the brain, usually of a chronic or progressive nature, in which there is disturbance of multiple higher cortical functions, including memory, thinking, orientation, **comprehension**, calculation, learning capacity, language, and judgement. Consciousness is not clouded. The **cognitive impairments** are commonly accompanied, and occasionally preceded, by deterioration in emotional control, social behaviour, or motivation.

**dementia, alcoholic** *See* psychotic disorder, residual and late-onset, alcohol- or drug-induced.

**dementia in Creutzfeldt–Jakob disease (F02.1)** Progressive **dementia** with extensive neurological signs, due to specific neuropathological changes that may be caused by a transmissible agent. Onset is usually in middle or later life, but may occur at any adult age. The course is subacute, leading to death within 1–2 years.

**dementia infantilis** *See* childhood disintegrative disorder.

**dementia in human immunodeficiency virus [HIV] disease (F02.4)** **Dementia** developing in the course of HIV disease, in the absence of a concurrent illness or condition other than HIV infection that could explain the clinical features. *See also:* HIV-associated dementia

**dementia in Huntington disease (F02.2)** **Dementia** occurring as part of a widespread degeneration of the brain due to a rare, hereditary disorder first described by Huntington (1850–1916). *See also:* Huntington disease

**dementia in Parkinson disease (F02.3)** The co-occurrence of **dementia** and idiopathic **Parkinson disease**, usually in its advanced, severe stages. The actual frequency of this association may exceed the expected prevalence of either **Alzheimer disease** or **vascular dementia** in patients with Parkinson disease, but no specific features have yet been demonstrated that allow a differentiation of the condition from these common dementing disorders. Dementia in Parkinson disease should be distinguished from the psychic **akinesia**, slowing

of cognitive processing, and **depression** that commonly occur in patients with Parkinson disease.

**Synonyms:** dementia in paralysis agitans; dementia in parkinsonism; parkinsonian dementia syndrome

**See also:** Parkinson disease

**dementia in Pick disease (F02.0)** Progressive **dementia**, commencing in middle age, characterized by early, slowly progressing changes of character, and social deterioration, leading to impairment of intellect, memory, and language, with later apathy, euphoria, and, occasionally, extrapyramidal phenomena. The neuropathological picture is one of selective atrophy of the frontal and temporal lobes.

**dementia paralytica** *See* general paresis.

**dementia praecox** A group of illnesses of early onset which, according to Kraepelin (1856–1926), who borrowed the term from Morel (1809–1873), invariably resulted in defect, in contrast to manic–depressive psychosis, where remission or cure was possible. Kraepelin’s original formulation of dementia praecox (1896) included mild forms, severe forms, and **hebephrenia**. Since 1899 **catatonia** and paranoid dementia, formerly classified as separate disorders, were also subsumed under the concept of dementia praecox. In 1909, Eugen Bleuler (1857–1939) proposed renaming this group of disorders as the “group of schizophrenias”, and the term is now obsolete.

**dementia pugilistica** Impaired memory and concentration and personality changes attributable to repeated cerebral contusions, e.g. as experienced by boxers. Cerebellar, pyramidal, and extrapyramidal signs may develop, with neuropathological changes in the septal region, the medial temporal grey matter, and the cerebellar and nigral pathways.

**dementia, vascular (F01)** **Dementia** resulting from infarction of the brain due to vascular disease, including hypertensive cerebrovascular disease. The dementia may follow a history of transient ischaemic attacks, a succession of acute **cerebrovascular accidents**, or, less commonly, a single major **stroke**. The infarcts are usually small but cumulative in their effect. The onset is usually in later life. The term includes **multi-infarct dementia** (F01.1).

**See also:** infarction of the brain

**dementia, vascular, acute onset (F01.0)** Vascular **dementia** developing rapidly after a succession of **strokes**, or after a single massive haemorrhage.

**dementia, vascular, mixed cortical and subcortical (F01.3)** **Dementia** characterized by mixed cortical and subcortical components in the clinical picture, the results of investigations (including autopsy), or both.

**dementia, vascular, multi-infarct (F01.1)** Predominantly cortical **dementia**, gradual in onset, following a number of transient ischaemic episodes which produce an accumulation of infarcts in the cerebral parenchyma.

**dementia, vascular, subcortical (F01.2)** **Dementia** following a history of hypertension and characterized by foci of ischaemic destruction in the deep white matter of the cerebral hemispheres. The clinical picture may closely resemble that of dementia in **Alzheimer disease** but the cerebral cortex is usually preserved.

*See also:* Binswanger syndrome

**denial** A refusal to admit or acknowledge apparent truth. In some cases of brain disorder, anosognosia is exhibited, with lack of awareness of symptoms or disability. In psychodynamic theory, denial designates a psychological mechanism of defence by which either a painful experience or an aspect of self is denied.

**dependence syndrome (F1x.2)** A cluster of behavioural, cognitive, and physiological phenomena that develop after repeated substance use. Typically they include a strong desire to take the substance, difficulties in controlling its use, persisting in its use despite harmful consequences, a higher priority given to substance use than to other activities and obligations, increased **tolerance**, and sometimes a physical **withdrawal state**.

The dependence syndrome may develop in relation to a specific substance (e.g. tobacco, alcohol, or diazepam), a class of substances (e.g. opioids), or a wider range of pharmacologically different psychoactive substances.

*See also:* substance use disorder

**dependent personality disorder** *See* personality disorder, dependent.

**depersonalization** A state of disordered perception in which self-awareness becomes heightened but all or part of the self seems unreal, remote, or artificial; such perceptual changes occur in the presence of a normal sensorium and an intact capacity for emotional expression. Among a variety of complex and distressing subjective phenomena, many of them difficult to put into words, the more prominent include experience of bodily change, compulsive self-scrutiny, an absence of affective response, a disordered experience of time, and a sense of alienated identity or automatization. The individual may feel detached from his or her experiences, as if viewing himself or herself from a distance, or as if he or she were dead. Insight into the abnormal nature of the phenomenon is usually retained. Depersonalization may occur as an isolated phenomenon in otherwise normal people, it may accompany fatigue or an intense emotional reaction, or it may form part of the symptomatology of ruminant, obsessional anxiety states, **depression**, **schizophrenia**, certain personality disorders, and disorders of cerebral function. Its pathogenesis is unknown.

*See also:* depersonalization–derealization syndrome

**depersonalization–derealization syndrome (F48.1)** A rare disorder in which the individual complains spontaneously that his or her own mental activity, body, and surroundings are changed in their quality, so as to be unreal, remote, or automatized. Among the varied phenomena of the syndrome, patients complain most frequently of loss of emotions and feelings of estrangement or detachment from their thinking, their body, or the real world. In spite of the dramatic nature of the experience, the patient is aware of the unreality of the change. The sensorium is normal and the capacity for emotional expression intact. Depersonalization–derealization symptoms may occur as part of a diagnosable schizophrenic, depressive, phobic, or **obsessive–compulsive** disorder.

**depression** In lay terminology, a state of gloom, despondency, or sadness that may denote ill-health. In a medical context the term refers to a mental state dominated by a lowering of mood and often accompanied by a variety of associated symptoms, particularly anxiety, **agitation**, feelings of unworthiness, suicidal ideas, hypobulia, psychomotor retardation, and various somatic symptoms, physiological dysfunctions (e.g. insomnia), and complaints. As a symptom or a syndrome, depression is a major or significant feature in a variety of disease categories. The term is widely and sometimes imprecisely used to designate a symptom, a syndrome, and a disease state.

*See also:* melancholia (*deprecated*)

**depression, endogenous** A time-honoured but controversial term that refers to depressive states putatively arising on a purely constitutional basis and for which no organic etiology and no causal connection to severe psychological distress can be demonstrated. The term is also used descriptively to denote a variety of the depressive syndrome characterized by depressive mood which is unresponsive to external stimuli, diurnal fluctuations, retardation, sleep disturbance with typical early waking, anergia and signs of **vital depression**, and, in a proportion of cases, **agitation**, depressive **delusions**, and **hallucinations**.

**depression, masked** A depressive illness presenting with multiple and variable somatic symptoms and lacking the conspicuous manifestations of mood disorder. However, subtle mood shifts, **anhedonia**, indecisiveness, sleep disturbances, anxiety, and mild obsessions are usually present and can provide the basis for the diagnosis.

**depression, postnatal (F53.0)** A state of affective disturbance, usually transient, following childbirth. The clinical features range from brief lowering of mood ("maternity blues"), to severe **depression** with anxiety and apprehension, feelings of indifference or hostility towards the child and father, and disordered sleep.

*Synonym:* postpartum depression

*See also:* puerperal disorder

**depressive conduct disorder (F92.0)** A combination of **conduct disorder** with persistent and marked **depression** of mood.

*See also:* conduct disorder

**depressive disorder, recurrent (F33)** A disorder characterized by repeated **depressive episodes** without any history of independent episodes of **mania** but not excluding brief episodes of **hypomania** immediately after a depressive episode. The more severe forms of recurrent depressive disorder have much in common with earlier concepts such as manic–depressive psychosis, depressed type; **melancholia**; **vital depression**; and **endogenous depression**.

**depressive episode (F32)** A disease state manifesting the features of **depression**, which may be specified as mild, moderate, or severe, depending on the intensity and number of symptoms. The severe form may further be subdivided according to the presence or absence of mood-congruent or mood-incongruent psychotic symptoms.

*See also:* depression; depressive disorder, recurrent

**depressive neurosis (F34.1)** An imprecise term that originates in psychoanalytic theory (characterological depression), but that has subsequently acquired a variety of meanings, many of them contradictory or unrelated to psychodynamic considerations. Depressive neurosis has been defined by the absence of symptoms and signs of **endogenous depression**, by its causal relation to a stressful event or situation, and by its links to a maladaptive personality pattern. Evidence indicates that no homogeneous clinical entity meets all these criteria.

*See also:* depression, endogenous

**deprivation** Failure to meet adequately the needs or wants of another; denial of access to, or withdrawal of, the physical, emotional, or intellectual supplies needed by another.

**deprivation, environmental** Failure of the environment to gratify essential needs, e.g. for emotional interaction, cognitive stimulation, sense of security, and affiliation.

**derealization** A subjective experience of alienation, similar to **depersonalization** but involving the external world rather than the individual's self-experience and personal identity. The surroundings may seem to lack colour and life and appear as artificial or as a stage on which people are acting contrived roles.

*See also:* depersonalization–derealization syndrome

**designer drug** A novel chemical substance with psychoactive properties, synthesized specifically for sale on the illicit market and to circumvent regulations governing trafficking in known psychoactive drugs. One example is MDMA (3,4-methylenedioxymethylamphetamine).

**developmental acalculia** *See* arithmetical skills disorder, specific.

**developmental aphasia (dysphasia), expressive type** *See* language disorder, expressive.

**developmental disorder, pervasive (F84)** Qualitative abnormalities in reciprocal social interactions and in patterns of communication, which are a pervasive feature of the individual's functioning in all situations. Associated medical conditions include infantile spasms, **congenital rubella**, tuberous sclerosis, cerebral lipidosis, and the fragile X chromosome with **mental retardation**.

**developmental disorder, specific, mixed (F83)** A disorder in which there is some admixture of **specific developmental disorders of speech and language**, of **scholastic skills**, and of **motor function**, but in which none sufficiently predominates to constitute the prime diagnosis. These developmental disorders are usually, but not always, associated with some degree of general **cognitive impairment**.

**developmental disorder, specific, of motor function (F82)** The main feature is a serious impairment in the development of motor coordination that is not solely explicable in terms of general intellectual retardation or any specific congenital or acquired neurological disorder. Nevertheless, in most cases a careful clinical examination shows marked neurodevelopmental immaturities such as **choreiform movements** of unsupported limbs, or mirror movements and other associated motor features, as well as signs of impaired fine and gross motor coordination.

**Synonyms:** clumsy child syndrome; developmental dyspraxia

**developmental disorder, specific, of scholastic skills (F81)** A disturbance of the normal patterns of skill acquisition, beginning in the early stages of development. This is not simply a consequence of a lack of opportunity to learn, it is not solely a result of **mental retardation**, and it is not due to any form of acquired brain trauma or disease.

**developmental disorder, specific, of speech and language (F80)** A disturbance of the normal patterns of language acquisition, beginning in the early stages of development. The condition is not directly attributable to neurological or speech mechanism abnormalities, sensory impairments, **mental retardation**, or environmental factors. Specific developmental disorders of speech and language are often followed by associated problems, such as difficulties in reading and spelling, abnormalities in interpersonal relationships, and emotional and behavioural disorders.

**developmental dyspraxia** *See* developmental disorder, specific, of motor function.

**deviance** In general, a form of behaviour that deviates significantly from that which is considered normal for a social group. More specifically, the term may be neutral, designating statistical infrequency, or carry a sociological meaning, e.g. rule-breaking, censured or stigmatized conduct, or adoption of marginal roles in society.

**deviation, sexual** *See* sexual preference disorder.

**dhat (F48.8)** A culture-specific syndrome in which there is undue concern about the debilitating effects of the passage of semen.

**diencephalic syndrome** Abnormalities of endocrine, autonomic, and mental functions due to disruption of neural pathways between the hypothalamus and pituitary. Diencephalic stupor, also called Cairns stupor, consists of rigidity, postural **catatonia**, and absence of spontaneous movement and emotion.

**dipsomania (F10.2)** A form of excessive alcohol use characterized by episodic but uncontrolled drinking.

*See also:* substance use disorder

**disability** Any restriction or lack (resulting from an impairment) of ability to perform an activity in the manner or within the range considered normal. In the psychiatric context, disability refers to a degree of dysfunction or inadequacy in the performance of any number of discrete social roles or functions normally expected in accordance with an individual's age, sex, and social position. For such a dysfunction or inadequacy to qualify as a disability, there must be a demonstrable connection to an underlying impairment due to a mental disorder.

**discrimination** The act of distinguishing accurately and identifying an object or concept by means of recognizing differences between it and other objects or concepts. Thus, auditory discrimination is the ability to differentiate between speech sounds, between meaningful speech and nonsense syllables or noise, between different voices, etc. Similarly, visual discrimination is the ability to differentiate between the letters in a written word, between writing and scribbling, between different numbers, between colours, etc.

**disorientation** An obscuring of the temporal, topographical, or personal spheres of consciousness, associated with various forms of cerebral organic syndromes or, less commonly, with psychogenic disorders.

**dissocial personality disorder** *See* personality disorder, dissocial.

**dissociative [conversion] disorder (F44)** A partial or complete loss of the normal integration between memories of the past, awareness of identity, immediate sensations, and control of bodily movements. Dissociative disorders tend to

remit after a few weeks or months, particularly if their onset is associated with a traumatic life event. More chronic disorders, particularly **paralyses** and **anaesthesias**, may develop if the onset is associated with insoluble problems or interpersonal difficulties. These disorders are presumed to be psychogenic in origin and have been previously classified as **conversion hysteria**. The symptoms often represent the patient's concept of how a physical illness would be manifest. Medical examination and investigation usually do not reveal the presence of any known physical or neurological disorder.

*See also:* amnesia, dissociative; anaesthesia, dissociative; fugue, dissociative

**dissociative convulsions (F44.5)** A dissociative convulsion disorder may mimic an epileptic fit very closely in terms of movements, but tongue-biting, bruising due to falling, and incontinence of urine are rare, and loss of consciousness is absent or replaced by a state of **stupor** or trance.

**dissociative disorder, organic** A dissociative disorder arising as a consequence of an organic mental disorder and characterized by a partial or complete loss of the normal integration between memories of the past, awareness of identity, and immediate sensations and control of body movements.

**distorted intrafamilial communication** Abnormal or deviant transmission of messages between members of a family. Such distortions appear in many forms, e.g. lack of clarity about content, unresponsiveness, or verbal-nonverbal inconsistencies.

#### **distortion**

1. Alteration of facts, perceptions, ideas, or impulses so that they do not correspond with the commonly accepted interpretation or perception. Distortion may be conscious or unconscious, or it may be a combination of the two. According to psychoanalytical theory, the transference neurosis is a particular type of unconscious distortion that develops within the framework of the psychotherapeutic relationship. Ordinarily, distortion does not imply a psychotic misinterpretation or a **delusional perception**.
2. Language and speech distortions are alterations of words, phrases, or grammatical constructions, such as those that occur in patients with **aphasia** and in children with developmental reading and language disorders, that make it difficult or impossible for the listener to understand what the individual is trying to say.

**Down syndrome** An abnormality of an autosomal chromosome, associated with **mental retardation** and characteristic physical features. In most cases the anomaly consists in trisomy of a chromosome of the G group; the remainder may exhibit D/G translocation, G/G translocation, or mosaicism. The incidence of Down syndrome has been estimated as close to 1 in 550 live births, with a relationship to late maternal age. The degree of mental retardation varies, but



the IQ level on standard tests is rarely above 70. Physical features include a characteristic facies, single palmar creases, a large fissured tongue, hypotonia, retarded growth, and congenital cardiac and gastrointestinal defects. The condition was originally described by Down (1828–1896).

**dream anxiety disorder (F51.5)** A dream experience, often recurrent, loaded with anxiety or fear and with very detailed recall of the dream content. The dream experience is very vivid and usually includes themes involving threats to survival, security, or self-esteem. During a typical episode there is a degree of autonomic discharge but no appreciable vocalization or body motility. Upon awakening, the individual rapidly becomes alert and oriented.

**Synonym:** nightmares

**dream-like state** A state of disordered consciousness in which **depersonalization** and **derealization** phenomena appear against a background of mild clouding of consciousness. Dream-like states can be a step on a scale of deepening organic disturbances of consciousness leading to **twilight states** and **delirium**; however, they also occur in neurotic illness and in states of fatigue. A complex form of dream-like state with vivid, scenic, visual **hallucinations**, which may be accompanied by hallucinations in other sensory modalities (oneiroid (dream-like) state), may appear in epilepsy and in certain acute psychotic illnesses.

**drug addiction** *See* dependence syndrome.

**drug-induced paranoid or hallucinatory states** *See* hallucinogen use disorder; psychotic disorder, alcohol- or drug-induced; psychotic disorder, residual and late-onset, alcohol- or drug-induced; substance use disorder.

**dual-role transvestism** *See* transvestism, dual-role.

**dysarthria** A disorder of articulation, the motor component of verbal expression, which may be caused by lesions affecting upper or lower motor neurons, extrapyramidal or cerebellar pathways, or the speech muscles.

**dyscalculia** *See* arithmetical skills disorder, specific.

**dyskinesia** A general term covering various forms of abnormal movement, including tremor, **tic**, ballism, torsion-spasm, athetosis, dystonia, and **myoclonus**.

**dyskinesia, tardive** A neurological syndrome, usually appearing after long-term treatment with antipsychotic drugs, manifested by abnormal, involuntary, slow, irregular movements of the tongue, lips, mouth, and trunk, and by **choreoathetoid movements** of the extremities. Perioral **dyskinesias** are most common; they include twisting and protruding movements of the tongue, chewing

movements of the jaw, and puckering of the lips. There is no single effective treatment, but spontaneous remission has been observed in 50–90% of mild cases and 5–40% of severe cases.

**dyslalia (F80.0)** An imprecise term for misarticulation of speech sounds producing speech that is abnormal in comparison with that of others in the same cultural and age groups. Sometimes the term designates the avoidance of all difficult consonants; at other times it refers specifically to the substitution of "l" for "r", and at yet others it is used to emphasize the unintelligibility of the child's speech.

*See also:* speech articulation disorder, specific

**dyslexia, developmental** *See* reading disorder, specific.

**dysmenorrhoea** Painful menstruation, most commonly a colicky lower abdominal pain, often accompanied by headache, **irritability**, **depression**, and fatigue. In about 75% of cases, the dysmenorrhoea is primary or functional, that is, no organic cause can be found.

*See also:* premenstrual tension syndrome

**dysmnnesia** An impairment of memory; the term dysmnnesic syndrome is sometimes employed as a synonym for **Korsakov syndrome**, non-alcoholic.

*See also:* amnesia

**dysmnnesic state** *See* amnesic syndrome, organic.

**dysmorphism due to maternal phenylketonuria** *See* phenylketonuria.

**dysmorphophobia (F22.8, F45.2)** A term coined by Morselli in 1886 to describe a subjective feeling of ugliness or a physical defect which the patient feels is noticeable to others, although his or her appearance is within normal limits. The syndrome may appear in obsessional states, **depression**, organic cerebral disease, or psychotic illness, and its prognosis varies accordingly.

**dyspareunia, nonorganic** A **sexual dysfunction** consisting of pain during sexual intercourse, in the absence of local pathology.

**dysphasia** *See* aphasia.

**dyspraxia** *See* apraxia.

**dysthymia (F34.1)** A disorder characterized by a chronic **depression** of mood, lasting at least several years, which is not sufficiently severe in itself, or whose individual episodes are not sufficiently prolonged, to qualify as **recurrent depressive disorder**. In abnormal psychology, the term is also used to refer to

a cluster of affective and obsessional symptoms in individuals with a high degree of neuroticism and introversion.

**dystonia, drug-induced** An acute dystonic reaction to antipsychotic substances occurring within 48 hours of administration, characterized by involuntary muscular spasms principally affecting the head and neck (e.g. facial grimacing, opisthotonos) but which may involve the muscles of the trunk and extremities.

**eating disorder (F50)** Any member of a group of disorders that includes **anorexia nervosa**, **bulimia nervosa**, **overeating** (**psychogenic** or associated with other psychological disturbances), **vomiting** (**psychogenic** or associated with other psychological disturbances), **pica** in adults, and **loss of appetite** (**psychogenic**).

**echopraxia, gestural** Also echokinesis, echomimia; pathologic imitation of the movements or gestures of another, usually semi-automatic in nature and therefore not fully subject to voluntary control.

**egodystonic** Refers to anything that the individual does not accept as part of the self, or to impulses, wishes, thoughts, feelings, and emotions that are repugnant to or disavowed by the individual (ego-alien). Egosyntonic, in contrast, refers to impulses, wishes, thoughts, etc. that are accepted as consonant and compatible with the self.

**egodystonic sexual orientation** *See* sexual orientation, egodystonic.

**Ekbom syndrome** *See* restless legs syndrome.

**elaboration of physical symptoms for psychological reasons (F68.0)** The exaggeration or prolongation of physical symptoms compatible with and originally due to a confirmed physical disorder, disease, or disability. The individual is commonly distressed by the pain or disability, and is often preoccupied with worries, which may be justified, of the possibility of prolonged or progressive disability or pain.

**elation** An affective state of joyous gaiety which, when intensified and out of keeping with life circumstances, is a dominant symptom of **mania** and **hypomania**.

**electrolyte disturbance** Abnormal concentration of one or more of the ions in the blood, such as sodium, potassium, calcium, and bicarbonate, usually secondary to some underlying illness. Once induced, electrolyte disturbances themselves produce symptoms. Sodium depletion (hyponatraemia) may be associated with lowered blood pressure, abdominal pain, weakness, dizziness, apathy, and, with

progression, coma. Potassium depletion (hypokalaemia) may produce lethargy, anorexia, anxiety, depression, muscle weakness, and electrocardiographic abnormalities. **Hypocalcaemia** may produce **depression** and muscle cramps; **hypercalcaemia** may also produce depression and, if severe or prolonged, psychotic or **dementia**-like symptoms.

**elliptical** Refers to an utterance lacking in one or more key parts and hence incomprehensible to the listener.

**emotional disorder with onset specific to childhood (F93)** A member of a group of disorders representing exaggerations of normal developmental trends rather than phenomena that are qualitatively abnormal in themselves. Developmental appropriateness is used as the key diagnostic feature in defining the difference between the emotional disorders with onset specific to childhood and the **neurotic disorders**.

**emotionally labile [asthenic] disorder, organic (F06.6)** Emotional incontinence or lability, fatiguability, and a variety of unpleasant physical sensations arising as a consequence of an organic cerebral disorder.

**emotionally unstable personality disorder** *See* personality disorder, emotionally unstable.

**encephalopathy** An imprecise term referring to any disease of the brain and, in particular, to any chronic degenerative disease.  
*See also:* Wernicke encephalopathy

**encephalopathy, alcoholic** **Encephalopathy** precipitated by alcohol use.

**encephalopathy, lead** *See* lead encephalopathy.

**encephalopathy, limbic** *See* limbic encephalitis.

**encephalopathy of childhood, HIV-associated** *See* progressive encephalopathy of childhood.

**encephalopathy, spongiform** Neuronal degenerative brain disease of presumed viral origin in which the inflammatory changes, lymphocytic infiltration, and general immune response characteristic of viral infection are absent; the tissue abnormality consists of astrogliosis, neuronal loss, spongiform change, and amyloid plaques. The clinical picture is one of rapidly progressive **dementia**. The boundaries of this group of conditions, often referred to as transmissible virus dementia, are ill defined, but **kuru** and certain forms of **Creutzfeldt-Jakob disease** are usually included. Similar diseases in animals are scrapie and transmissible mink encephalopathy. The etiology is thought to be linked to the

so-called unconventional viruses or viroids (very small DNA or RNA molecules without protein coating) or to the even less well understood prions (protein-like infectious particles).

**encephalopathy, subcortical arteriosclerotic** See Binswanger syndrome.

**encephalopathy, Wernicke** See Wernicke encephalopathy.

**encopresis, nonorganic (F98.1)** Repeated voluntary or involuntary passage of faeces, usually of normal or near-normal consistency, in places not appropriate for that purpose in the individual's own sociocultural setting. The condition may represent an abnormal continuation of normal infantile incontinence, or it may involve a loss of continence following the acquisition of bowel control, or it may involve the deliberate deposition of faeces in inappropriate places in spite of normal physiological bowel control. The condition may occur as a monosymptomatic disorder, or it may form part of a wider disorder, especially an emotional disorder or a **conduct disorder**.

**endogenomorphic symptoms** Symptoms included in the research criteria promulgated by Viennese psychiatrists in the 1970s for the diagnosis of **schizophrenia** and affective axial syndromes. The adjective endogenomorphic is intended to emphasize, on the one hand, their relationship to the concept of **endogenous** psychosis, and, on the other hand, their purely descriptive function, which should be free of etiological assumptions. Because of its redundant theoretical connotation, the term is not recommended for general use.

*See also:* endogenous

**endogenous** A term introduced into psychiatry by Möbius in 1893 for the purposes of etiological clinical classification to designate those mental disorders caused primarily by hereditary and constitutional factors, originating within the soma or the central nervous system.

**endometriosis** The presence of functioning uterine tissue in parts of the body outside the uterus (such as ovaries, umbilicus, laparotomy scars). The ectopic tissue responds to hormonal stimuli with cyclic menstrual bleeding, leading to **dysmenorrhea** and pelvic pain.

**enuresis, nonorganic (F98.0)** Involuntary voiding of urine, by day and by night, which is abnormal in relation to the individual's mental age, and which is not a consequence of a lack of bladder control due to any neurological disorder, to epileptic attacks, or to any structural abnormality of the urinary tract. The enuresis may be present from birth or it may arise following a period of acquired bladder control. It may be associated with a more widespread emotional or behavioural disorder.

**epileptic discharges in the EEG** When an EEG recording can be made during an epileptic **seizure**, the characteristic features include spikes (pointed waves, 20–70 ms in duration) and slow waves appearing focally or in a generalized fashion. In the interictal EEG, the diagnostic indications of epilepsy are paroxysms of spikes and waves, generalized spikes, focal spikes, or sharp waves (70–200 ms in duration), or localized sharp and slow wave complexes. A normal interictal EEG does not rule out epilepsy, and provocative techniques such as hyperventilation and photic stimulation should be used if the clinical evidence suggests an epileptic disorder.

**erectile disorder, male** *See* genital response, failure of.

**exhibitionism (F65.2)** A **sexual preference disorder (paraphilia)** consisting of a recurrent or persistent tendency to expose the genitalia to strangers (usually of the opposite sex) or to people in public places, without inviting or intending closer contact. There is usually, but not invariably, sexual excitement at the time of exposure and the act is commonly followed by masturbation.

**expansive paranoid personality** *See* personality disorder, paranoid.

**explosive disorder, intermittent (F63.8)** A **habit and impulse disorder** characterized by discrete episodes of aggressive outbursts that are out of proportion to any identifiable **stressors**.

**expressed emotion** A measure of the expression, by a relative (or fellow workers, neighbours, etc.), of attitudes of emotional involvement with, or of criticism and hostility towards, a patient, in the context of a standardized semi-structured interview (the Camberwell Family Interview).

**factitious disorder** *See* intentional production or feigning of symptoms.

**failure to thrive** Lack of expected normal physiological development in a child, including slowed acquisition of developmental milestones and lack of weight gain, often accompanied by lack of growth, physical retardation, and short stature. In the absence of organic causes, failure to thrive may occur as part of the syndrome of **reactive attachment disorder**.  
*See also:* attachment disorder of childhood, reactive

**fatigue, post-viral** *See* asthenic syndrome, postinfectious.

**feeding disorder of infancy and childhood (F98.2)** Food refusal and extreme faddiness in the presence of an adequate food supply and a reasonably competent care-giver, and the absence of organic disease. There may or may not be associated rumination (repeated regurgitation without nausea or gastrointestinal illness).

**feigning of symptoms** See intentional production and feigning of symptoms.

**female sexual arousal disorder** See genital response, failure of.

**feminism in boys** Adoption by preadolescent boys of appearance, clothes, and behaviour typical of the female sex. Early effeminate behaviour in boys can be a precursor or predictor of homosexual orientation in adult life.  
*See also:* gender identity disorder of childhood

**fetal alcohol syndrome** A pattern of retarded growth and development, both mental and physical, with cranial, facial, limb, and cardiovascular defects, found in some children of mothers who are severely dependent on alcohol. The commonest abnormalities are: prenatal or postnatal growth deficiency, **microcephaly**, developmental delay or **mental retardation**, short palpebral fissures, a short, upturned nose with sunken nasal bridge and a thin upper lip, abnormal palmar creases, and cardiac (especially septal) defects. The causal link between these abnormalities and the effects of alcohol on the fetus has not been unequivocally established.

**fetishism (F65.0)** A **sexual preference disorder** consisting of reliance on some nonliving object as a stimulus for sexual arousal and sexual gratification. Many fetishes are extensions of the human body, such as articles of clothing or footwear. Other common examples are characterized by some particular texture, such as rubber, plastic, or leather. Fetish objects vary in their importance to the individual. In some cases they simply serve to enhance sexual excitement achieved in ordinary ways (e.g. having the partner wear a particular garment).  
*See also:* transvestism, fetishistic

**fire-setting, pathological (F63.1)** Multiple acts of, or attempts at, setting fire to property or other objects, without apparent motive, and a persistent preoccupation with subjects related to fire and burning. The behaviour is often associated with feelings of increasing tension before the act, and intense excitement immediately after it has been carried out.  
*Synonym:* pyromania

**flashbacks** Spontaneous recurrence of the visual distortions, physical symptoms, loss of ego boundaries, or intense emotions that occurred when the individual ingested **hallucinogens** in the past. Flashbacks are episodic, of short duration (seconds to hours), and may duplicate exactly the symptoms of previous hallucinogen episodes. They are sometimes precipitated by fatigue, alcohol intake, or marijuana intoxication. Flashbacks are relatively common and are believed to occur in 25% or more of hallucinogen users.  
*See also:* psychotic disorder, residual and late-onset, alcohol- or drug-induced

**flight of ideas** A disordered form of thinking associated commonly with manic or hypomanic mood and often experienced subjectively as pressure of thought. Characteristically, talk is rapid and incessant; speech associations are facilitated, and easily diverted and distracted by chance factors or for no obvious reasons. Increased distractibility is a prominent feature, and rhyming and punning often occur. The flow of ideas may be too insistent for expression, resulting in a form of verbal incoherence.

**Synonym:** fuga idearum

**flight reaction** Fight or flight response, consisting of sympathetic nervous system discharge, mediated by adrenal catecholamine release.

**Synonyms:** flight reflex; sympathetic reaction

**See also:** fugue, dissociative

**florid symptoms** An imprecise, deprecated term denoting pronounced symptoms of mental disorder that are conspicuous by virtue of their qualitative departure from normal psychological function, e.g. **hallucinations** and **delusions**. In current usage, the term is often a synonym for **positive symptoms**.

**focal neurological signs** Observable bodily phenomena or responses suggestive of the localization of a relatively circumscribed lesion of the nervous system.

**folie à deux** *See* delusional disorder, induced.

**folk remedies abuse** *See* abuse of non-dependence-producing substances.

**fragile X syndrome** A heritable point defect on the human X chromosome (X<sub>q</sub>27–28), expressed as a non-staining gap during the metaphase, which makes the chromosome highly susceptible to breakage. The defect is among the common causes of moderate to severe intellectual impairment, being present in about one-third of the families with X-linked mental retardation. Associated features in the male include macro-orchidism, protruding ears, a characteristic facies, convulsions, and autism. Cytogenetic and molecular studies facilitate the diagnosis in an affected male and in a female carrier.

**frigidity (F52.0)** Lack or loss of sexual desire in women.

**frontal lobe syndrome (F07.0)** Changes in behaviour following damage to the frontal areas of the brain or following interference with the connections of those areas. There is generally diminution of self-control, foresight, creativity, and spontaneity, which may be manifested as increased **irritability**, selfishness, and lack of concern for others. Conscientiousness and powers of concentration are often diminished, but measurable deterioration of intellect or memory is not necessarily present. The overall picture is often one of emotional dullness, lack of drive, and slowness. Particularly in people with previously energetic, restless,



or aggressive characteristics, there may be a change towards impulsiveness, boastfulness, temper outbursts, silly facetious humour, and the development of unrealistic ambitions; the direction of change usually depends upon the previous personality. A considerable degree of recovery is possible and may continue over the course of several years.

**frotteurism (F65.8)** Rubbing up against people for sexual stimulation in crowded public places.

**See also:** sexual preference disorder

**fuga idearum** See flight of ideas.

**fugue, dissociative (F44.1)** A state of **dissociative amnesia**, plus purposeful travel beyond the usual everyday range. Although there is **amnesia** for the period of the fugue, the individual's behaviour during this time may appear completely normal to independent observers.

**gambling, pathological (F63.0)** Frequent, repeated episodes of gambling that dominate the individual's life to the detriment of social, occupational, material, and family values and commitments.

**Synonym:** compulsive gambling

**gender identity** A conviction of being either male or female, resulting from the combined effects of biological and psychosocial factors.

**gender identity disorder (F64)** An inner conviction of one's femaleness or maleness that is not consonant with the biologically determined sex. Included are **transsexualism**, **dual-role transvestism**, and **gender identity disorder of childhood**. **Gender-role disorder** is included as an unspecified gender identity disorder.

**gender identity disorder of childhood (F64.2)** Persistent and intense distress about assigned sex, together with a desire to be (or insistence that one is) of the other sex. There is persistent preoccupation with the dress and activities of the opposite sex and repudiation of the individual's own sex. This disorder is a profound disturbance of normal gender identity, not mere "tomboyishness" in girls or "girlish" behaviour in boys.

**gender-role disorder (F64.9)** Behaviour and appearance that are not in accord with cultural expectations of appropriate "feminine" or "masculine" behaviour in a given individual.

**See also:** gender identity disorder

**general paresis** A late form of **neurosyphilis** resulting from parenchymatous lesions in the central nervous system. The initial symptoms, appearing some

years after infection, include fatigue, lethargy, headache, and temperamental changes. These are followed by a progressive **dementia**, often coloured by a psychotic picture of grandiosity, **depression** or **paranoia**. Neurological signs include pupillary abnormalities, tremor, **dysarthria**, reflex changes, and ataxia. Positive serological tests and characteristic cerebrospinal changes confirm the diagnosis. If untreated, the condition usually progresses through physical deterioration to death within 5 years.

Juvenile general paresis is a form of **congenital syphilis** in which the clinical picture usually appears at about 10 years of age.

**Synonyms:** dementia paralytica; general paralysis of the insane

**See also:** congenital syphilis

**genetic counselling** Application of the principles and specific data of medical genetics to the estimation of risks of occurrence or recurrence of heritable disorders, and the provision of information and guidance to families and individuals as regards the prevention, diagnosis, prognosis, and management of these disorders.

**genital response, failure of (F52.2)** In men the principal problem is psychogenic impotence or erectile dysfunction, i.e. difficulty in developing or maintaining an erection suitable for satisfactory intercourse (**male erectile disorder**). The principal problem in women is vaginal dryness or failure of lubrication (**female sexual arousal disorder**).

**See also:** sexual dysfunction

**Gerstmann syndrome (F81.2)** Finger **agnosia**, right-left disorientation, acalculia and **agraphia**, sometimes accompanied by constructional **apraxia**, dyslexia, and homonymous hemianopia, resulting from a lesion of the dominant parietal lobe. The validity of the syndrome as an autonomous set of symptoms has been questioned.

**Gilles de la Tourette syndrome** *See* tic disorder, combined vocal and multiple motor.

**GM2 gangliosidosis** *See* Tay-Sachs disease.

**grandiose ideas** Exaggerated notions of capacities, possessions, and esteem which in delusional form are associated with **mania**, **schizophrenia**, and cerebral organic psychoses, e.g. **general paresis**.

**See also:** delusion of grandeur

**granulovacuolar bodies** A histopathological lesion in **Alzheimer disease** and other degenerative cerebral processes, consisting of argyrophilic granules embedded in vacuoles 3–5  $\mu\text{m}$  in diameter. The lesion is found primarily in the cytoplasm of the pyramidal cells in the hippocampus.

**Synonym:** granulovacuolar degeneration

**grief reaction (F43.2)** A response by a bereaved person to the loss, which characteristically proceeds from a phase of shock and bewilderment, via a depressive preoccupation with the deceased, to a gradual period of resolution. Deviations from this sequence are common, and morbid patterns of grieving may constitute a frank depressive illness.

**group delinquency** *See* conduct disorder, socialized.

**growth hormone** A polypeptide that is secreted by specialized acidophil cells of the anterior pituitary under the control of the hypothalamus. It promotes and regulates somatic and skeletal growth and influences carbohydrate, fat, and protein metabolism. Deficiency of growth hormone results in dwarfism, and excess hormone produces gigantism and acromegaly.

**Synonyms:** human growth hormone; somatotrophic hormone; somatotropin

**habit and impulse disorder (F63)** Repeated acts that have no clear rational motivation, cannot be controlled, and generally harm the individual's interests and those of other people. The individual reports that the behaviour is associated with impulses to action. Included are **pathological gambling, pathological fire-setting, pathological stealing, trichotillomania**, and other impulse disorders such as **intermittent explosive disorder**.

**See also:** explosive disorder, intermittent; fire-setting, pathological; gambling, pathological; stealing, pathological; trichotillomania

**hallucination** A sensory perception, of any modality, occurring in the absence of the appropriate external stimulus. In addition to the sensory modality in which they occur, hallucinations may be subdivided according to their intensity, complexity, clarity of perception, and the subjective degree of their projection into the external environment. Hallucinations may occur in normal individuals in the half-sleeping (**hypnagogic**) or half-waking (**hypnopompic**) state. As morbid phenomena they may be symptomatic of cerebral disease, functional psychoses, and the toxic effects of drugs, each with characteristic features.

**hallucinatory state** *See* hallucinosis.

**hallucinogen** A psychoactive substance, naturally occurring or synthetic, which has the capacity to induce altered states of consciousness characterized by heightened perception, vivid imagery which may evolve into illusions and **hallucinations**, changed affect, and intense **depersonalization/derealization** experiences. The state may mimic an acute psychosis and lead to a severe disturbance of behaviour. Among the hallucinogens are indolamines, such as lysergic acid diethylamide (lysergide; LSD), *N,N*-dimethyltryptamine, psilocybin, and harmine; methoxylated phenylethylamines, such as mescaline; tetrahydrocannabinols, such as marijuana and hashish; and a variety of other drugs, e.g. phencyclidine (PCP), muscarine, and myristicin. Although the pharmacology of

the hallucinogens has been much studied, their precise mode of action is poorly understood.

**Synonyms:** phantasticant; psychodysleptic; psychotomimetic

**See also:** substance use disorder

**hallucinogen use disorder** Any mental or behavioural disorder due to use of hallucinogens. Most **hallucinogens** are taken orally, although *N,N*-dimethyltryptamine (DMT) is sniffed or smoked. Use is typically episodic; chronic frequent use is extremely rare. In addition to the **hallucinosi**s that is regularly produced by hallucinogens, adverse effects are frequent and include:

1. "bad trips";
2. post-hallucinogen perception disorder or **flashbacks**;
3. **delusional disorder**, which generally follows a bad trip; the perceptual changes abate but the individual becomes convinced that the perceptual distortions correspond with reality; the delusional state may last only a day or two, or it may persist; and
4. **affective or mood disorder**, consisting of anxiety, **depression**, or **mania** occurring shortly after hallucinogen use and persisting for more than 24 hours; typically the individual feels that he or she can never be normal again and expresses concern about brain damage as a result of taking the drug.

**See also:** substance use disorder

**hallucinosi**s (F10.5) A relatively rare, acute or chronic state in which recurrent or persistent **hallucinations** in clear consciousness constitute the dominant clinical feature. It is attributable principally to misuse of alcohol or other centrally acting drugs but may occur, less commonly, in association with other forms of cerebral disorder, and in the functional psychoses.

**Synonym:** hallucinatory state

**hallucinosi**s, alcoholic *See* psychotic disorder, alcohol- or drug-induced.

**hallucinosi**s, organic (F06.6) **Hallucinosi**s occurring in the context of cerebral disease, damage, or dysfunction, or of a systemic physical disease.

**See also:** hallucinosi

**haltlose personality** *See* personality, disinhibited.

**harmful use** (F1x.1) A pattern of psychoactive substance use that is causing damage to health. The damage may be physical (e.g. hepatitis following injection of drugs) or mental (e.g. **depressive episodes** secondary to heavy alcohol intake).

**Synonym:** psychoactive substance abuse

**See also:** substance use disorder

**hebephrenia** (F20.1) A syndrome described by Hecker (1871) and included by Kraepelin (1896) in the original concept of **dementia praecox**.

**See also:** schizophrenia, hebephrenic

**Heller syndrome** *See* childhood disintegrative disorder.

**hemiparesis** Unilateral muscular paralysis, complete or partial, associated with a contralateral cerebral lesion.

**herbal medicines abuse** *See* abuse of non-dependence-producing substances.

**heterosexuality counselling** *See* sexuality counselling.

**histrionic** Describes exaggerated gesture, expression, and speech associated with acting. When applied to **personality**, the term denotes an aggregation of morbid **traits**, including theatrical behaviour, a desire to impress, gain sympathy, or be the centre of attention, shallowness of emotion, and intense day-dreaming.

*See also:* personality disorder, histrionic

**HIV-associated acute psychotic disorder** **Hallucinations** (visual or auditory) and **delusions** (persecutory or grandiose) occur in individuals with **AIDS-related complex** or **AIDS**, but whether the incidence and prevalence of either psychotic symptoms or syndromes exceed their occurrence in the general population has not been firmly established. The HIV-associated psychotic disorders may occur within a context of **cognitive impairment**, which may be subtle or fluctuating, or they may be only the initial manifestation of psychopathology that is later followed by such symptoms as disorientation, clouding of consciousness, and disturbances of memory and concentration.

*See also:* HIV-associated neuropsychiatric disorders

**HIV-associated acute stress reaction** Expressions of despair, anger, guilt, withdrawal, and fear, and frequently the development of somatic symptoms that the individual interprets as evidence of a physical decline due to HIV infection or **AIDS**. Such reactions are particularly frequent immediately after the discovery of seropositivity and in conjunction with changes in the patient's clinical state.

**HIV-associated adjustment disorder** An excessively long or intense response to the diagnosis of HIV infection or **AIDS**, or to the stress associated with the disease, manifested as **depression**, anxiety, somatic complaints, or disturbances of conduct.

**HIV-associated affective disorder** **Depression** occurring in individuals with HIV infection. It may be a result of psychosocial problems related to HIV infection and **AIDS**, or it may be due to HIV infection of the brain. It may be precipitated by HIV infection in a predisposed individual. **Hypomania** and **mania** are much less common than depression in subjects with HIV infection.

**HIV-associated delirium** Delirium may be superimposed on cognitive deficits in **HIV-associated dementia** and may aggravate its course. Delirium may also occur at the time of seroconversion in association with aseptic meningitis. Moreover, delirium in **AIDS** patients may be related to hypoxia (for instance, from *Pneumocystis carinii* pneumonia), cryptococcal meningitis, systemic infections (e.g. staphylococcal bacteraemia), space-occupying lesions of the brain (e.g. CNS lymphoma or brain abscess due to toxoplasmosis), metabolic derangements (disorders of fluid, electrolyte, or acid–base balance), and the use of psychotropic drugs (especially tricyclic antidepressants, whose central anticholinergic activity seems to be more pronounced in such patients).

**HIV-associated dementia** A **dementia** of subcortical type, characterized by psychomotor slowing, inattentiveness, and volitional torpor. Individuals with HIV-associated dementia typically complain of forgetfulness, slowness, poor concentration, and difficulties with problem-solving and reading. They may appear apathetic and show reduced spontaneity and social withdrawal. Mental status examination demonstrates inattention, psychomotor slowing, impaired memory, and impairment of reasoning. Physical examination often reveals tremor, impaired rapid repetitive movements, imbalance, ataxia, hypertonia, generalized hyperreflexia, positive frontal release signs, and impaired pursuit and saccadic eye movement. Neuropsychological testing characteristically reveals abnormalities in many assessments, but particularly in attention, rapid sequential problem-solving, and motor speed. HIV-associated dementia generally progresses rapidly to severe deterioration and death.

Pathologically, the condition is often characterized by multinucleated-cell encephalitis and evidence of productive HIV infection of macrophages, monocytes, and multinucleated cells resulting from the fusion of these two cell types. As many as one-third to one-half of patients, however, exhibit only central astrogliosis and myelin pallor. In about one-third of patients, p24 antigen can be detected in the cerebrospinal fluid. **Computerized tomography** and magnetic resonance imaging usually detect brain atrophy, with enlargement of the cerebral sulci and ventricles.

*See also:* AIDS-dementia complex (ADC)

**HIV-associated encephalopathy of childhood** *See* progressive encephalopathy of childhood.

**HIV-associated inflammatory polyneuropathy** This condition may be present as:

1. a subacute, multifocal, peripheral, sensorimotor neuropathy (mononeuritis multiplex) that predominates in the lower limbs but may also affect cranial nerves;
2. an inflammatory, subacute, roughly symmetrical sensorimotor polyneuropathy;
3. a typical acute Guillain–Barré syndrome, with facial diplegia, in which respiratory failure is common.

**HIV-associated lymphoma** See lymphoma, primary CNS.

**HIV-associated meningitis** An acute aseptic meningitis occurring soon after infection as a primary response of the nervous system to HIV infection. Symptoms include headache, retro-orbital pain, meningismus, fever, photophobia, cranial neuropathies, and, rarely, transient encephalopathy (but not progressive **dementia**). The cerebrospinal fluid shows mononuclear pleocytosis. Typically, the acute symptoms are mild and self-limiting, require no special treatment, and resolve within 1–4 weeks.

**HIV-associated minor cognitive/motor disorder** Symptoms, signs, and neuropsychological test results that are qualitatively similar to those of HIV-associated **dementia** but are quantitatively less severe.

**See also:** HIV-associated neuropsychiatric disorders

**HIV-associated myelopathy** Vacuolar myelopathy associated with HIV infection. Motor symptoms and signs, particularly involving the legs, predominate, with spasticity, weakness, or ataxia severe enough to preclude fully independent ambulation. The hands may also be affected, but less severely, and abnormalities above the spinal level are frequently present (e.g. increased jaw jerk, snout, or other release reflexes). The myelopathy is diffuse rather than segmental and thus cannot be localized to a specific sensory or motor level. It is characteristically painless. Cognitive dysfunction is frequent, but the gait disturbance dominates the clinical picture.

**HIV-associated myopathy** A rare condition characterized by a subacute, predominantly proximal muscle weakness with myalgias and excessive fatigue. Serum creatine kinase level is increased, electromyographic features parallel those in polymyositis, and muscle biopsy may reveal myofibre degeneration and regeneration, and perivascular and interstitial inflammation.

**HIV-associated neuropsychiatric disorders** The five major groups of neuropsychiatric disorders that have been found to be associated with HIV infection are:

1. HIV-associated cognitive/motor complex, including
  - **HIV-associated dementia**
  - **HIV-associated myelopathy**
  - **HIV-associated minor cognitive/motor disorder**
2. HIV-associated mental and behavioural disorders, including
  - **delirium**
  - **acute psychotic disorders**
  - **affective disorders**
  - **adjustment disorders**
  - **acute stress reactions**
  - **suicide**

3. other HIV-associated central nervous system (CNS) disorders, including
  - **progressive encephalopathy of childhood**
  - meningitis
4. HIV-associated peripheral nervous system disorders, including
  - inflammatory polyneuropathy
  - predominantly sensory neuropathy
  - **myopathy**
5. neuropsychiatric disorders due to opportunistic processes in HIV-infected individuals, including
  - **progressive multifocal leukoencephalopathy**
  - **cerebral toxoplasmosis**
  - CNS tuberculosis
  - cryptococcal meningitis
  - **cytomegalovirus neuropathy**
  - other syndromes due to opportunistic infections
  - **primary CNS lymphoma**

**HIV-associated suicide** HIV infection and AIDS are associated with a high risk of suicide, particularly in the period following discovery of HIV-seropositivity. Coexisting psychiatric syndromes, particularly **depression** and **delirium**, may increase the suicide risk.

**homosexuality counselling** *See* sexuality counselling.

**hormone abuse** *See* abuse of non-dependence-producing substances.

**hospital hopper syndrome** *See* intentional production or feigning of symptoms.

**hospitalism in children (F43.2)** A syndrome closely related to anaclitic **depression**, developing in infants in hospital who are separated from their mothers or mother-surrogates for long periods of time. It is characterized by listlessness, unresponsiveness, emaciation, pallor, poor appetite, disturbed sleep, febrile episodes, lack of sucking habits, and an appearance of unhappiness. The disorder is reversible if the mother, or mother-surrogate, and child are reunited within 2–3 weeks.

*See also:* attachment disorder of childhood, reactive

**human growth hormone** *See* growth hormone.

**Huntington disease** Progressive degeneration of the basal ganglia, corpus striatum, and cerebral cortex, transmitted by an autosomal dominant gene located on the short arm of chromosome 4 and characterized clinically by progressive **choreiform movements** and **dementia**. The onset of abnormal movements usually occurs insidiously between the ages of 20 and 25 years and is followed



after a variable period by the development of the organic cerebral symptoms. The condition is usually fatal within 10 to 15 years of its onset.

**Synonym:** Huntington chorea

**hydrocephalus** An increase in the volume of cerebrospinal fluid (CSF) within the skull. In addition to neurological signs, some degree of mental deterioration or **dementia** is usually present.

**hypercalcaemia** Excessive concentration of ionized calcium in the blood, the most frequent reasons for which are vitamin D overdosage, bone disease, hyperparathyroidism, and prolonged or excessive intake of calcium and alkali in the presence of renal damage. Hypercalcaemia may be associated with depressive symptoms, lethargy, apathy, **confusion**, coma, or organic psychoses. If hypercalcaemia is severe or prolonged, **dementia** may result.

**hyperinsulinism, drug-induced** *See* hypoglycaemia.

**hyperkinetic disorder (F90)** A disorder characterized by an early onset (usually in the first 5 years of life), lack of persistence in activities that require cognitive involvement, and a tendency to move from one activity to another without completing any one, together with disorganized, ill-regulated, and excessive activity. Several other abnormalities may be associated. Hyperkinetic children are often reckless and impulsive, prone to accidents, and find themselves in disciplinary trouble because of unthinking breaches of rules rather than deliberate defiance. Their relationships with adults are often socially disinhibited, with a lack of normal caution and reserve. Specific delays in cognitive, motor, and language development are disproportionately frequent. Secondary complications include dissocial behaviour and low self-esteem.

**Synonym:** attention deficit disorder

**hyperorexia nervosa** *See* bulimia nervosa.

**hyperphagia** *See* megaphagia.

**hypersomnia, nonorganic (F51.1)** One of the **nonorganic sleep disorders**, consisting of either excessive daytime sleepiness and sleep attacks (not accounted for by an inadequate amount of sleep), or prolonged transition to the fully aroused state upon awakening. In contrast to organic hypersomnia, this condition is usually associated with mental disorders. **Narcolepsy** is *not* one of the nonorganic hypersomnias.

**hypersomnia, nonpsychogenic** Excessive sleepiness or sleep of excessive duration attributable to drugs, **narcolepsy**, metabolic disorders, infections, age, or environmental conditions. Periodic hypersomnia may occur with menstruation or as a component of the **Kleine–Levin syndrome**.

**See also:** hypersomnia, nonorganic

**hypertensive cerebrovascular disease** The most common clinical result of pathological changes in the cerebral blood-vessels associated with hypertension is intracerebral haemorrhage, probably attributable to microaneurysms in the small arteries. Rarely, an acute **encephalopathy** accompanies an advanced degree of hypertension, with constriction leading to cerebral oedema.

**hyperthyroidism** *See* thyrotoxicosis.

**hypervigilance** A state of excessive alertness, manifested by a constant scanning of the environment for indications of danger. Hypervigilance is seen most often in individuals with a **paranoid** personality structure, in **post-traumatic stress disorders**, in children who have been subjected to parental abuse or neglect, and in some forms of **psychoactive substance use**.

**hypnagogic/hypnopompic phenomena** Hallucinatory and quasi-hallucinatory experiences occurring in the intermediate state between wakefulness and sleep, either before (hypnagogic) or after (hypnopompic) dormancy, and often occurring in all sensory modalities, though visual imagery is most often reported. Cognitive–affective phenomena are sometimes present and a hypnagogic startle, a “sleep start” or sudden bodily jerk, may occur. The sensory images are correlated with sleep-onset REM periods and may be associated with **narcolepsy**. In general, however, hypnagogic/hypnopompic phenomena do not indicate a morbid process or dysfunction.

**hypnosis** A state of trance, superficially resembling sleep, induced by suggestion of relaxation and concentrated attention on a single object, in which the individual becomes suggestible and responsive to the hypnotist’s influence and may recall forgotten events and obtain relief from psychological symptoms.

**hypnotic drug** A drug that induces drowsiness and facilitates the onset of a state resembling natural sleep. Most commonly used hypnotic agents depress the central nervous system and can induce sedation in small doses and general anaesthesia in high doses.

*See also:* sedative; substance use disorder

**hypnotic use disorders** Any mental or behavioural disorder due to use of **sedatives** or **hypnotics**.

*See also:* substance use disorder

**hypoactive sexual desire disorder** *See* sexual desire, lack or loss of.

**hypocalcaemia** Lower than normal concentration of ionized calcium in the blood, most often a result of hypoparathyroidism. Patients with prolonged and untreated hypoparathyroidism suffer intellectual deterioration, nervousness, or other organic mental syndromes, including psychoses. Lowered serum calcium

results in an increase in excitability of the peripheral nerves and ganglia, leading to tetany and symptoms reflecting hyperactivity of the autonomic nervous system.

**hypochondriacal disorder (F45.2)** A persistent preoccupation with the possibility of having one or more serious and progressive physical disorders. Patients manifest persistent somatic complaints or a persistent preoccupation with their physical appearance. Normal or commonplace sensations and appearances are often interpreted by the individual as abnormal and distressing, and attention is usually focused upon only one or two organs or systems of the body. Marked **depression** and anxiety are often present.

**hypoglycaemia** An abnormally low blood glucose concentration which occurs in insulinoma, glycogen storage disease, **alcoholism**, and liver disease; it may also be a result of hyperinsulinism induced by therapeutic insulin. Symptoms are the result of stimulation of the sympathetic nervous system (weakness, palpitations, sweating, tachycardia, tremor, ataxic gait) and to cerebral hypoglycaemia (slowed thinking, **irritability**, aggressiveness, anxiety and other mood changes, and sometimes **confusion**).

**hypomania (F30.0)** A disorder characterized by a persistent mild elevation of mood, increased energy and activity, and usually marked feelings of well-being and both physical and mental efficiency. Increased sociability, talkativeness, over-familiarity, increased sexual energy, and a decreased need for sleep are often present but not to the extent that they lead to severe disruption of work or result in social rejection. The disturbances of mood and behaviour are not accompanied by **hallucinations** or **delusions**.  
*See also:* mania

**hyposexuality** *See* sexual desire, lack or loss of.

**hypothalamic dysfunction** Hypothalamic symptoms and syndromes include hypothermia, **hypersomnia**, **Kleine-Levin syndrome**, the adiposogenital syndrome, diabetes insipidus, autonomic epilepsy, and **stupor**. Some symptoms and syndromes due primarily to hypothalamic dysfunction have been labelled diencephalic dysfunction.  
*See also:* diencephalic syndrome

**hypothyroidism** Deficient hormone secretion by the thyroid gland which may result in cretinism in the infant and myxoedema in the adult. In the adult, hypothyroidism is characterized by slowing of the basal metabolic rate, lethargy, pallor, menstrual disorders, varied neurological changes, and disturbances in mentation. **Depression** is frequent, as are delusional ideas, and **dementia** may develop in severe cases. Diminished thyroid functioning may be

a side-effect of treatment with one or more drugs. Lithium is the psychotropic drug most frequently associated with thyroid dysfunction.

**hysterical personality** *See* personality disorder, histrionic.

**iatrogenic** Refers to disorders or distress caused by medical or surgical treatment. The disorders may be physical (e.g. the unwanted effects of medication or surgery) or psychological (e.g. fears induced by a physician's comments or manner).

**ideas of reference** Morbid interpretations of indifferent, external phenomena as carrying personal, usually noxious, significance. They tend to occur in sensitive individuals at times of stress and fatigue and are generally understandable in the context of current life-situations; however, they may constitute the precursors of delusional beliefs.

**identity disorder (F98.8)** Outlook and attitude of a child or adolescent who is excessively uncertain about personal beliefs and purposes, with consequent impairment of function.

**impotence, psychogenic (F52.2)** Failure of genital response in the male.

**impulse control** The capacity to resist an impulsive desire or an urge to indulge in self-gratifying behaviour without regard for the consequences.

**impulse disorder** *See* habit and impulse disorder.

**incoherence** A severe form of thought and speech disorder in which the prominent features are distortion of grammar, unexplained shifts from topic to topic, and lack of a logical connection between parts of speech.

**induced psychosis** *See* delusional disorder, induced.

**infantile autism** *See* autism, childhood.

**infarction of the brain** The process of destruction of an area of cerebral tissue, with or without haemorrhage, following arterial obstruction. The pathogenesis is either thrombotic or embolic and the nature of the symptoms varies according to the blood-vessels that are affected by the lesion.

**inhalant** *See* volatile solvent use disorder.

**insomnia, nonorganic (F51.0)** Unsatisfactory quantity and/or quality of sleep, which persists for a considerable period of time. It includes difficulty in falling asleep, difficulty in staying asleep, or early final awakening.

**insulin coma**

1. The deepest level of insulin-induced **hypoglycaemia**.
2. A form of treatment for psychiatric disorders (mainly schizophrenic disorders), introduced by Sakel in 1933 and no longer used.

**intelligence quotient (IQ)** A number or score derived from performance in an intelligence test which expresses individual success on that test relative to the performance of a normative group on the same test.

**intelligence quotient tests, standardized** Standard procedures for computing IQ levels expressed as an individual's score in terms of its deviation or distance above or below the average of the scores of a reference or normative group. Conventionally, this average is set at 100. Most of these tests derive from the Binet–Simon scale.

**intentional production or feigning of symptoms (F68.1)** A disorder of adult personality and behaviour in which the individual feigns symptoms repeatedly and consistently, and may intentionally inflict self-harm to produce symptoms or signs. In contrast to the **malingerer**, the individual's motivation is obscure and presumably internal, aiming at sick-role or illness behaviour, and is often combined with marked disorders of personality and relationships.

*See also:* hospital hopper syndrome; Münchhausen syndrome; peregrinating patient

**intermittent explosive disorder** *See* explosive disorder, intermittent.

**internal language** The understanding of word symbols, as expressed by performance of tasks that require manipulation of symbols rather than by speech itself. Many children with severe **expressive language disorder** give evidence of relatively intact internal language through their ability to play games and use toys and household objects in an appropriate way and in their attempts to communicate appropriately with others in non-verbal ways.

**intersex** An individual who exhibits sexual characteristics of both sexes. The true intersex is the hermaphrodite, a person with both male and female gonadal tissue.

**intoxication, acute (F1x.0)** A transient condition following the intake of drugs or alcohol, resulting in changes in patterns of physiological, psychological, or behavioural functions and responses.

*See also:* substance use disorder

**intoxication, pathological** Described in individuals with an abnormally low tolerance to alcohol, the syndrome is characterized by extreme excitement with aggressive and violent features and, frequently, persecutory ideas. It lasts

several hours and terminates with the patient falling asleep. There is usually complete **amnesia** for the episode.

*See also:* intoxication, acute

**intracranial injury, sequelae of** A wide range of neurological, cognitive, affective, and behavioural dysfunctions attributable to sustained head injury but significantly influenced in their expression by the previous **personality** and a host of social factors. As these are the problems that most often give rise to compensation claims and other litigation, the evaluation of each individual case requires considerable clinical skill.

*See also:* postconcussional syndrome

**inversion of sleep rhythm** *See* sleep–wake schedule disorder, nonorganic.

**irritability** An undue state of overreaction involving annoyance, impatience, or anger. It may appear in states of fatigue or chronic pain, or be a clinical feature of temperamental anomalies associated with advancing age, cerebral trauma, epileptic states, and manic–depressive disorders.

**irritable bowel syndrome** Hyperirritability and altered motility and secretion of the gastrointestinal tract, often accompanied by other variable symptoms such as nausea and vomiting, anorexia, flatulence, hyperacidity, and constipation or diarrhoea, in the absence of organic disease of the bowel. The syndrome usually occurs in anxious personalities or following life stress or strain.

**jargon aphasia** A form of **Wernicke aphasia** (receptive, central, or sensory aphasia) characterized by speech in which syntax seems normal but content is meaningless.

*Synonym:* nonsensical speech

**jealousy, alcoholic** *See* psychotic disorder, alcohol- or drug-induced.

**juvenile tabes** A form of tabes occurring in children with **congenital syphilis** or in children who have acquired the disease in infancy or early childhood. The clinical features are those of the adult form of the disease; optic atrophy and mental deterioration are often prominent and the Wasserman reaction may be negative. The untreated course of the disease tends to be one of rapid progression.

*See also:* syphilis, congenital

**juvenile taboparesis** A form of **neurosyphilis** occurring in childhood in which the clinical features of general paresis are associated with those of **tabes dorsalis**.

*See also:* syphilis, congenital; general paresis

**Kanner syndrome** *See* autism, childhood.

**Kleine-Levin syndrome** A rare syndrome, occurring mostly in young males, characterized by periodic attacks of **megaphagia**, **hypersomnia**, and psychological and behavioural disorders. The disorder tends to be self-limiting and may respond to the administration of sympathomimetic amines.

**kleptomania** *See* stealing, pathological.

**Korsakov psychosis** A syndrome of predominant and lasting reduction of memory span, including striking loss of recent memory, disordered time appreciation, and **confabulation**, occurring in alcohol-dependent individuals as a sequel to an acute alcoholic psychosis (especially **delirium tremens**) or, more rarely, in the course of the alcohol dependence syndrome. It is usually accompanied by peripheral neuritis and may be associated with **Wernicke encephalopathy**. First described in 1889 by Korsakov.

*See also:* amnesic syndrome, alcohol- or drug-induced; Wernicke encephalopathy

*Synonyms:* alcohol amnesic disorder; Wernicke–Korsakov psychosis (syndrome)

**Korsakov syndrome** (other than induced by alcohol or drugs) *See* amnesic syndrome, organic.

**kuru** A transmissible progressive degenerative disease of the central nervous system, involving primarily the basal ganglia and the cerebellum, and manifest as gross ataxia, athetosis, tremor, **dysarthria**, and rigidity. Mental changes include emotional lability, psychomotor slowing, and a rapidly progressing **dementia**. The condition is invariably fatal, death occurring within 6–9 months of onset. The causative agent has been shown by Gajdusek to be an unconventional slow virus with a very long incubation period, closely related to the viral agent suspected in **Creutzfeldt–Jakob** disease and, possibly, scrapie.

**lalling (F80.0)** An imprecise term for **specific speech articulation disorder**.

**Landau–Kleffner syndrome** *See* acquired aphasia with epilepsy.

**language disorder, expressive (F80.1)** A specific developmental disorder in which the child's ability to use expressive spoken language is markedly below the appropriate level for its mental age, but language comprehension is within normal limits. There may or may not be abnormalities in articulation.

*Synonym:* developmental dysphasia or aphasia, expressive type

**language disorder, receptive (F80.2)** A specific developmental disorder in which the child's understanding of language is below the appropriate level for its

mental age. In virtually all cases, expressive language is also markedly impaired, and abnormalities in word-sound production are common.

**language skills, expressive and receptive** The ability to use and to understand spoken language at a level appropriate for the individual's mental age. There are at least two major subtypes of development language disorder, **expressive language disorder** and the more severe **receptive language disorder**.

**laxative habit** *See* abuse of non-dependence-producing substances.

**lead encephalopathy** A serious cerebral manifestation of lead poisoning, presenting in its acute form with **delirium**, convulsions, meningism, hypertension, and signs of increased intracranial pressure; in children especially, it may result in coma and death due to medullary compression. The clinical picture of the chronic form is dominated by weakness, persistent headache, **depression**, impaired concentration and memory, transient **aphasia**, disturbances of vision and hearing, and isolated visual and auditory **hallucinations**. Residual impairments include cognitive deficits, epilepsy, blindness, and, in children, **mental retardation** and **cerebral palsy**. Apart from such sequelae of acute or chronic intoxication, subclinical neurobehavioural effects have been claimed for low-level exposure to lead prenatally or in childhood, manifested in lower IQ scores, **soft neurological signs**, impairment of specific scholastic skills, and behavioural disorders.

**legasthenia** *See* reading disorder, specific.

**Lesch-Nyhan syndrome** A severe neuromuscular disorder with involuntary **choreoathetoid movements**, recurrent vomiting, mild to moderate **mental retardation**, self-mutilation such as biting the lips and fingertips, and a severe gouty arthritis associated with high uric acid levels. The abnormal purine metabolism is due to a genetic deficiency of the enzyme hypoxanthine guanine phosphoribosyltransferase, transmitted as an X-linked recessive disorder.

**libido** In psychoanalytical theory, a form of sexual energy with which mental processes, drives, and object-representations are invested.

**life-cycle transitions** Changes that occur as part of passing from one stage to another in the course of maturation and development, and in particular the behaviour and role-function adaptations that an individual is called upon to make in response to age-related changes over which he or she has little if any control.

**life-management difficulty** Problems in dealing effectively with one's social, occupational, or interpersonal environment.



**limbic encephalitis** A combination of inflammatory changes (perivascular infiltration) and degenerative changes (neuronal loss, astrocytic proliferation, gliosis) limited to the structures of the limbic system and developing in association with carcinoma of an extracerebral localization. No tumour cells are present within the central nervous system itself. The clinical picture is one of a marked disturbance of memory for recent events, anxiety, **depression**, **hallucinations**, and, rarely, epilepsy.

**Synonym:** limbic encephalopathy

**limbic epilepsy** A subtype of **temporal lobe epilepsy** in which pathophysiological changes related to kindling in the mesolimbic system are suspected to lead to the gradual development of personality and behaviour alteration, to severe **mood disorders**, or to **schizophrenia-like psychosis**.

**See also:** temporal lobe epilepsy

**lisping (F80.8)** A form of defective articulation characterized by defective pronunciation of sibilants.

**Little disease** *See* cerebral palsy.

**loss of appetite, psychogenic** *See* eating disorder.

**lymphadenopathy syndrome, generalized** *See* AIDS-related complex.

**lymphoma, primary CNS** A primary malignant lymphoma of the brain to which individuals with HIV infection are susceptible. The lesions, more often unifocal than multifocal, involve proliferation of atypical lymphocytes in a perivascular distribution. In some cases, the lymphoma responds to early aggressive radiation therapy.

**See also:** HIV-associated neuropsychiatric disorders

**make-believe play** Any of the games or activities of childhood that depend on the child's imagination or ability to pretend. The ability to use toys and household objects appropriately is one measure of the child's **comprehension** and ability to communicate.

**malabsorption syndrome** A constellation of symptoms and signs caused by inadequate absorption of fat-soluble vitamins, carbohydrate, protein, minerals, and water, leading to abnormal faecal excretion of fat (steatorrhoea). Among the most frequent causes are failure of normal digestion (as in gastrectomy, cirrhosis, pancreatic insufficiency, **anorexia nervosa**, or **bulimia nervosa**), biochemical abnormalities (such as coeliac disease, sprue, and hereditary enzyme deficiencies), and inadequate absorption surface (as in massive resection of the small intestine). Signs and symptoms include weight loss, muscle wasting, small stature, oedema, skeletal deformities, pale and bulky stools, and

neuropathy, **encephalopathy**, and **dementia** secondary to multiple vitamin deficiencies.

**maladjustment, educational** Difficulty in functioning at an appropriate level of schooling, which is not attributable to a mental disorder.

**male erectile disorder** *See* genital response, failure of.

**malingerer** An individual who deliberately feigns illness or disability for personal gain or to evade obligation. Contrast with **intentional production or feigning of symptoms**.

**maltreatment syndrome** The effects of physical or psychological **abuse** on the person abused.

**mania (F30.1)** A disorder in which mood is elevated out of keeping with the individual's circumstances and may vary from carefree joviality to almost uncontrollable excitement. **Elation** is accompanied by increased energy, resulting in overactivity, pressure of speech, and a decreased need for sleep. Attention cannot be sustained, and there is often marked distractibility. Self-esteem is often inflated, with **grandiose ideas** and overconfidence. Loss of normal social inhibitions may result in behaviour that is reckless, foolhardy, or inappropriate to the circumstances and out of character. In severe cases, **flight of ideas** and **pressure of speech** may result in the individual becoming incomprehensible; excitement may result in aggression or violence, and neglect of eating, drinking, and personal hygiene may result in dangerous states such as dehydration. In addition to this clinical state of mania without psychotic symptoms, there may be **delusions** (usually grandiose) or **hallucinations** (usually of voices speaking directly to the individual). These psychotic symptoms may be mood-congruent, i.e. consistent with elation, or mood-incongruent, i.e. neutral to or in contrast with the elevated mood.

**manic-depressive insanity** A term first employed by Kraepelin (1856–1926) in the 6th edition of his textbook (1899) to describe the nosological concept integrating the previous concepts of circular insanity, periodic mania, and periodic **melancholia**.

**masochism** *See* sadomasochism.

**megaphagia** Excessive appetite and intake of food, associated with metabolic, cerebral, or functional disorders.  
**Synonym:** hyperphagia

**melancholia (F32.9)** A term originating in the Hippocratic tradition (4th century BC), used until the end of the 19th century to denote generally the depressive

syndrome. While Kraepelin and others restricted its use to refer only to depression in the elderly, Freud redefined it as a morbid counterpart of normal mourning. Amidst a general decline in its use, DSM-III<sup>1</sup> resurrected the term by giving it yet another meaning in which the distinct quality of depressed mood and the exact opposite of normal mourning are the prominent features. In view of this lack of precision, and the contradictory connotations, the continued use of the term is not recommended.

**See also:** depression

**memory span, reduction of** A decrease in the number of cognitively unconnected elements or items (normally 6–10) that can be reproduced correctly after successive presentation on one single occasion. The memory span is a measure of short-term perceptual ability.

**mental deficiency** *See* mental retardation.

**mental disorder (F99)** An imprecise term designating any disorder of the mind, acquired or congenital.

**mental disorder, organic** A range of mental disorders grouped together on the basis of their having in common a demonstrable etiology in cerebral disease, brain injury, or other insult, leading to cerebral dysfunction. The dysfunction may be primary, as in diseases, injuries, and insults that affect the brain directly and selectively, or secondary, as in systemic diseases and disorders that attack the brain only as one of the multiple organs or body systems involved. The term symptomatic mental disorders refers to the latter subgroup.

**See also:** organic psychosyndrome

**mental retardation (F70–F79)** A condition of arrested or incomplete development of the mind, especially characterized by impairment of skills manifested during the developmental period, contributing to the overall level of intelligence, i.e. cognitive, language, motor, and social abilities. Retardation can occur with or without any other mental or physical condition. Degrees of mental retardation are conventionally estimated by:

1. standardized intelligence tests in which the mean is taken to be 100 and the standard deviation is 15 points;
2. scales assessing social adaptation in a given environment.

Neither of these measures can provide more than an approximate indication of the degree of mental retardation. Intellectual functioning and social adaptation may change over time and may improve as a function of maturation and response to training and rehabilitation.

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<sup>1</sup> *Diagnostic and statistical manual of mental disorders*, 3rd ed. Washington, DC, American Psychiatric Association, 1980.

**mild (F70)** likely to experience some learning difficulties in school; many adults will be able to work, make and maintain good social relationships and contribute to society. Some aspects of learning will be slower and may require more systematic training.

Approximate IQ range of 50–69 (in adults, mental age from 9 to under 12 years).

**moderate (F71)** Marked developmental delays in childhood but most individuals can learn to develop some degree of independence in self-care and acquire adequate communication and academic skills. Adults will need varying degrees of support to live and work in the community.

Approximate IQ range 35–49 (in adults, mental age from 6 to under 9 years).

**severe (F72)** Can respond to appropriate training and rehabilitation, despite physical and organic impairments, but individuals are likely to remain dependent and in need of continuous support.

Approximate IQ range 20–34 (in adults, mental age from 3 to under 6 years).

**profound (F73)** Severely limited capacity for self-care, continence, communication, and mobility, but individuals may be capable of some response to rehabilitation training.

IQ under 20 (in adults, mental age below 3 years).

**Synonyms:** amentia (*deprecated*); mental deficiency; mental subnormality; oligophrenia

**microcephaly** Congenital smallness of the head, with defective development of the brain and premature ossification of the skull.

**migraine** Recurrent paroxysmal attacks of headache that are variable in intensity, frequency, and duration. The attacks are commonly unilateral and are usually accompanied by anorexia, nausea, and vomiting. In some cases they are preceded by, or associated with, neurological disturbances especially affecting the field of vision. In some cases migraine can present with psychiatric symptoms. The condition is ascribed to vasomotor disturbance of the cerebral circulation.

**milestone, delayed** Failure to achieve an expected level of development by the age at which it is ordinarily achieved. The term implies that the level will be reached by the individual at a later age than expected, but there is a wide variation among normal children in the age at which milestones are attained.

**minimal brain dysfunction** A general term, not universally accepted, applied to a relatively mild impairment of cerebral function affecting behaviour, perception,

and academic ability in children of adequate intelligence. The clinical manifestations include hyperactivity, motor incoordination, poor attention-span, emotional lability, and antisocial conduct. **Soft neurological signs** are sometimes present.

**See also:** hyperkinetic disorder

**mirror movements** Involuntary movements in one limb occurring almost simultaneously with, and copying, voluntary movements in the other limb.

**misuse of drugs** *See* multiple drug use; substance use disorder

**mixed anxiety and depressive disorder (F41.2)** Symptoms of anxiety and **depression** are both present, but neither type of symptom is present to the extent that justifies a diagnosis if considered separately.

**mononeuritis multiplex** *See* HIV-associated inflammatory polyneuropathy.

**mood disorder (F30–F39)** The fundamental disturbance is a change in mood or affect to **depression** (with or without associated anxiety) or to **elation**. This mood change is usually accompanied by a change in the overall level of activity, and most of the other symptoms are either secondary to, or easily understood in the context of, these changes in mood and activity. Most mood disorders tend to be recurrent and the onset of individual episodes can often be related to stressful events or situations.

**Synonym:** affective disorder

**See also:** depression; mania

**mood disorder, persistent (F34)** A persistent disorder of mood, usually of fluctuating severity, in which the majority of the individual episodes are not sufficiently severe to warrant being described as hypomanic or mild **depressive episodes**. In some instances, recurrent or single manic or depressive episodes may become superimposed on a persistent affective disorder.

**Synonym:** persistent affective disorder

**See also:** cyclothymia; dysthymia

**mood, disturbance of** A morbid change of affect extending beyond normal variation to subsume any of several states, including **depression**, **elation**, anxiety, **irritability**, and anger.

**mood, fluctuation of** *See* affect, lability of.

**motor disorders, dissociative (F44.4)** In the commonest varieties there is loss of ability to move the whole or a part of a limb or limbs. There may be close resemblance to almost any variety of ataxia, **apraxia**, **akinesia**, **aphonia**, **dysarthria**, **dyskinesia**, **seizures**, or **paralysis**.

**movement disorder** Any one of a wide variety of disorders characterized by abnormalities of movement. These abnormalities include **akinesia** (difficulty in the initiation of movements) and the various forms of **dyskinesia**, including tremor, chorea, torsion-spasm, torticollis, dystonia, ballismus, **tics**, and **myoclonus**. Movement disorder may occur in some schizophrenic syndromes and not infrequently follows the administration of **neuroleptic** medication.

**movement disorder, stereotyped (F98.4)** Voluntary, repetitive, stereotyped, non-functional (and often rhythmic) movements that do not form part of any recognized psychiatric or neurological condition. The movements that are not of the self-injurious variety include: body-rocking, head-rocking, hair-plucking, hair-twisting, finger-flicking mannerisms, and hand-flapping. Stereotyped self-injurious behaviour includes repetitive head-banging, face-slapping, eye-poking, and biting of hands, lips, or other body parts. All the stereotyped movement disorders occur most frequently in association with **mental retardation**.

*Synonym:* stereotypy

**multi-infarct dementia** *See* dementia, vascular.

**multiple drug use (F19)** Use of substances in which it is impossible to assess which substance is contributing most to the disorder. This category is also used for misuse of drugs when the exact identity of some or even all the substances being used is uncertain or unknown, since many multiple drug users themselves often do not know the details of what they are taking.

*See also:* substance use disorder

**multiple personality (F44.8)** The apparent existence of two or more distinct or independent personalities within the individual, with only one of them evident at a time.

*See also:* dissociative [conversion] disorder

**Münchhausen syndrome** *See* intentional production or feigning of symptoms; peregrinating patient.

**mutism, elective (F94.0)** Marked, emotionally determined selectivity in speaking, such that the child demonstrates a language competence in some situations but fails to speak in other (definable) situations. The disorder is usually associated with marked personality features involving social anxiety, withdrawal, sensitivity, or resistance. The term was introduced by Tramer in 1934.

**myalgic encephalomyelitis** *See* asthenic syndrome, postinfectious.

**myoclonus** Brief, shock-like muscular contraction that may involve the whole muscle or be limited to a small number of muscle fibres. Myoclonus may be a

manifestation of epilepsy or encephalomyelitis or, as an isolated event, may be a normal phenomenon occurring during sleep.

**narcissistic personality disorder** *See* personality disorder, narcissistic.

**narcolepsy (G47.2)** A paroxysmal disorder with a hereditary basis, characterized by a sudden irresistible tendency to fall asleep, usually for brief periods. The sleep attacks are often preceded by **hypnagogic** experiences and transient motor paralysis. Narcolepsy may be associated with **cataplexy**.

*See also:* cataplexy

**near-death experience** A subjective state of strong positive affect, dissociation from the physical self, enhanced consciousness, and transcendental insight, sometimes reported by people who have survived near-fatal accidents or illness.

**necrophilia** *See* sexual preference disorder.

**negative symptoms** Psychopathological or neurological manifestations of a diminution or loss of normal function resulting from a lesion in the central nervous system. The concept derives from the dissolution theory of Hughlings Jackson (1835–1911), which postulated a dual effect of cerebral lesions: deficits directly due to the lesion, and positive phenomena arising secondarily as ontogenically lower levels are released from the control of the superior centre. This view has had repercussions in psychiatry, notably in the descriptive psychopathology of **schizophrenia**. Symptoms usually referred to as negative include poverty of speech, impairment of attention, affective blunting, apathy, and social withdrawal. However, there is no general agreement on the nature and the assessment of the negative symptoms, and little is known about their pathophysiological basis in schizophrenia.

*See also:* positive symptoms

**neglect of child** *See* child abuse; deprivation; maltreatment syndrome.

**neurasthenia (F48.0)** A concept introduced by Beard in 1869. The term refers to two types of symptom. In one type, the main feature is a complaint of increased fatigue after mental effort, often associated with some decrease in occupational performance or coping efficiency in daily tasks. The mental fatigue is typically described as an unpleasant intrusion of distracting associations or recollections, difficulty in concentrating, and generally inefficient thinking. In the other type, the emphasis is on feelings of bodily or physical weakness and exhaustion after only minimal effort, accompanied by muscular aches and pains and inability to relax. In both types, a variety of other unpleasant physical feelings commonly include dizziness, tension headaches, and feelings of general instability. Worry about decreasing mental and bodily well-being, **irritability**, **anhedonia**, and

varying minor degrees of both **depression** and anxiety are all common. Sleep is often disturbed in its initial and middle phases but **hypersomnia** may also be prominent. Many of the cases diagnosed as neurasthenia in the past would meet the current criteria for **depressive disorder** or **anxiety disorder**.

*See also:* personality, psychasthenic

**neuritic argentophilic plaque** A characteristic histopathological change in the brains of individuals suffering from **Alzheimer disease**, seen microscopically upon silver impregnation. The plaque is a spherical lesion, 5–200  $\mu\text{m}$  in diameter, consisting of a central **amyloid** core and a periphery composed of rods and granules (possibly derived from axonal terminals), microglial cells, and astrocytes. These lesions are common in the hippocampus and amygdala, and less common in the mesencephalic grey cord. Their number correlates with the degree of **dementia**.

*Synonym:* senile plaque

**neurocirculatory asthenia (F45.3)** A term introduced by Oppenheimer and Rothschild in 1918 to describe a syndrome consisting of fatigue, **irritability**, breathlessness, precordial pain, and giddiness on postural change or effort. The condition was originally observed among referrals to military hospitals in the First World War, and was indistinguishable from the earlier descriptions of soldier's heart (Myers, 1870) or **Da Costa syndrome** (1871). All three conditions can now be seen as manifestations of **anxiety disorder**.

**neurodevelopmental immaturities** Various forms of dysfunction associated with delayed cerebral maturation, e.g. **specific developmental disorders of speech and language**.

**neurofibrillary tangles** Histopathological lesions commonly found in the brain affected by **Alzheimer disease**. Microscopically, the tangles appear as loops in the cytoplasm of neurons, made up of bundles of paired filaments, each being 10–13 nm in diameter; these filaments are helically wound around each other at regular intervals. They are composed of protein fibrils, but the nature of the biochemical changes leading to their formation is not fully understood. Neurofibrillary tangles are not specific to Alzheimer disease; they occur in other **dementias**, in **Down syndrome**, in postencephalitic parkinsonism, and, in small numbers, in the normal aging brain.

*Synonym:* Alzheimer neurofibrillary changes

**neuroleptic drug** A drug with antipsychotic action which is often associated with the induction of a neurological syndrome comprising extrapyramidal side effects.

*See also:* antipsychotic

**neurological signs of focal damage** *See* focal neurological signs.



**neurosis** See neurotic disorder.

**neurosyphilis** A generic term for any form of infection of the nervous system by *Treponema pallidum*.

*See also:* general paresis; syphilis, congenital; tabes dorsalis

**neurotic disorder** A mental disorder without any demonstrable organic basis, in which the patient may have considerable insight and has unimpaired reality testing, in that he or she usually does not confuse morbid subjective experiences and fantasies with external reality. Behaviour may be greatly affected although usually remaining within socially acceptable limits. **Personality** is not disorganized. The principal manifestations include excessive anxiety, hysterical symptoms, phobias, obsessive and compulsive symptoms, and **depression**.

**niacin deficiency (E52)** Inadequate nicotinic acid or niacin, producing the clinical picture of pellagra, characterized by a symmetrical dermatitis on parts of the body exposed to the sun, gastrointestinal symptoms (nausea, vomiting, abdominal distention, diarrhoea), and **encephalopathy**. The last may simulate any type of mental disorder, but **depression** is probably the most common psychiatric presentation. **Disorientation**, **hallucinations**, and **delirium** may develop, and some patients progress to **dementia**. Pellagra is endemic among the poor in countries where the diet is inadequate and where unprocessed maize is the dietary staple. In other countries, it appears mainly in alcoholics.

**nicotine** The major psychoactive substance in tobacco.

*See also:* tobacco use disorder

**night terrors** See sleep terrors.

**nightmares** See dream anxiety disorder.

**nocturnal myoclonus** Periodic episodes of repetitive, stereotyped muscle jerks occurring during sleep and followed by partial arousal or awakening. It is usually associated with insomnia and/or daytime sleepiness, and with the restless legs syndrome. The cause is unknown.

**nocturnal penile tumescence** Erection of the penis during sleep. Nocturnal penile tumescence (NPT) occurs during approximately 90% of REM sleep episodes; it is ordinarily preserved in cases of **psychogenic impotence** but absent in impotence due to organic impairment. NPT measurement is therefore sometimes used in differentiating between psychogenic and organic impotence.

**non-benzodiazepine hypnotic** A drug, excluding the **benzodiazepines**, that produces drowsiness and facilitates the onset and maintenance of a state that

resembles natural sleep. Included are the barbiturates, chloral derivatives, glutethimide, methaqualone, and paraldehyde.

*See also:* substance use disorder

**nonsensical speech** *See* jargon aphasia.

**non-transsexual gender identity disorder** *See* transvestism, dual-role.

**nonverbal intelligence** Refers to all information-processing and coping skills, such as visual motor coordination and other psychomotor skills, that do not depend primarily on language or verbal responsiveness.

*Synonym:* performance ability.

**normal pressure hydrocephalus** Enlargement of the cerebral ventricles due to defective absorption of the cerebrospinal fluid, in the absence of any obstruction to its outflow from the ventricular system. On lumbar puncture, the pressure of the cerebrospinal fluid is within normal limits. The cause may be head injury, subarachnoid haemorrhage, or meningitis; some cases are apparently idiopathic. The defect may result in a slowly evolving, progressive **dementia**, mild pyramidal signs, incontinence, and a characteristic clumsy gait.

**normality** An ill defined concept with several quite different meanings. Those most relevant to health are: habitual; innocuous; optimal or fittest; average or medium; a metrical variate with a particular probability value.

**nosological continuum** A theoretical construct in disease taxonomy, emphasizing the dimensional approach to the description of pathological states and postulating the absence of sharp categorical boundaries between clinical entities. It focuses on the transitions among the latter, and draws support from the fact that variables, originally thought to characterize clinically discrete morbid states, show a continuous distribution when a scale of measurement is applied to elicit a more fundamental dimension, such as thought disorder, mood disturbance, or heritability.

**nosophobia** A morbid fear of disease.

**nyctohemeral rhythm inversion** *See* sleep–wake schedule disorder, nonorganic.

**nymphomania (F52.7)** Excessive sexual drive in the female.

**obsessional personality disorder** *See* personality disorder, anankastic.

**obsessional thoughts or ruminations (F42.0)** Intrusive ideas, mental images, or impulses to act, nearly always distressing to the individual. Sometimes the ideas

are an indecisive, endless consideration of alternatives, associated with an inability to make trivial but necessary decisions in day-to-day living. The relationship between obsessional ruminations and **depression** is particularly close.

**obsessive–compulsive disorder (F42)** Recurrent **obsessional thoughts** or compulsive acts. Obsessional thoughts are ideas, images or impulses that enter the individual's mind again and again in a stereotyped form. They are almost invariably distressing and the individual often tries, unsuccessfully, to resist them. They are, however, recognized as the individual's own thoughts, even though they are involuntary and often repugnant. Compulsive acts or rituals are repetitive stereotyped behaviours. They are not inherently enjoyable, nor do they result in the completion of inherently useful tasks. Their function is to prevent some objectively unlikely event, often involving harm to or caused by the individual, which he or she fears might otherwise occur. Usually, this behaviour is recognized by the individual as pointless or ineffectual, and repeated attempts are made to resist it. Anxiety is almost invariably present. If compulsive acts are resisted the anxiety increases.

**obsessive–compulsive personality disorder** *See* personality disorder, anankastic.

**occupational therapy** A method for the treatment of physical or psychological impairments, based on purposeful occupation and aiming to restore motivation, confidence, and specific skills. The distinction between occupational therapy and work (or industrial) therapy lies mainly in the greater emphasis, in the former, on individual preferences, self-expression, and leisure activities.

**oligophrenia** *See* mental retardation.

**omissions** In **expressive language disorder**, parts of words or phrases that are dropped when the individual speaks, reads, or writes. For example, "blue" may be expressed as "bu", or "I see mother coming" may be expressed as "see moth com."

**opioid use disorder (F11)** Any mental or behavioural disorder due to the use of opioids. Opioids are narcotic **analgesics** used to relieve pain. The term includes:

1. opium alkaloids and their semisynthetic derivatives morphine, diacetylmorphine (heroin), hydromorphone, codeine, oxycodone; and
2. synthetic narcotics such as levorphanol, propoxyphene, methadone, pethidine (meperidine), and pentazocine.

The most commonly used opioids (morphine, heroin, hydromorphone, methadone, and pethidine) produce analgesia, mood changes (such as euphoria, which may change to apathy or dysphoria), respiratory depression, drowsiness, psychomotor retardation, slurred speech, impaired concentration or memory, and impaired judgement.

Over time, morphine induces tolerance and neuroadaptive changes that are responsible for rebound hyperexcitability when the drug is withdrawn. Withdrawal symptoms include craving, anxiety, dysphoria, yawning, sweating, piloerection (waves of goose-flesh), lacrimation, rhinorrhoea, insomnia, nausea or vomiting, muscular aches, and fever.

*See also:* dependence syndrome; substance use disorder

**opportunistic infection** Infections that affect individuals with HIV infection or inadequacy of the immune system from other causes. Some of the most important opportunistic conditions are: **cerebral toxoplasmosis**, **cryptococcal meningitis**, **cytomegalovirus neuropathy**, CNS tuberculosis, herpes zoster encephalitis, cytomegalovirus (CMV) encephalitis, and varicella zoster radiculitis.

Herpes simplex, CMV, and varicella virus may all cause meningoencephalitis in HIV-infected individuals. CMV is a major cause of retinitis, which can lead to blindness. Herpes zoster is caused by reactivation of a latent infection with varicella zoster virus.<sup>1</sup>

*See also:* HIV-associated neuropsychiatric disorders

**oppositional defiant disorder (F91.3)** A **conduct disorder** in younger children, characterized by markedly defiant, disobedient, disruptive behaviour that does not include delinquent acts or the more extreme forms of aggressive or dissocial behaviour.

**oral reading skill** The ability to read aloud, deficits in which may appear as mispronunciations or misarticulations, reversals of letters or words, loss of place while reading, abnormally slow reading, inaccurate phrasing, or difficulty in recalling material read.

**organic psychosyndrome** A term used generally to incorporate the various patterns of psychological dysfunction that may be associated with transient or permanent cerebral disease or damage. These include **delirium**, **dementia**, **hallucinoses**, **personality change**, and amnesic disorders. The term was employed more narrowly by Eugen Bleuler (1857–1939) as synonymous with the **amnesic syndrome**.

**orgasmic dysfunction (F5.3)** A sexual dysfunction in which orgasm either does not occur or is markedly delayed.

*Synonyms:* inhibited male/female orgasm; psychogenic anorgasm

*See also:* sexual dysfunction

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<sup>1</sup> Herpes simplex = human (alpha) herpesvirus 1 and 2  
Herpes zoster = human (alpha) herpesvirus 3  
CMV = human (beta) herpesvirus 5.

**overactive disorder associated with mental retardation and stereotyped movements (F84.4)** An ill defined disorder in children with **severe mental retardation** who show major problems in hyperactivity and inattention, as well as stereotyped behaviours. They tend not to benefit from stimulant drugs and may show a severe dysphoric reaction when given stimulants. In adolescence, the overactivity tends to be replaced by underactivity.

**overeating, psychogenic (F50.4)** Overeating as a reaction to stressful events such as bereavement, accident, childbirth, which may be associated with other psychological disturbances.

**over-inclusiveness** A feature of the thought and speech disorder in **schizophrenia** and schizophrenia-like states manifested as a deficiency in the maintenance of conceptual boundaries and a resulting intrusion of irrelevant or distant associations which make thought imprecise.

**overprotection** A characteristic of some relationships between the care-giver and the child, in which the care-giver, usually the mother, shelters the child and interferes with any attempt on the child's part to take independent action.

**paedophilia (F65.4)** A sexual preference (**paraphilia**) for children, boys or girls or both, usually of prepubertal or early pubertal age.

**pain, intractable** *See* personality change, enduring.

**pain syndrome** *See* personality change, enduring.

**panic disorder [episodic paroxysmal anxiety] (F41.0)** The essential feature is recurrent attacks of severe anxiety (panic), which are not restricted to any particular situation or set of circumstances and are therefore unpredictable. As with other anxiety disorders, the dominant symptoms vary from person to person but may include sudden onset of palpitations, chest pain, choking sensations, dizziness, and feelings of unreality (**depersonalization** or **derealization**). There is often also a secondary fear of dying, losing control, or going mad. Panic disorder must be distinguished from panic attacks occurring as part of established **phobic anxiety disorders**. Panic attacks may also be secondary to depressive disorders.

**paraesthesias** Abnormal cutaneous sensations of numbness, tingling, or burning.

**paralysis** Loss of motor power attributable to functional or organic disorder of neuromuscular or neural mechanisms.

*See also:* motor disorders, dissociative

**paranoia (F22.0)** A rare chronic psychosis in which logically constructed systematized **delusions** have developed gradually without concomitant **hallucinations** or the schizophrenic type of disordered thinking. The **delusions** are mostly of **grandeur** (the paranoiac prophet or inventor), persecution, or somatic abnormality.

**paranoia, alcoholic** *See* psychotic disorder, alcohol- or drug-induced.

**paranoid** A descriptive term designating either morbid dominant ideas or **delusions** of self-reference concerning one or more of several themes—most commonly persecution, love, hate, envy, jealousy, honour, litigation, grandeur, and the supernatural. Such ideas or delusions may be associated with an organic psychosis, a toxic reaction, a schizophrenic condition, an independent syndrome, a reaction to emotional **stress**, or a disorder of **personality**.

**paranoid personality disorder** *See* personality disorder, paranoid.

**paranoid psychosis, psychogenic (F22.0)** Psychogenic or reactive paranoid psychosis of any type, which is more protracted than the acute reactions.  
**Synonym:** protracted reactive paranoid psychosis

**paranoid state, simple** *See* delusional disorder.

**paraphilia** *See* sexual preference disorders.

**parasuicide** A non-fatal act in which an individual deliberately attempts or causes self-injury or ingests a potentially toxic substance in excess of any prescribed or generally recognized therapeutic dosage.

**Parkinson disease** A neurological disorder, first described by Parkinson (1755–1824), consisting of a degeneration of the basal ganglia, particularly the substantia nigra. The principal clinical features are muscular rigidity, bradykinesia, tremor, and postural deformities. The causes may be idiopathic, infectious, or toxic, or the condition may be part of a wide pathological process affecting the central nervous system, e.g. cerebrovascular disease. Parkinsonian symptoms (parkinsonism) may also be induced by drugs, e.g. **neuroleptics**, which produce blockade of dopamine receptors in the basal ganglia.

**parkinsonian dementia syndrome** *See* dementia in Parkinson disease.

**pathognomonic symptom** A clinical manifestation assumed to be a highly specific and reliable pointer to the diagnosis of a particular disease, e.g. Koplik spots in measles. In psychiatric disorders, absolute diagnostic specificity of clinical phenomena is practically non-existent, and even commonly quoted examples—

such as the Argyll Robertson pupil in **neurosyphilis**—do not meet the requirement.

**peregrinating patient (F68.1)** A person with a pattern of being a hospital patient, going from hospital to hospital and from one doctor to another with symptoms of acute medical or surgical illness that are feigned, intentionally produced, or grossly exaggerated.

**Synonyms:** Münchhausen syndrome; hospital addiction syndrome; chronic factitious disorder with physical symptoms; pathomimicry

**See also:** intentional production of symptoms; hospital hopper syndrome

**performance ability** See nonverbal intelligence.

**persistent affective disorder** See mood disorder, persistent.

**personality** The ingrained patterns of thought, feeling, and behaviour characterizing an individual's unique lifestyle and mode of adaptation, and resulting from constitutional factors, development, and social experience.

**personality and behaviour disorder** A variety of conditions and behaviour patterns of clinical significance that tend to be persistent and appear to be the expression of the individual's lifestyle and mode of relating to self and others. Specific personality disorders, mixed personality disorders, and **enduring personality change** are deeply ingrained and persisting behaviour patterns, manifested as inflexible responses to a broad range of personal and social situations. They represent extreme or significant deviations from the way in which the average individual in a given culture perceives, thinks, feels, and, particularly, relates to others. Included in this group are: **habit and impulse disorders, gender identity disorders, sexual preference disorders**, sexual development and orientation disorders, **elaboration of physical symptoms for psychological reasons**, and **intentional production or feigning of symptoms**.

**personality changes, enduring (F62)** A disorder of adult personality and behaviour that has developed following catastrophic or excessive prolonged **stress**, or following severe psychiatric illness, in an individual with no previous personality disorder. There is a definite and enduring change in the individual's pattern of perceiving, relating to, or thinking about the environment and the self. The personality change is associated with inflexible and maladaptive behaviour that was not present before the pathogenic experience and is not a manifestation of another mental disorder or a residual symptom of any antecedent mental disorder. The **chronic pain personality syndrome** falls within this category.

**personality change, enduring, after catastrophic experience (F62.0)** Characteristics are a hostile or distrustful attitude towards the world, social with-

drawal, feelings of emptiness or hopelessness, a chronic feeling of being "on edge" as if constantly threatened, and estrangement. The change is present for at least 2 years, and the **stress** is so extreme that it is unnecessary to consider personal vulnerability in order to explain its profound effect on the personality. Typical stresses include concentration camp experiences, disasters, prolonged captivity with an imminent possibility of being killed, prolonged exposure to life-threatening situations such as being a victim of terrorism, and torture.

**personality change, enduring, after psychiatric illness (F62.1)** Characteristics are an excessive dependence on and a demanding attitude towards others; a conviction of being changed or stigmatized by the preceding illness, leading to an inability to form and maintain close and confiding personal relationships and to social isolation; passivity, reduced interests and diminished involvement in previously enjoyed leisure activities; persistent complaints of being ill, which may be associated with hypochondriacal claims and illness behaviour; dysphoric or labile mood, not due to the presence of a current mental disorder or antecedent mental disorder with residual affective symptoms; and significant problems in social and occupational functioning. The change persists for at least 2 years and cannot be explained either by a previous personality disorder or as a residual, or incomplete recovery from, antecedent mental disorder.

**personality, disinhibited** Lacking inhibition (haltlose) and control over urges, desires, and impulses, manifest especially in the moral sphere.  
**Synonym:** haltlose personality

**personality disorder, affective (F34.0)** Lifelong predominance of a pronounced mood which may be persistently depressive, persistently elated, or alternately one then the other. During periods of **elation** there is unshakable optimism and an enhanced zest for life and activity, whereas periods of **depression** are marked by worry, pessimism, lowered energy, and a sense of futility. Such individuals are prone to, but do not inevitably develop, **affective disorders**.

**personality disorder, anankastic (F60.5)** An obsessive-compulsive personality characterized by feelings of personal insecurity and doubt leading to excessive conscientiousness, stubbornness, caution, and rigidity. There may be insistent and unwelcome thoughts or impulses that do not attain the severity of an **obsessive-compulsive disorder**. There is often perfectionism and meticulous accuracy and a consequent need for repeated checking of details.  
**Synonyms:** obsessional personality disorder; obsessive-compulsive personality disorder

**personality disorder, anxious [avoidant] (F60.6)** Characteristics are feelings of tension and apprehension, insecurity, and inferiority. There is a continuous yearning to be liked and accepted, a hypersensitivity to rejection and criticism, with restricted personal attachments, and a tendency to avoid certain activities



by habitual exaggeration of the potential dangers or risks in everyday situations.

**personality disorder, asthenic (F60.7)** Characteristics are passivity and a weak or inadequate response to the demands of daily life. Lack of vigour may show itself in the intellectual or emotional spheres; there is little capacity for enjoyment.

**personality disorder, dependent (F60.7)** Characteristics are pervasive passive reliance on other people to make major and minor life decisions, great fear of abandonment, feelings of helplessness and incompetence, passive compliance with the wishes of elders and others, and a weak response to the demands of daily life. Lack of vigour may show itself in the intellectual or emotional spheres, and there is often a tendency to react to adversity by transferring responsibility to others. Includes the **asthenic, inadequate**, passive and self-defeating **personality (disorders)** of other classifications.

**personality disorder, dissocial (F60.2)** Characteristics are disregard for social obligations, with lack of feeling and callous unconcern for others. There is gross disparity between behaviour and the prevailing social norms. Behaviour is not readily modifiable by experience, including punishment. There is a low tolerance to frustration and a low threshold for discharge of aggression, including violence. There is a tendency to blame others, or to offer plausible rationalizations for the behaviour that brings the individual into conflict with society. Includes the **amoral, antisocial, asocial, psychopathic**, and **sociopathic personality (disorders)**.

**personality disorder, emotionally unstable (F60.3)** Characteristics are a marked tendency to act impulsively without consideration of the consequences; the mood is unpredictable and capricious. There is a liability to outbursts of emotions, and an incapacity to control the behavioural explosions. There is a tendency to quarrelsome behaviour and to conflicts with others, especially when impulsive acts are thwarted or censored. Two types may be distinguished: the impulsive type, characterized predominantly by emotional instability and lack of impulse control, and the borderline type, characterized in addition by disturbances in self-image, aims, and internal preferences, by intense and unstable interpersonal relationships, and by a tendency to self-destructive behaviour, including suicide gestures and attempts. Includes the **aggressive** and **explosive personality disorders**.

**personality disorder, explosive** See personality disorder, emotionally unstable.

**personality disorder, histrionic (F60.4)** Characteristics are shallow and labile affectivity, self-dramatization, theatricality, exaggerated expression of emotions, suggestibility, egocentricity, self-indulgence, lack of consideration for

others, easily hurt feelings, and continuous craving for appreciation, excitement, and attention.

**Synonyms:** hysterical personality (disorder); psychoinfantile personality

**personality disorder, narcissistic** Characteristics are an exaggerated sense of self-importance, an exhibitionistic need for attention and admiration, feelings of entitlement to special favours, feelings of envy, lack of empathy, and exploitation of others while disregarding their rights and feelings.

**personality disorder, organic (F07.0)** Characterized by a significant alteration of the habitual patterns of behaviour displayed premorbidly, with abnormal expression of emotions, needs, and impulses (including sexuality), as well as of cognition and thinking. The alteration of personality and behaviour is a residual or concomitant disorder following or accompanying brain disease, damage, or dysfunction.

**See also:** frontal lobe syndrome; limbic epilepsy

**personality disorder, paranoid (F60.0)** Characteristics are excessive sensitivity to setbacks, unforgiveness of insults, suspiciousness, a tendency to distort experience by misconstruing the neutral or friendly actions of others as hostile or contemptuous, and a combative and tenacious sense of personal rights. There may be proneness to pathological jealousy or excessive self-importance, and there is often excessive self-reference. Includes the **expansive paranoid, fanatic, querulant, and sensitive paranoid personality (disorders)** of other classifications.

**personality disorder, schizoid** Characteristics are withdrawal from affectional, social, and other contacts, with preference for fantasy, solitary activities, and introspective reserve. There is incapacity to express feelings and to experience pleasure.

**personality disorder, schizotypal** *See* schizotypal disorder.

**personality, eccentric** Characterized by an overvalued private system of beliefs or habits that are exaggerated in nature, sometimes fantastic, and held with fanatical conviction.

**personality, fanatic** Characteristics are overvalued ideas that are held tenaciously and may be extensively elaborated without qualifying for delusional status. Individuals may pursue their ideas combatively in defiance of social norms or adopt more private, often eccentric, ways of life.

**See also:** personality disorder, paranoid

**personality, hyperthymic** Characteristics are cheerfulness and a high level of activity without the morbid overtones of **hypomania**. Hyperthymia and

**dysthymia** constitute the cyclothymic personality type, which is sometimes associated with affective disorder.

*See also:* personality disorder, affective

**personality, hysterical** *See* personality disorder, histrionic.

**personality, immature** Characteristics are conduct and emotional responses that suggest a failure or lag in psychobiological development. A constitutional basis for this anomaly has been suggested by an electroencephalographic abnormality in the form of slow, paroxysmal theta- or delta-wave activity, mostly in the temporo-occipital areas of the brain, which is commonly associated with behavioural disorders of children and criminals. The validity of this correlation is not universally accepted.

**personality, inadequate** *See* personality disorder, dependent.

**personality, neurotic** A nonspecific term, sometimes referring to a personality with features that suggest a predisposition to the development of **neurotic disorder**, at other times referring to a mixture of personality characteristics in which no one type dominates the clinical picture.

*Synonym:* psychoneurotic personality

**personality, passive** *See* personality, psychasthenic.

**personality, passive-aggressive** (*deprecated*) Characterized by a pattern of aggressive feelings expressed covertly by various forms of passivity, e.g. stubbornness, sullenness, or procrastinating or inefficient behaviour.

**personality, psychasthenic** Characteristics are an asthenic physique, a low level of energy, proneness to fatigue, lassitude, lack of conative drive, and sometimes an oversensitivity associated with obsessional traits. The term derives from the concept of neurasthenia.

*Synonyms:* inadequate personality; passive personality

*See also:* neurasthenia; personality, dependent

**personality, psychoinfantile** *See* personality disorder, histrionic.

**personality, sociopathic** *See* personality disorder, dissocial.

**phaeochromocytoma** A tumour originating within the adrenal medulla or, rarely, in other parts of the chromaffin system, which gives rise to sustained or intermittent hypertension by releasing catecholamines (adrenaline and noradrenaline) into the blood stream. Phaeochromocytomas secreting noradrenaline intermittently cause attacks of acute anxiety, as part of a characteristic

syndrome that also includes angina, pallor and profuse perspiration, nausea, and vomiting.

**phantasticant** *See* hallucinogen.

**phenylketonuria** A heterogeneous autosomal recessive condition characterized by an inability to convert phenylalanine to tyrosine, due to a variety of mutations in the phenylalanine 4-hydroxylase locus (12q22–q24) or, rarely, to a defect in any of the steps of cofactor metabolism, e.g. absent or deficient pteridine reductase activity, or deficient bipterin synthesis. In the untreated homozygote, the phenotype shows varying grades of **mental retardation**, from profound to mild, and a range of physical abnormalities including dwarfism of stature, reduced head circumference, widely spaced incisors, kyphosis, reduced pigmentation, eczematous dermatitis, increased muscle tonus, and hyperkinesia. The frequency of the defect at birth ranges from 1:12 000 to 1:50 000 in different populations, with significant ethnic variation. Treatment, consisting of a low phenylalanine diet initiated soon after birth and maintained throughout childhood and into early adolescence, can prevent or minimize intellectual retardation. The disease was first described by Fölling in 1934.

**phobia, social (F40.1)** Fear of scrutiny by other people, leading to avoidance of social situations. More pervasive social phobias are usually associated with low self-esteem and fear of criticism. They may present as a complaint of blushing, hand tremor, nausea, or urgency of micturition, the individual sometimes being convinced that one of these secondary manifestations of anxiety is the primary problem. Symptoms may progress to panic attacks.

**phobia, specific (isolated) (F40.2)** A phobia restricted to highly specific situations such as proximity to particular animals, heights (acrophobia), thunder, darkness, flying, closed spaces (claustrophobia), urinating or defecating in public toilets, eating certain foods, dentistry, or the sight of blood or injury. Although the triggering situation is discrete, contact with it can evoke panic as in **agoraphobia** or **social phobia**.

**phobic anxiety disorder (F40)** Any group of disorders in which anxiety, often amounting to panic, is evoked only, or predominantly, in certain well-defined situations that are not currently dangerous. As a result, these situations are characteristically avoided or endured with dread. The individual's concern may focus on individual symptoms such as palpitations or feeling faint and is often associated with secondary fears of dying, losing control, or going mad. Contemplating entry to the phobic situation usually generates anticipatory anxiety. Phobic anxiety and **depression** often co-exist.

**phobic anxiety disorder of childhood (F93.1)** Fears in childhood that show a marked developmental phase specificity and are abnormal in degree.

**phonological disorder** An imprecise term for **speech articulation disorder**, which emphasizes abnormality in the acquisition of new phonemes as a major clinical feature.

**physical abuse of child** *See* child abuse; victimology.

**pica (F50.8, F98.3)** Persistent eating of non-nutritive substances (soil, paint chip-pings, etc.). It may occur as one of many symptoms that are part of a more widespread psychiatric disorder (such as **autism**) or as a relatively isolated psychopathological behaviour. The phenomenon is most common in mentally retarded children. Pica should be distinguished from the bulimic omnivorous-ness occurring sometimes in **infantile autism**, **schizophrenia**, and organic cerebral disorders such as **dementia**.

**Pick disease** *See* dementia in Pick disease.

**porphyria** The most common form of disorder of porphyrin metabolism is hepatic porphyria, which is inherited as an autosomal dominant trait but is not generally manifested, even biochemically, until after puberty. It appears most often in the form of acute intermittent porphyria, typically precipitated by barbiturate use, presenting with abdominal symptoms, neuropathy, and mental changes including **irritability**, tension, schizophrenia-like psychosis, or organic brain syndrome with **disorientation** and **hallucinations**.

**positive symptoms** Clinical phenomena thought to represent a mirror image of the **negative symptoms** and to result from the release or excitation of centres and functions hitherto inhibited by a higher cerebral structure, once the latter has been affected by a lesion. Often quoted examples of positive symptoms are **delusions**, **hallucinations**, mood disorder, catatonic disturbances, and formal thought disorder.

*See also:* negative symptoms

**postconcussional syndrome (F07.2)** Occurs after head trauma and includes a range of disparate symptoms such as headache, dizziness, fatigue, **irritability**, difficulty in concentrating and in performing mental tasks, memory impairment, **insomnia**, and reduced tolerance to **stress**, emotional excitement, or alcohol. Laboratory techniques may yield objective evidence to substantiate the symptoms but these studies are frequently negative. Although some individuals may adopt a permanent sick role, their complaints are not necessarily associated with compensation motives.

**postencephalitic syndrome (F07.1)** Residual nonspecific and variable behavioural change and neurological dysfunctions following recovery from either viral or bacterial encephalitis. The syndrome may be reversible.

**postpartum depression** *See* depression, postnatal.

**post-traumatic stress disorder (F43.1)** A delayed or protracted response to a stressful event or situation (of either brief or long duration) of an exceptionally threatening or catastrophic nature, which is likely to cause pervasive distress in almost anyone. Predisposing factors such as personality traits (e.g. compulsive, asthenic) or previous history of neurotic illness may lower the threshold for the development of the syndrome or aggravate its course, but they are neither necessary nor sufficient to explain its occurrence. Typical features include episodes of repeated reliving of the trauma in intrusive memories (**flashbacks**), dreams, or **nightmares**, occurring against the persisting background of a sense of numbness and emotional blunting, detachment from other people, unresponsiveness to surroundings, **anhedonia**, and avoidance of activities and situations reminiscent of the trauma. There is usually a state of **autonomic hyperarousal with hypervigilance**, an enhanced startle reaction, and insomnia. Anxiety and **depression** are commonly associated with these symptoms and signs, and suicidal ideation is not infrequent. The onset follows the trauma with a latency period which may range from a few weeks to months. The course is fluctuating but recovery can be expected in the majority of cases. In a small proportion of individuals the condition may follow a chronic course over many years, with eventual transition to an **enduring personality change**.  
*See also:* crisis reaction; stress reaction, acute

**premature ejaculation (F52.4)** Inability to control ejaculation sufficiently for both partners to enjoy sexual interaction.  
*See also:* sexual dysfunction

**premenstrual tension syndrome** A group of physical and psychological symptoms which, in varying combinations, characteristically recur in women in the second, luteal phase of the menstrual cycle and subside during the first 11–12 days of the cycle. The commonest symptoms include tension, **irritability**, **depression**, painful breasts, fluid retention, and backache. The relationship of mental ill-health and hormonal disturbance to this syndrome remains unclear.  
*See also:* dysmenorrhoea

**presenile dementia** *See* Alzheimer disease.

**pressure of speech** Verbal over-production, often associated with **flight of ideas** and distractibility. There is the subjective experience of pressure, which may or may not be resisted, and verbal performance usually exhibits a variety of disorders of the content and form of language. Although pressure of speech is a frequent manifestation of **mania** and **hypomania**, its occurrence is not limited to the mood disorders and may be a feature of **schizophrenia** or of the **organic mental disorders**.

**primary support group** The people with whom an individual has the strongest and most enduring face-to-face relationships and who form the core or centre of his or her interpersonal environment.

**progressive encephalopathy of childhood** An HIV-associated neurodevelopmental disorder characterized by developmental delay, hypertonia, **microcephaly**, and basal ganglia calcification. Unlike adults with HIV infection, the neurological involvement in children generally occurs in the absence of opportunistic infections and neoplasms.

*See also:* HIV-associated neuropsychiatric disorders

**progressive multifocal leukoencephalopathy** A rare opportunistic infection caused by certain members of the genus *Polyomavirus*, occurring almost exclusively in individuals with immunodeficiency disorders (e.g. individuals with HIV infection or receiving immunosuppressive treatment for organ transplantation and related conditions). Affected patients present with varying combinations of **dementia**, blindness, **dysphasia**, hemiparesis, ataxia, and focal deficits; death occurs in a matter of months. Cerebral pathology consists in focal loss of myelin and glial cells with characteristic inclusions surrounding the areas of myelin loss. The causative agent can be demonstrated on electron microscopy or by monoclonal antibody staining.

**promiscuity** Sexual relations with a large number of partners; typically, the sexual encounters are indiscriminate and casual. To a large extent, the definition of promiscuous sexual behaviour is dictated by culture, religion, age, and similar factors.

**protracted reactive paranoid psychosis** *See* paranoid psychosis, psychogenic.

**pruritus** A cutaneous sensation of itching that induces a desire to scratch and may be organic or functional in origin.

**psychiatric examination, general** An evaluation of an individual by a specialist in psychological medicine for the purposes of diagnosis, treatment, and prognosis. The procedure includes history-taking, physical examination, a clinical interview, and physical and psychological tests.

**psychoactive substance abuse** *See* harmful use; substance use disorder.

**psychodysleptic** *See* hallucinogen.

**psychogenic vaginismus** *See* vaginismus, nonorganic.

**psychoinfantile personality** *See* personality disorder, histrionic.

**psychological causation** The concept of psychological causation or psychogenesis was formally introduced into psychiatry by Sommer in 1894 to designate hysterical states that are provoked or influenced by ideas. Since then the notion has so widened and been so misused as to have been rendered irreclaimably imprecise.

**psychomotor epilepsy** *See* temporal lobe epilepsy.

**psychoneurotic personality** *See* personality, neurotic.

**psychopathic personality** *See* personality disorder, dissocial.

**psychotic disorder, acute polymorphic (F23)** An acute psychotic disorder in which **hallucinations**, **delusions**, or perceptual disturbances are obvious but markedly variable, changing from day to day or even from hour to hour. Emotional turmoil with intense transient feelings of happiness or ecstasy, or anxiety and **irritability**, is also frequently present. Symptoms typical of **schizophrenia** may or may not be in evidence; if present, such symptoms do not persist. Polymorphic and unstable symptoms are characteristic of the overall clinical picture. The disorder usually has an abrupt onset and often shows an equally rapid resolution of symptoms with no recurrence.

*See also:* bouffée délirante; cycloid psychosis; reactive psychosis; schizophrenic episode, schizophreniform psychosis

**psychotic disorder, alcohol- or drug-induced (F1x.5)** A cluster of psychotic phenomena that occur during or following substance abuse but are not due to **acute intoxication** alone and are not part of a **withdrawal state**. The disorder is characterized by **hallucinations** (typically auditory, but often in more than one sensory modality), perceptual distortions, **delusions** (often of a paranoid or persecutory nature), psychomotor disturbances (excitement or **stupor**), and abnormal affect (ranging from intense fear to ecstasy). The sensorium is usually clear although some degree of clouding of consciousness may be present. Includes **alcoholic hallucinosis**, **alcoholic jealousy**, **alcoholic paranoia**, and persistent alcohol- or drug-induced psychotic state.

*See also:* substance use disorder

**psychotic disorder, residual and late-onset, alcohol- or drug-induced (F1x.7)** Alcohol or drug-induced changes in cognition, affect, **personality**, or behaviour that persist beyond the period during which a direct drug-related effect might reasonably be assumed to be operating. Includes **alcoholic dementia**, chronic alcoholic brain syndrome, **dementia** and other milder forms of persisting **cognitive impairment**, **flashbacks**, post-hallucinogen perception disorder, residual affective disorder, and residual **disorder of personality and behaviour**.

*See also:* substance use disorder



**psychotic disorders, acute and transient (F23)** An ill-defined term applied to disorders characterized by the acute onset of psychotic symptoms such as **delusions**, **hallucinations**, and perceptual disturbances, and by the severe disruption of ordinary behaviour, in the absence of evidence of organic causation. The disorders may be associated with acute stress.

**psychotomimetic** *See* hallucinogen.

**puerperal disorder (F53)** In the psychiatric context, any mental disorder associated with the puerperium, i.e. commencing within 6 weeks of delivery. Includes mild mental and behavioural disorders (such as **postnatal depression**) and severe mental and behavioural disorders (such as **puerperal psychosis**).

**puerperal psychosis** Any form of psychotic state occurring in the puerperium.

**pyromania** *See* fire-setting, pathological.

**querulant personality** *See* personality disorder, paranoid.

**Quetelet body mass index** Weight divided by the second power of height multiplied by 100; an anthropometric index proposed in 1835 and still widely used to quantify the relation between height and weight in the diagnostic assessment of **eating disorders**.

**reactive psychosis** A term employed to designate a group of psychoses causally related to a preceding external event, e.g. personal loss, bereavement, insult, natural disaster. The psychoses are mostly of brief duration, often but not always remitting with the recession of the provoking factor. Their form and content tend to reflect the nature of the precipitant and to fall into three broad clinical categories: disorders of consciousness (confusional), disorders of affect (**depression**), and **delusional disorders** (paranoid). This classification of the reactive psychoses, originally delineated by Wimmer in 1916 as psychogenic psychoses, is widely but not universally accepted.

**reading comprehension skill** The ability to understand what one has read.

**reading disorder, specific (F81.0)** A specific and significant impairment in the development of reading skills that is not solely accounted for by mental age, visual acuity problems, or inadequate schooling. Reading comprehension skill, reading word recognition, oral reading skill, and performance of tasks requiring reading may all be affected. Spelling difficulties are frequently associated with specific reading disorder and often continue into adolescence even after some progress has been made in reading. Specific developmental disorders of reading are commonly preceded by a history of disorders in speech or language

development. Associated emotional and/or behavioural disturbances are common during the school-age period.

**Synonyms:** backward reading; developmental dyslexia; legasthenia; specific reading retardation

**reading word recognition** The ability to identify the words that one is reading, even though they may appear within a context that is unfamiliar.

**reality testing** The cognitive activity of distinguishing between internal fantasy and the reality of the external world.

**receptive aphasia** See Wernicke aphasia.

**reciprocity in conversational interchange** One aspect of the more general social reciprocity, consisting of appropriate participation in a dialogue or talk: communicating ideas to the other participant(s) in an understandable way, adhering to the subject matter of the conversation, or responding in kind to both the content and the affective accompaniments of what others say.

**regression** Loss of previously acquired skills; return to an earlier level of functioning; resumption of behaviour characteristic of a younger age period.

**rehabilitation** As applied to disability, the combined and coordinated use of medical, social, educational, and vocational measures for training or retraining the individual to the highest possible level of functional ability.

**rehabilitation, vocational** The provision of vocational services. e.g. vocational guidance, vocational training, and selective placement, designed to enable a disabled person to secure and retain suitable employment.

**relationship disorder (F68.8)** A generic term for any of the **personality and behaviour disorders** emphasizing the difficulties in interpersonal relationships that are part of the clinical picture.

**REM (rapid eye movement) rebound** An increase in the total percentage of sleep time occupied by **REM sleep** that occurs following suppression of REM sleep by pharmacological agents or sleep deprivation.

**REM sleep** Periods of sleep lasting an average of 5 minutes, which recur in the adult about every 90 minutes and during which rapid eye movements can be recorded by electrooculography. REM (or paradoxical) sleep periods are almost entirely occupied by vivid dreaming, and accompanied by a variety of physiological changes in the pulse rate, respiration, muscle tone, and cerebral blood flow.

**reserpine** A crystalline alkaloid, derived principally from the plant *Rauwolfia serpentina*, with hypotensive and tranquillizing properties that may be related to its depletion of catecholamine and indolamine stores in several organs, including the brain. One of the unwanted effects of the alkaloid is the precipitation of a depressive state.

**restless legs syndrome** Deep, ill-defined paraesthesias of the legs which are experienced principally during prolonged muscular rest, states of drowsiness, and the pre-dormal period. The symptoms are relieved by moving the legs or by walking. The condition may be familial and is often associated with **nocturnal myoclonus**.

**Synonyms:** Ekbom syndrome; tachyathetosis

**Restzustand (schizophrenic)** See schizophrenia, residual.

**Rett syndrome (F84.2)** A condition, so far found only in girls, in which apparently normal early development is followed by partial or complete loss of speech and of skills in locomotion and use of the hands, together with deceleration in head growth, usually with an onset between 7 and 24 months of age. Loss of purposive hand movements, hand-wringing stereotypies, and hyperventilation are characteristic. Social and play development are arrested, but social interest tends to be maintained. Trunk ataxia and **apraxia** start to develop by the age of 4 years and **choreoathetoid movements** frequently follow. Severe **mental retardation** almost invariably results.

**rubella, congenital** Infection *in utero* by the rubella (German measles) virus due to maternal infection during the first trimester of pregnancy. Abnormalities in the affected child include **mental retardation**, **microcephaly**, deafness, cataracts, microphthalmia, and congenital heart disease. The younger the fetus at the time of infection, the higher the risk of damage.

**rubella encephalitis** A rare complication of postnatally acquired rubella, occurring within 3 to 14 days of the onset of the illness. The typical symptoms include headache, photophobia, **irritability**, vertigo, and drowsiness; however, meningism, brain stem and cranial nerve involvement, myoclonic jerks, and convulsions are not uncommon. In encephalomyelitic forms there may be paraparesis and retention of urine. The incidence is estimated at 1 in 6000 cases of infection, but the mortality may be as high as 20% of those affected. Unlike **congenital rubella**, recovery is usually complete, with no loss of intellectual function, although electroencephalographic abnormalities may persist for varying periods of time.

**sadism** See sadomasochism

**sadomasochism (F65.5)** A **sexual preference disorder (paraphilia)** in which the preferred sexual activity involves the infliction of pain, humiliation, or bondage. This is termed **masochism** if the individual prefers to be the recipient of such stimulation, and **sadism** if the individual is the provider. Often an individual obtains sexual excitement from both sadistic and masochistic activities.

**satyriasis** Excessive sexual drive in the male.

**schizoaffective disorder (F25)** An episodic disorder in which both affective and schizophrenic symptoms are prominent, so that the episode of illness does not justify a diagnosis of either **schizophrenia** or a depressive or manic episode. Manic, depressive, and mixed types can be distinguished, depending on the preponderant features of the affective ingredient.

**schizoid disorder of childhood** See Asperger syndrome.

**schizoid personality disorder** See personality disorder, schizoid.

**schizophrenia (F20)** A disorder characterized in general by fundamental and characteristic distortions of thinking and perception, and affects that are inappropriate or blunted. Clear consciousness and intellectual capacity are usually maintained, although certain cognitive deficits may evolve in the course of time. The disturbance involves the most basic functions that give the normal person a feeling of individuality, uniqueness, and self-direction. The most intimate thoughts, feelings, and acts are often felt to be known or shared by others, and explanatory **delusions** may develop, to the effect that natural or supernatural forces are at work to influence the afflicted individual's thoughts and actions in ways that are often bizarre. Although no strictly pathognomonic symptoms can be identified, the most important psychopathological phenomena include **thought echo**, **thought insertion or withdrawal**, **thought broadcasting**, **delusional perception**, and **delusions of control**, influence or passivity, hallucinatory voices commenting on or discussing the patient in the third person, disorders in the train of thought, **catatonia**, and **negative symptoms**. The course of schizophrenia can be continuous, or episodic with progressive or stable deficit following the episodes, or consist of one or more episodes with complete remissions.

**schizophrenia, borderline** See schizotypal disorder.

**schizophrenia, catatonic (F20.2)** A schizophrenic disorder dominated by prominent psychomotor disturbances that may alternate between extremes such as hyperkinesis and **stupor**, or automatic obedience and negativism. Constrained attitudes and postures may be maintained for long periods. Episodes of violent excitement may be a striking feature of the condition. The catatonic phenomena

may be combined with a **dream-like** (oneiroid) **state** with vivid scenic **hallucinations**.

**See also:** catatonia; stupor

**schizophrenia, coenaesthopathic** A chronic state of general physical ill-being characterized by abnormal sensations in various parts of the body and not attributable to any identifiable morbid process. When coenaesthopathia constitutes a feature of the schizophrenias, delusional interpretation is prominent. The term was introduced by Dupré (1862–1921). As a diagnostic entity coenaesthopathic schizophrenia is no longer generally accepted and the continued use of the term is not recommended.

**schizophrenia, disorganized** *See* schizophrenia, hebephrenic.

**schizophrenia, genetic spectrum** An ill-defined and open-ended list of conditions and behavioural peculiarities that are postulated as alternative or partial phenotypical expressions of the genotype(s) underlying **schizophrenia**. The postulated link to schizophrenia is based on their occurrence more commonly than by chance in first-degree relatives of individuals with manifest schizophrenic illness. Usually included are borderline or latent schizophrenia, **schizotypal disorder**, **schizoid** and **paranoid personality disorders**. The spectrum concept lacks specificity and is therefore of limited, if any, relevance to everyday clinical work.

**schizophrenia, hebephrenic (F20.1)** A form of **schizophrenia**, usually beginning in adolescence or early adulthood, in which affective changes are prominent, **delusions** and **hallucinations** fleeting and fragmentary, behaviour irresponsible and unpredictable, and mannerisms common. The mood is shallow and inappropriate, thought is disorganized, and speech is incoherent. There is a marked tendency to social isolation. The prognosis tends to be poor because of the rapid development of **negative symptoms**, particularly flattening of affect and loss of volition.

**Synonyms:** hebephrenia; disorganized schizophrenia

**schizophrenia, latent** *See* schizotypal disorder.

**schizophrenia, paranoid (F20.0)** A schizophrenic disorder dominated by relatively stable **paranoid delusions**, usually accompanied by **hallucinations**, particularly of the auditory variety, and other perceptual disturbances. Disturbances of affect, volition, and speech, and catatonic symptoms are either absent or relatively inconspicuous.

**See also:** schizophrenia, paraphrenic

**schizophrenia, paraphrenic (F20.0)** A term applied occasionally to **paranoid** illnesses of relatively late onset in which the clinical picture is dominated by

systematized expansive or fantastic **delusions**. In Leonhard's schema, *paraphrenia* is the preferred term for all paranoid forms of schizophrenic psychosis within the systematic group of the disorder.

**schizophrenia, pseudoneurotic** *See* schizotypal disorder.

**schizophrenia, pseudopsychopathic** *See* schizotypal disorder.

**schizophrenia, residual (F20.5)** A chronic stage in the development of a schizophrenic illness in which there has been a clear progression from an early stage comprising one or more psychotic episodes to a later stage characterized by long-term, though not necessarily irreversible, **negative symptoms** and impairments, such as psychomotor slowing, underactivity, blunting of affect, passivity and lack of initiative, poverty of quantity or content of speech, and poor nonverbal communication, self-care, and social performance.  
**Synonyms:** Restzustand (schizophrenic); schizophrenic residual state

**schizophrenia, simple (F20.6)** A disorder in which there is an insidious but progressive development of oddities of conduct, an inability to meet the demands of society, and a decline in total performance. The characteristic negative features of **residual schizophrenia** develop without being preceded by any overt psychotic symptoms.  
**Synonym:** schizophrenia simplex

**schizophrenia, undifferentiated** Conditions meeting the general diagnostic criteria for **schizophrenia** but either not conforming to any of its specific subtypes, or exhibiting the features of more than one of them.

**schizophrenia-like psychotic disorder, acute (F23.2)** An acute psychotic disorder in which symptoms typical of **schizophrenia** are present but have not been of sufficient duration to warrant a diagnosis of schizophrenia.  
**See also:** schizophrenia; schizophreniform psychosis

**schizophrenic deterioration** The progressive reduction of adaptive cognitive capacity, volitional and affective response, motivation, and social skills that occurs in a proportion of schizophrenic illnesses after periods of varying duration since their onset. The process usually results in a defect or end state but it is not invariably irreversible.  
**See also:** defect; negative symptoms

**schizophrenic episode, acute** Schizophrenic disorders in which there is a dream-like state with slight clouding of consciousness and perplexity. External things, people, and events may become charged with personal significance for the patient. There may be **ideas of reference** and emotional turmoil. In many such cases remission occurs within a few weeks or months, even without treatment.

**schizophrenic residual state** *See* schizophrenia, residual.

**schizophreniform psychosis (F20.8)** A group of disorders with some schizophrenic features and a relatively benign course. Characteristically the schizophrenic symptoms are accessory rather than fundamental (in the sense of Bleuler) and the clinical picture is often dominated by **delusions**, **hallucinations**, and disturbances of either consciousness (confusional type) or affect (affective type). The onset is usually acute and the duration short. The term was introduced by Langfeldt in 1939, but the validity of the concept is not universally accepted.

**schizotypal disorder (F21)** Eccentric behaviour and anomalies of thinking and affect which resemble those seen in **schizophrenia**, though no definite and characteristic schizophrenic disturbances are present. There is no definite onset and the evolution and course are usually those of a personality disorder.

**Synonyms:** schizophrenia, borderline; schizophrenia, latent; schizophrenia, pseudoneurotic; schizophrenia, pseudopsychopathic; schizotypal personality disorder

**scholastic skills disorder, mixed (F81.3)** Disorders in which both arithmetical and reading or spelling skills are significantly impaired, but in which the impairment is not explicable solely in terms of general **mental retardation** or of inadequate schooling.

**secondary gain** In psychoanalytical theory, secondary, or epinoic, gain denotes the practical advantages that may be achieved by using a symptom to manipulate or influence other people. It is contrasted with primary, or paranoic, gain, which consists in the diminution of anxiety and conflict resulting from the formation of a symptom.

**sedative** Any substance that diminishes the activity of an organ or tissue; more specifically, the class of pharmacological substances that moderate excitement and induce a state of calm by their depressing action on the central nervous system. In higher doses they can induce sleep and general anaesthesia.

**See also:** hypnotic drug; substance use disorder

**sedative use disorder** Any mental or behavioural disorders due to use of **sedatives** or **hypnotics**.

**See also:** substance use disorder

**seizure** A sudden attack of transient abnormality of motor, sensory, autonomic, or psychological nature associated with transitory cerebral dysfunction.

**self-defeating personality** *See* personality disorder, dependent.

**senile dementia** *See* Alzheimer disease.

**senile plaque** *See* neuritic argentophilic plaque.

**senium** The period of old age in the life-cycle.

**sensitive delusion of reference (F22.0)** A particular form of non-schizophrenic paranoid psychosis with morbid ideas of self-reference, arising on the basis of an introverted sensitive character structure with a poorly developed capacity for discharging affect and tension. The psychosis usually follows a significant experience involving humiliation and wounded self-esteem. The personality is characteristically well-preserved and the prognosis is favourable. The concept was introduced by Kretschmer (1888–1964) as **sensitiver Beziehungswahn**.

**sensitive paranoid personality** *See* personality disorder, paranoid.

**sensitiver Beziehungswahn** *See* sensitive delusion of reference.

**sensory loss** Defects of one or more modalities of sensation resulting from disordered function of any part of the nervous system, central or peripheral, concerned with the reception and appreciation of sensory stimuli.

**separation anxiety disorder (F93.0)** Fear of separation constitutes the focus of anxiety that first arises during the early years of childhood. It is differentiated from normal separation anxiety when it is of a severity that is statistically unusual (including an abnormal persistence beyond the usual age period) and when it is associated with significantly impaired social functioning.

**sex chromosome abnormality** A disorder of function or structure that is associated with a partial or complete absence of a sex chromosome or with extra sex chromosomes, e.g. Klinefelter syndrome or males with XYY sex chromosomes, or defects in individual chromosomes, such as large Y or fragile X chromosomes.

**sexual abuse of child** *See* child abuse.

**sexual arousal disorder** *See* genital response, failure of

**sexual aversion** *See* aversion, sexual.

**sexual desire, lack or loss of (F52.0)** Hypoactive sexual drive disorder or (in women) frigidity.  
*See also:* sexual dysfunction

**sexual deviation** *See* sexual preference disorder.



**sexual drive, excessive (F52.7)** **Nymphomania** in women, **satyriasis** in men.

**sexual dysfunction (F52)** Denotes a variety of ways in which an individual is unable to participate in a sexual relationship as he or she would wish. Sexual response is a psychosomatic process and both psychological and somatic processes are generally involved in the causation of sexual dysfunction. Includes **lack or loss of sexual desire**, **sexual aversion**, **failure of genital response**, **orgasmic dysfunction**, **premature ejaculation**, **vaginismus**, **dyspareunia**, and **excessive sexual drive**.

**sexuality counselling** Guidance, support, or education of an individual who presents with problems or questions concerning sexual relationships—with people of the opposite sex (heterosexuality counselling), of the same sex (homosexuality counselling), or of both sexes (bisexuality counselling). The problems are not strictly classifiable as psychiatric disorders but instead are difficulties encountered in trying to relate effectively to the sexual partner(s). Marriage counselling is a form of heterosexuality counselling but tends to include more aspects of functioning than sexuality.

**sexual maturation disorder (F66.0)** Uncertainty about **gender identity** or sexual orientation and secondary anxiety or **depression**. Most commonly this occurs in adolescents who are not certain whether they are homosexual, heterosexual, or bisexual in orientation, or in individuals who after a period of apparently stable sexual orientation, often within a long-standing relationship, find that their sexual orientation is changing.

**sexual orientation disorder** *See* sexual orientation, egodystonic.

**sexual orientation, egodystonic (F66.1)** In this disorder, the **gender identity** or sexual preference (heterosexual, homosexual, bisexual, or prepubertal) is not in doubt, but the individual wishes it were different because of associated psychological and behavioural disorders, and may seek treatment in order to change it.

*See also:* transsexualism

**sexual preference disorders (F65)** A variety of patterns of sexual preference and activity including **fetishism**, **fetishistic transvestism**, **exhibitionism**, **frotteurism**, **voyeurism**, **bestiality**, **paedophilia**, **sadomasochism**, and **necrophilia**.

*Synonym:* paraphilias

**sexual relationship disorder (F66.2)** The **gender identity** or sexual orientation is responsible for difficulties in forming or maintaining a relationship with a sexual partner.

**sibling rivalry disorder (F92.3)** Some degree of emotional disturbance usually following the birth of an immediately younger sibling, which is shown by a majority of young children.

**Synonym:** sibling jealousy

**sleep apnoea** A temporary suspension of respiration during sleep, most commonly attributable to upper airway obstruction and often terminating with a loud snore, body jerks, or flailing of the arms. Sleep apnoea is associated with impaired sleep, diurnal drowsiness and fatigue, bradycardia, and electroencephalographic arousal.

**sleep disorders, nonorganic (F51)** A sleep disturbance that is one of the patient's major complaints and is considered to be primarily of emotional origin. Included are: **nonorganic insomnia; nonorganic hypersomnia; nonorganic sleep-wake schedule disorder; sleepwalking; sleep terrors; nightmares.**

**sleep rhythm inversion, psychogenic** *See* sleep-wake schedule disorder, non-organic.

**sleep terrors (F51.4)** More extreme expression of the nosologic continuum including **sleepwalking** and nocturnal episodes of panic, associated with intense vocalization, motility, and high levels of autonomic discharge. The sleeper sits up or gets up, usually during the first third of nocturnal sleep, with a panicky scream, and often rushes to the door as if trying to escape (but rarely leaves the room). Recall of the event, if any, is limited, usually to one or two fragmentary mental images.

**Synonym:** night terrors

**sleep-wake schedule disorder, nonorganic (F51.2)** Lack of synchrony between the actual sleep-wake schedule and the desired sleep-wake schedule for the individual's environment, resulting in a complaint of either insomnia or hypersomnia.

**Synonym:** psychogenic inversion of circadian (nyctohemeral) (sleep) rhythm

**sleepwalking (F51.3)** A state of altered consciousness in which phenomena of sleep and wakefulness are combined. During an episode, the sleepwalker arises from bed, usually during the first third of nocturnal sleep, and walks about, exhibiting low levels of awareness, reactivity, and motor skill. Usually there is no recall of the event upon awakening.

**Synonym:** somnambulism

**social anxiety disorder (F93.2)** A wariness of strangers and social apprehension or anxiety when encountering new, strange, or socially threatening situations. Such fears arise during early childhood, but are severe enough to cause problems in social functioning.

**Synonym:** avoidant disorder of childhood or adolescence.

**social functioning disorders of childhood and adolescence** A heterogeneous group of disorders having in common abnormalities in social functioning during development which (unlike the **prevalent developmental disorders**) are not due to an apparently constitutional social incapacity or deficit that prevades all areas of functioning. Examples include **elective mutism** and **attachment disorders**.

**socialization** The process, beginning in early childhood, of the development of qualities and acquisition of skills required for effective functioning in society.

**social network** A construct of analytical sociology referring to the characteristics of the social linkages among people as a means of understanding their behaviour, rather than focusing on the attributes of individuals. The concept was first used by Barnes in 1954 to study the social behaviour in a Norwegian island community by analysing the patterns of linkages among its members.

**social reciprocity** Participation in group activities in an appropriate way, with the individual giving due respect to the needs and wishes of others while contributing his or her own ideas and skills to the endeavours of the group. The term implies an ability to communicate effectively with other people, to understand their communications, and to respond in kind on both an intellectual and an affective level.

**social role conflict** The perceived incompatibility between two or more of the social roles that an individual is expected to perform, or between role and personality; role conflict may also arise when an individual is exposed to irreconcilable pressures or demands from different groups, or when a role is defined ambiguously. Role conflict may lead to anxiety, tension, distress, and lowered efficiency, or to attempts to resolve it by withdrawal from one or more of the incompatible roles, by redefinition of an ambiguous role, or by negotiation to lessen opposing pressures.

**social skills** By analogy with motor skills, the set of learned elements of social behaviour, verbal and nonverbal, that people use to attain goals of social interaction, such as conveying and obtaining information, influencing others' attitudes, emotional states, and behaviour, projecting a desired image of oneself, or eliciting responses of cooperation, subordination, or domination.

**social support** An imprecise term referring to a variety of social interactions that enhance the sense of affiliation, security, and self-esteem in the individual participating in them.

**sociopathic personality** *See* personality disorder, dissocial.

**soft neurological signs** An ill-defined group of physical findings described in association with the hypothetical entity of minimal brain dysfunction and

presumed to reflect immaturity of, or subclinical damage to, the central nervous system. Usually included are phenomena such as general clumsiness, poor visual acuity, speech impediments, **choreiform** or **mirror** (synkinetic) **movements**, hyperactive deep tendon reflexes, and confusion of left and right. In contrast to the hard neurological signs, they do not have clear clinical significance or localizing value.

**See also:** attention deficit disorder

**somatization disorder (F45.0)** Multiple, recurrent, and frequently changing physical symptoms, of at least 2 years' duration, with no demonstrable organic basis. Most patients have a long and complicated history of contact with both primary and specialist medical care services, during which many negative investigations or fruitless exploratory operations may have been carried out. Symptoms may be referred to any part or system of the body. The course of the disorder is chronic and fluctuating, and is often associated with long-standing disruption of social, interpersonal, and family behaviour.

**somatoform autonomic dysfunction (F45.3)** Symptoms are presented by the patient as if they were due to a physical disorder of a system or organ that is largely or completely under autonomic innervation and control, i.e. the cardiovascular, gastrointestinal, respiratory, and genitourinary systems. Complaints may be based upon objective signs of autonomic arousal, such as palpitations, sweating, flushing, tremor, and expression of fear and distress about the possibility of a physical disorder, or be of a nonspecific or changing nature, such as fleeting aches and pains, sensations of burning, heaviness, tightness, and feelings of being bloated or distended, which are referred by the patient to a specific organ or system.

**somatoform disorder (F45)** A disorder of sensation, function, and behaviour, not due to physical disorders, which is not mediated through the autonomic nervous system, is limited to specific systems or parts of the body, and is closely associated in time with stressful events or problems. The main feature is repeated presentation of physical symptoms together with persistent requests for medical investigations, in spite of repeated negative findings and reassurances by doctors that the symptoms have no physical basis.

**somatoform pain disorder, persistent (F45.4)** The predominant complaint is of persistent, severe, and distressing pain, which cannot be fully explained by a physiological process or a physical disorder and which occurs in association with emotional conflict or psychosocial problems that are sufficient to allow the conclusion that they are the main causative influences. The result is usually a marked increase in support and attention, either personal or medical.

**somatosensory illusions** Distortions of somatic sensation, experienced as burning, ripples, "butterflies", lumps rising to the throat, electric shocks radiating

throughout the body (Lhermitte sign), etc. Somatosensory illusions are common in a variety of neurological and psychiatric disorders, including **temporal lobe epilepsy**, multiple sclerosis, brain tumours, **dementia**, **vitamin B<sub>12</sub> deficiency**, toxic states, and anxiety disorders. The interpretation of such phenomena is difficult and their diagnostic value in the individual case uncertain.

**somatotropic hormone, somatotropin** *See* growth hormone.

**somnambulism** *See* sleepwalking.

**speech articulation disorder, specific (F80.0)** A child's use of speech sounds is below the appropriate level for its mental age, but there is a normal level of language skills.

*See also:* lalling

**speech sounds, substitution of** Phonemic or phonetic substitution; using one phoneme in place of the correct one, such as "th" for "s" ("thay" instead of "say") or "w" for "r" ("wabbit" instead of "rabbit"). This is the most common type of misarticulation in developmental articulation disorder.

**speech therapy** A set of behavioural techniques and procedures designed originally for the correction of defects of vocalization and articulation, such as **stuttering**. Extensions of the concept apply to the rehabilitation of individuals with **aphasia** and to the management of development language disorders.

**spelling disorder, specific (F81.1)** A specific and significant impairment in the development of spelling skills in the absence of a history of specific reading disorder, which is not solely accounted for by low mental age, visual acuity problems, or inadequate schooling. The ability to spell orally and to write out the words correctly are both affected.

**spongiform encephalopathy** *See* encephalopathy, spongiform.

**stammering** *See* stuttering.

**stealing, pathological (F63.2)** Repeated failure to resist impulses to steal objects that are not acquired for personal use or monetary gain. The objects may instead be discarded, given away, or hoarded. The behaviour is usually accompanied by an increasing sense of tension before, and a sense of gratification during and immediately after, the act.

*Synonym:* kleptomania

**stereotypy** *See* movement disorder, stereotyped.

**steroid abuse** *See* abuse of non-dependence-producing substances.

**stiff-man syndrome** A condition of unknown etiology affecting principally young males, characterized initially by severe intermittent painful spasms of the axial muscles, progressing to a continuous increased tone of the skeletal musculature, with superimposed spasms that may be precipitated by movement.

**stimulant** An agent that increases functional activity in an organism or any part of an organism. Stimulants may be categorized by the somatic system, the function, or the agent involved. Central nervous system stimulants include the analeptics (e.g. strychnine, picrotoxin) and the sympathomimetic amines (e.g. amphetamine, cocaine).

**stimulant use disorder** Any mental or behavioural disorder due to the use of cocaine or other stimulants, including caffeine.

*See also:* caffeine use disorder; cocaine use disorder; substance use disorder

**stress** In current usage this term is employed interchangeably to describe various aversive stimuli of excessive intensity; the physiological, behavioural, and subjective responses to them; the context mediating the encounter between the individual and the stressful stimuli; or all of the above as a system. The term is clearly overstretched and should be used sparingly.

**stressful life event** Any environmental incident that requires change in ongoing life adjustment, such as changes of habitat, school entrance or graduation, changes or failures in employment, and important separations, births, and deaths in the family. Such events may be necessary but not sufficient causes of illness and may account in part for the time of onset of disease.

**stressor** Any noxious stimulating condition that produces the stress reaction, i.e. the sum of all nonspecific physiological responses that result in wear and tear in a biological system.

*See also:* stress

**stress reaction, acute (F43.0)** A transient disorder that develops in an individual without any other apparent mental disorder in response to exceptional physical and/or mental **stress** and that usually subsides within hours or days. Individual vulnerability and **coping capacity** play a role in the occurrence and severity of acute stress reactions. The symptoms show a typically mixed and changing picture and include an initial state of "daze", with some constriction of the field of consciousness and narrowing of attention, inability to comprehend stimuli, and disorientation. This state may be followed either by further withdrawal from the surrounding situation (to the extent of a **dissociative stupor**), or by **agitation** and over-activity (**flight reaction** or fugue). Autonomic signs of panic anxiety (tachycardia, sweating, flushing) are commonly present. The symptoms usually appear within minutes of the impact of the stressful stimulus or event, and disappear within 2–3 days (often within hours). Partial or complete **amnesia** for the episode may be present.

**stroke** *See* cerebrovascular accident.

**stupor** A state characterized by mutism, an absence or profound diminution or blocking of voluntary movement, and psychomotor unresponsiveness; consciousness may be disturbed, according to the nature of the causal condition. Stuporous states occur in association with organic cerebral disease, **schizophrenia** (especially its catatonic form), depressive illnesses, hysterical psychosis, and **acute reactions to stress**.

**stupor, dissociative (F44.2)** A profound diminution or absence of voluntary movement and normal responsiveness to external stimuli such as light, noise, and touch in the absence of any evidence for a physical cause. In addition, there is positive evidence of psychogenic causation in the form of recent stressful events or problems.

**stuttering [stammering] (F98.5)** Speech characterized by frequent repetition or prolongation of sounds or syllables or words, or by frequent hesitations or pauses that disrupt the rhythmic flow of speech.

**subcortical arteriosclerotic encephalopathy** *See* Binswanger syndrome.

**subcortical leukoencephalopathy, chronic** *See* Binswanger syndrome.

**subcultural** Behavioural and ideological attributes of subgroups within a culture, e.g. religious sects, ethnic minorities or tribes, secret societies, drug-dependent persons, which are specific to them and are not shared by the community at large.

**subdural haematoma** A space-occupying slow accumulation of blood in the subdural space, usually due to rupture of a vein. The blood may be encysted in layers of granulation and fibrous tissue. Common causes are trauma, haemorrhagic disease, and treatment with anticoagulants, especially in predisposed individuals. Middle-aged, alcohol-dependent men and elderly men are more frequently affected, but subdural haematoma may occur at any age and in both sexes.

**substance use disorder** Any mental or behavioural disorder resulting from the use of one or more psychoactive substances, whether or not medically prescribed. The substances specified are alcohol, opioids, cannabinoids, sedatives or hypnotics, cocaine, other stimulants including caffeine, hallucinogens, tobacco, and volatile solvents. The clinical states that may occur include **acute intoxication**, **harmful use**, **dependence syndrome**, **withdrawal state**, **withdrawal state with delirium**, psychotic disorder, **late-onset psychotic disorder**, and **amnesic syndrome**.

**suggestibility** Susceptibility to the uncritical acceptance of ideas, beliefs, and patterns of behaviour expressed or shown by others. Suggestibility can be heightened by environmental conditions, drugs, and **hypnosis**, and may be prominent in people with **hysterical personality** traits. The term negative suggestibility is sometimes applied to negativistic behaviour.

**sympathetic reaction** *See* flight reaction.

**syncope, psychogenic (F48.8)** Fainting, i.e. sudden loss of consciousness, caused by deliberate hyperventilation, carotid sinus massage, or feigning. Before a syncope is diagnosed as psychogenic, organic causes, such as postural hypotension, arrhythmia, and reduced cardiac output, should be ruled out.

**syphilis, congenital** Infection of the fetus *in utero* by *Treponema pallidum*, the causal agent of syphilis. The clinical manifestations are varied in form and may appear at any time from early infancy to early adult life.

**tabes dorsalis** A tertiary manifestation of **neurosyphilis** occurring late (8–12 years) after infection in a relatively small proportion of individuals with syphilis. The essential pathological lesion is inflammation followed by atrophy of the dorsal spinal roots and the posterior columns of the spinal cord; primary optic atrophy is also common. The symptoms include ataxia, stabbing (“lightning”) pains in the lower limbs, visual failure, disturbances in bladder control, and trophic disorders such as arthropathy and perforating ulcers. Prognosis is variable, as is response to treatment. Psychiatric disorder is not a prominent feature but **depression** is not uncommon.

**taboparalysis** A combination of the pathological and clinical features of **general paresis** and **tabes dorsalis**.  
**Synonym:** taboparesis

**tachyathetosis** *See* restless legs syndrome.

**task involvement** Maintaining attention to an activity and pursuing the activity to some degree of completion.

**Tay–Sachs disease** A recessive autosomal disorder of sphingolipid metabolism: lack of the liposomal enzyme hexosaminidase A leads to accumulation and deposition of GM2 gangliosides in nerve cells of the cortex and cerebellum and axons of nerves. Degeneration of retinal nerve fibres exposes the vascular chorion in the macular area, producing the diagnostic cherry-red spot visible on fundoscopic examination. Other manifestations, which appear within the first 6 months of life, include a severe disturbance of intellectual and psychomotor development, **irritability**, blindness, spasticity, convulsions, and finally decer-



exhibit rigidity and death by the age of 3 years. Incidence is highest among Ashkenazi Jews. Heterozygote screening and prenatal diagnosis have resulted in a decreasing incidence of the disease in recent years.

**Synonyms:** amaurotic family idiocy (*obsolete*); cerebromacular degeneration; GM2 gangliosidosis

**temporal lobe epilepsy** Partial epilepsy in which the neuronal discharge or the lesion causing the seizures affect all or part of the temporal lobe. This type of epilepsy includes **seizures** with elementary sensory (auditory, olfactory, or gustatory) or motor (versive or aphasic) symptoms, as well as those with psychic (psychic epileptic seizure), psychosensory (illusional epileptic seizure, hallucinatory epileptic seizure), or psychomotor (automatic epileptic seizure) symptoms.

**Synonym:** psychomotor epilepsy

**tension headache** A sensation of tightness, pressure, or dull pain that may be generalized or, more typically, have a band-like quality. As a transient disturbance, it is commonly associated with the stresses of everyday life but, when persistent, may be a presenting feature of an anxiety state or a depressive illness.

**thiamine deficiency syndrome** The classic thiamine deficiency syndrome is beriberi, rarely seen except in areas where polished white rice is the dietary staple. In most societies, thiamine deficiency is largely associated with excessive alcohol use, and nervous system manifestations predominate. One manifestation is **Wernicke encephalopathy**, another is polyneuropathy, and the two may occur together.

**thought broadcasting** The experience that one's own thoughts are somehow immediately shared with other people or otherwise made public knowledge.

**thought echo** The experience of one's own thoughts being repeated or echoed (but not spoken aloud) within one's head. The interval between the original thought and its echo is usually only a few seconds. The repeated thought, though identical in content, may be felt as slightly altered in quality.

**thought insertion or withdrawal** The individual's experience of

1. thoughts recognized as alien intruding into his or her mental processes (insertion);
2. his or her own thoughts being taken away or otherwise appropriated by an external agency (withdrawal).

Conviction of the "alien" origin of the interference is not the result of a secondary rationalization but arises with compelling immediacy, simultaneously with the experience of thoughts being inserted or withdrawn.

**thyroid hormone** Thyroxine or any of the other active agents secreted by the thyroid gland, including triiodothyronine and thyrocalcitonin. Excessive secretion in hyperthyroidism is characterized by accelerated basal metabolic rate, weakness, weight loss, nervousness, and, particularly in middle-aged or older individuals, cardiac arrhythmia or congestive heart failure.  
*See also:* hypothyroidism

**thyroiditis, drug-induced (lithium)** *See* hypothyroidism.

**thyrotoxicosis** **Hyperthyroidism**, characterized by accelerated basal metabolic rate, increased rate of oxygen consumption, thyroid enlargement, weakness, weight loss, nervousness, and cardiac arrhythmia or congestive heart failure. Thyrotoxicosis may present as an anxiety state.  
*Synonym:* hyperthyroidism

**tic** An involuntary, rapid, recurrent, nonrhythmic motor movement (usually involving circumscribed muscle groups) or vocal production that is of sudden onset and serves no apparent purpose. Tics tend to be experienced as irresistible, but they can usually be suppressed for varying periods of time, are exacerbated by stress, and disappear during sleep. Common simple motor tics include eye-blinking, neck-jerking, shoulder-shrugging, and facial grimacing. Common simple vocal tics include throat-clearing, barking, sniffing, and hissing. Common complex tics include hitting oneself, jumping, and hopping. Common complex vocal tics include the repetition of particular words, and sometimes the use of socially unacceptable (often obscene) words (coprolalia), and the repetition of one's own sounds or words (palilalia).

**tic disorder (F95)** A syndrome in which the predominant manifestation is some form of **tic**.  
*See also:* tic

**tic disorder, chronic motor or vocal (F95.1)** Meets the general criteria for a **tic disorder**; these are motor or vocal tics (but not both) that may be either single or multiple (but usually multiple) and that last for more than a year.

**tic disorder, combined vocal and multiple motor [Tourette syndrome] (F95.2)** A form of **tic disorder** in which there are, or have been, multiple motor tics and one or more vocal tics, although these need not have occurred concurrently. The disorder usually worsens during adolescence and tends to persist into adult life. The vocal tics are often multiple, with explosive, repetitive vocalizations, throat-clearing, and grunting, and there may be the use of obscene words or phrases. Sometimes there is an associated **gestural echopraxia** which may also be of an obscene nature (**copropraxia**).  
*Synonym:* Gilles de la Tourette syndrome

**tobacco use disorder** Tolerance and development of dependence in the tobacco user manifested as a withdrawal syndrome that develops within a few hours of the last dose: craving for a cigarette or other tobacco product, **irritability**, anxiety, anger, impaired concentration, increased appetite, decreased heart rate, and sometimes headaches and sleep disturbances. Craving peaks at 24 hours and then declines over a period of several weeks, although it may be evoked by stimuli associated with previous smoking habits. The major psychoactive substance in tobacco is **nicotine** which, compared with cocaine and the amfetamines, is a weak reinforcer and anorectic. Nicotine is used in the form of inhaled tobacco smoke, snuff, or nicotine gum. Considerable tolerance to nicotine develops gradually; because of its rapid metabolism, brain levels of nicotine fall rapidly and the tobacco user craves a second cigarette (or other tobacco product) 30–45 minutes after finishing the first one.

*See also:* substance use disorder

**tolerance** Decrease in response to a drug dose that occurs with continued use of the drug. In the frequent or heavy drinker, for example, higher doses of alcohol are needed to achieve the effects originally produced by lower doses. Both physiological and psychosocial factors may be involved in the production of tolerance.

*See also:* dependence syndrome; opioid use disorder

**torticollis, psychogenic** Dyskinetic movements of the neck muscles resulting in abnormal and often painful postures of the head. The pathophysiology of the disorder is poorly understood. A psychogenic etiology has been suspected for the isolated occurrence of the symptom, without associated vertebral or ocular signs, and in the absence of neurological disease, such as dystonia musculorum deformans.

**Tourette disorder** *See* tic disorder, combined vocal and multiple motor [Tourette syndrome].

**trait** In psychology, an ideal “constant purposive portion” (Stern, 1921) of the personality which is inferred from the totality of an individual’s behaviour but never directly observed. A trait is a stable attribute and is often compared and contrasted with state, which is a momentary or time-limited characteristic of an organism or a person. In genetics, a trait is the characteristic phenotypic (i.e. observable) expression of a hereditary predisposition.

**trance and possession disorder (F44.3)** Temporary loss of the sense of personal identity and of full awareness of the surroundings. Trance states are involuntary or unwanted, and occur outside religious or other culturally accepted situations.

**tranquillizer** A pharmacological substance used to relieve anxiety (minor tranquilizers) or to diminish psychotic symptoms (major tranquilizers).

**transsexualism (F64.0)** A desire to live and be accepted as a member of the opposite sex, usually accompanied by a sense of discomfort with, or inappropriateness of, one's anatomical sex, and a wish to have surgery and hormonal treatment to make one's body as congruent as possible with the preferred sex.

*See also:* sexual orientation, egodystonic

**transvestism, fetishistic (F65.1)** The wearing of clothes of the opposite sex principally to obtain sexual excitement and to create the appearance of a person of the opposite sex. Fetishistic transvestism is distinguished from transsexual transvestism by its clear association with sexual arousal and the strong desire to remove the clothing once orgasm occurs and sexual arousal declines. It can occur as an earlier phase in the development of **transsexualism**.

*Synonym:* transvestic fetishism

*See also:* transvestism, dual-role

**transvestism, dual-role (F64.1)** A **gender identity disorder**, consisting of wearing clothes of the opposite sex for part of the individual's existence in order to enjoy the temporary experience of membership of the opposite sex, but without any desire for a more permanent sex change or associated surgical reassignment, and without sexual excitement accompanying the cross-dressing.

*See also:* transvestism, dual-role

**trichotillomania (F63.3)** One of the **habit and impulse disorders**, characterized by noticeable hair-loss due to impulsive hair-pulling, which is not a response to a **delusion** or **hallucination**. The hair-pulling is usually preceded by mounting tension and is followed by a sense of relief or gratification.

**tunnel vision** A restriction of peripheral vision, with unimpaired central visual acuity, occurring in retinitis pigmentosa and advanced chronic glaucoma. The term is also used as a synonym for tubular vision, a dissociative symptom of hysteria, in which the area of the visual field is the same regardless of the distance of the eye from the focal point.

**twilight state** A state of impaired consciousness in which complex, irrational behaviour may occur of which no memory is subsequently retained. Twilight states may be associated with sleep-arousal, epilepsy, alcohol intoxication and delirious conditions.

**type A behaviour** A lifestyle said to be associated with an increased risk of coronary heart disease. It is characterized by intense, sustained energy and drive, a high level of competition in recreational activities as well as in work, and marked hostility when frustrated over objectives or deadlines.

**unconscious motivation** Any intrinsic force of which the individual is not fully aware that serves to initiate, maintain, or direct behaviour towards a goal. Many systems of psychology assume the presence of an unconscious portion of the mental apparatus containing memories, wishes, impulses, etc. that are not within the immediate field of awareness but that none the less have significant effects on behaviour.

**vaginismus, nonorganic (F52.5)** Spasm of the muscles that surround the vagina, causing occlusion of the vaginal opening. Penile entry is either impossible or painful.

**Synonym:** psychogenic vaginismus

**See also:** sexual dysfunction

**vascular dementia** *See* dementia, vascular.

**vasovagal reaction** A syncopal attack resulting from slowing of the heart-rate and a pronounced fall in blood pressure, often occurring in young anxious individuals, and precipitated by emotional disturbances. The clinical features include nausea, precordial discomfort, respiratory distress, and fear of dying (*angor animi*). The condition was first described by Gowers (1845–1915).

**victimology** The study of the victims of maltreatment, including not only the immediate reaction to the traumatic event but also such issues as how they came to be the objects of attack, the kind of physical or psychological assault they were forced to endure, the type of support they might need to return to their usual level of functioning, the long-term consequences of their experience, and the type of restitution or compensation they might merit.

**Vineland scale** An age scale, similar in design to the Stanford–Binet test, that covers the entire period from birth to adulthood and purports to measure socio-emotional development in terms of a Social Quotient. The validity of the scale is uncertain, and test results may be unduly biased by parental influence.

**visual processing** The manipulation of visual data within the central nervous system: an object is perceived and then coded into a form that can be stored and, ultimately, retrieved. Among the elements included in visual processing are discrimination of visual stimuli, visual sequencing, directionality, and visual association.

**See also:** auditory association; auditory sequential memory; discrimination

**visuo-spatial skills** The abilities to analyse spatial relationships and perform constructional tasks under visual control.

**vital depression** A characteristic morbid change in vital feeling that, according to

Schneider (1887–1967), is “near physical, often sharply localized, melancholy, allied with other bodily distress”.

**vitamin abuse** See abuse of non-dependence-producing substances.

**vitamin B<sub>12</sub> deficiency** Inadequate vitamin B<sub>12</sub>, often a nutritional deficiency secondary to insufficient absorption of the vitamin from the ileum in individuals with long-standing gastrointestinal disease. A frequent result is subacute degeneration of the spinal cord, optic nerves, cerebral white matter, and peripheral nerves. Spinal cord involvement is manifested as combined system disease, characterized by symmetrical progressive **paraesthesias** of the feet or hands (numbness, tingling, burning, etc.), followed by unsteadiness of gait and finally spasticity, ataxia, and paraplegia. Psychological symptoms include apathy, **irritability**, suspiciousness, and, with progression, **confusion** and **dementia**.

**vocalization** The act of giving utterance, of making sounds or words, used most often to refer to the panicky scream that typically signals the onset of an episode of sleep terror, or to the involuntary repetition of a vowel, word, or phrase that occurs as a characteristic element in some types of focal epilepsy. Vocalization is also used to refer to the sounds made by infants before they acquire regular speech.

**volatile solvent use disorder** Any mental or behavioural disorder due to the use of volatile solvents. When inhaled, volatile solvents (also called inhalants) such as glue, aerosol, paints, industrial solvents, lacquer thinners, gasoline, and cleaning fluids produce altered states of consciousness. In addition, some solvents are directly toxic to the liver, kidney, or heart, and some produce peripheral neuropathy or progressive brain degeneration.

The user typically soaks a rag with inhalant and places it over the mouth and nose, or puts the inhalant in a paper or plastic bag which is then put over the face (inducing anoxia as well as intoxication). Signs of intoxication include belligerence, assaultiveness, lethargy, psychomotor retardation, euphoria, impaired judgement, dizziness, nystagmus, blurred vision or diplopia, slurred speech, tremors, unsteady gait, hyperreflexia, muscle weakness, **stupor**, or coma.  
*See also:* substance use disorder

**vomiting, psychogenic (F50.5)** Repeated vomiting that occurs in **dissociative disorders** and **hypochondriacal disorder**, and excessive vomiting in pregnancy when emotional factors predominate.

**vomiting, psychogenic cyclical** Sudden attacks of vomiting in children, which, in the absence of gastrointestinal disease, last for several days and cease abruptly, with a tendency to recur after intervals of several weeks or longer. Emotional difficulties are thought to underlie the disturbance.

**voyeurism (F65.3)** A **disorder of sexual preference (paraphilia)** consisting of a recurrent or persistent tendency to look at people engaging in sexual or intimate behaviour such as undressing. This is carried out without the observed individuals being aware of it, and usually leads to sexual excitement and masturbation on the part of the voyeur.

**Wernicke aphasia** An inability to comprehend spoken or written language, and in particular to understand or report spoken language and to name objects or qualities. Reading and writing are secondarily impaired. The lesion, generally vascular, is usually in the association cortex of the first temporal convolution of the dominant hemisphere. In children, this impairment may occur as a specific developmental disorder (F80.2).

*See also:* jargon aphasia

**Wernicke encephalopathy** An acute, life-threatening, neurological syndrome (described as polioencephalitis haemorrhagica superior in 1881) consisting of confusion, apathy, dullness, a dreamy delirium, palsies of the ocular muscles and of gaze (due to lesions in the nuclei of cranial nerves III and VI), nystagmus and disturbances in equilibrium (due to lesions in the vestibular nuclei), and ataxia (due to lesions in the cerebellar cortex). Its most common cause in industrialized countries is thiamine deficiency associated with alcoholism. If not treated immediately with replacement therapy, the patient is likely to progress into **Korsakov psychosis** (also known as **Wernicke–Korsakov psychosis** or syndrome, and as **alcohol amnesic disorder**): severe anterograde amnesia, retrograde amnesia, and sometimes confabulation.

*See also:* amnesic syndrome, alcohol- and drug-induced; amnesic syndrome, organic; thiamine deficiency

**Wernicke–Korsakov psychosis (syndrome)** *See* Korsakov psychosis.

**withdrawal state (F1x.3)** A group of symptoms of variable clustering and degree of severity occurring on absolute or relative withdrawal of a substance after persistent use of that substance. The onset and course are time-limited and are related to the type of substance and dose being used immediately before cessation or reduction of use. The withdrawal state may be complicated by convulsions or **delirium**.

*See also:* substance use disorder

**withdrawal state with delirium (F1x.4)** Delirium tremens.

*See also:* withdrawal state

**word deafness (F80.2)** An impaired ability to appreciate spoken language, usually attributable to damage to the cerebral receptive area for hearing in the first temporal gyrus of the dominant hemisphere. In its pure form the condition is rare.

**word fluency and output** The ready and easy flow of words in speaking. In **expressive language disorder**, impairment of word fluency and output may be manifested in speech that is halting and hesitant, with a restricted vocabulary and excessive use of generalizations; sentences may be abnormally short or telegrammatic because of omission of conjunctions and prepositions.