Can I Tell You About Selective Mutism

Catatonia

Akinetic mutism is a neurological disorder associated with structural damage in a variety of brain, it is characterized by immobility and mutism but intact

Catatonia is a neuropsychiatric syndrome most commonly seen in people with underlying mood disorders, such as major depressive disorder, or psychotic disorders, such as schizophrenia. People with catatonia exhibit abnormal movement and behaviors, which vary from person to person and may fluctuate in intensity within a single episode. People with catatonia appear withdrawn, meaning that they do not interact with the outside world and have difficulty processing information. They may be nearly motionless for days on end or perform repetitive purposeless movements. People may exhibit very different sets of behaviors and still be diagnosed with catatonia. Treatment with benzodiazepines or electroconvulsive therapy are most effective and lead to remission of symptoms in most cases.

There are different subtypes of catatonia, which represent groups of symptoms that commonly occur together. These include stuporous/akinetic catatonia, excited catatonia, malignant catatonia, and periodic catatonia.

Catatonia has historically been related to schizophrenia, but is most often seen in mood disorders. It is now known that catatonic symptoms are nonspecific and may be observed in other mental, neurological, and medical conditions.

Raj Koothrappali

Cambridge, where he discovered his interest in astrophysics. He had selective mutism, which did not allow him to talk to women outside of his family unless

Rajesh Ramayan "Raj" Koothrappali, Ph.D. is a fictional character and one of the protagonists on the 2007–2019 CBS television series The Big Bang Theory, portrayed by British-Indian actor Kunal Nayyar. He is one of four main male characters in the show, alongside Sheldon Cooper, Leonard Hofstadter and Howard Wolowitz to appear in every episode of The Big Bang Theory. Raj is based on a computer programmer that the show's co-creator, Bill Prady, knew when he was a programmer.

Krazzy 4

with obsessive–compulsive personality disorder. Dabboo suffers from selective mutism. He has not spoken for years and appears frightened all the time. He

Krazzy 4 is a 2008 Indian Hindi-language comedy thriller film directed by Jaideep Sen and produced by Rakesh Roshan. The film stars Juhi Chawla, Arshad Warsi, Irrfan Khan, Rajpal Yadav, and Suresh Menon in lead roles, while Shahrukh Khan and Hrithik Roshan appear in item numbers. The music of the film is by Rajesh Roshan. It is a loose remake of the 1989 American film The Dream Team and the 1991 Malayalam film Mookilla Rajyathu. The film was released on 11 April 2008 and was a moderate success at the box office.

Obsessive–compulsive disorder

precipitated by obsessions. It can sometimes be difficult to tell the difference between compulsions and complex tics, and about 10–40% of people with OCD

Obsessive–compulsive disorder (OCD) is a mental disorder in which an individual has intrusive thoughts (an obsession) and feels the need to perform certain routines (compulsions) repeatedly to relieve the distress caused by the obsession, to the extent where it impairs general function.

Obsessions are persistent unwanted thoughts, mental images, or urges that generate feelings of anxiety, disgust, or discomfort. Some common obsessions include fear of contamination, obsession with symmetry, the fear of acting blasphemously, sexual obsessions, and the fear of possibly harming others or themselves. Compulsions are repeated actions or routines that occur in response to obsessions to achieve a relief from anxiety. Common compulsions include excessive hand washing, cleaning, counting, ordering, repeating, avoiding triggers, hoarding, neutralizing, seeking assurance, praying, and checking things. OCD can also manifest exclusively through mental compulsions, such as mental avoidance and excessive rumination. This manifestation is sometimes referred to as primarily obsessional obsessive–compulsive disorder.

Compulsions occur often and typically take up at least one hour per day, impairing one's quality of life. Compulsions cause relief in the moment, but cause obsessions to grow over time due to the repeated reward-seeking behavior of completing the ritual for relief. Many adults with OCD are aware that their compulsions do not make sense, but they still perform them to relieve the distress caused by obsessions. For this reason, thoughts and behaviors in OCD are usually considered egodystonic (inconsistent with one's ideal self-image). In contrast, thoughts and behaviors in obsessive–compulsive personality disorder (OCPD) are usually considered egosyntonic (consistent with one's ideal self-image), helping differentiate between OCPD and OCD.

Although the exact cause of OCD is unknown, several regions of the brain have been implicated in its neuroanatomical model including the anterior cingulate cortex, orbitofrontal cortex, amygdala, and BNST. The presence of a genetic component is evidenced by the increased likelihood for both identical twins to be affected than both fraternal twins. Risk factors include a history of child abuse or other stress-inducing events such as during the postpartum period or after streptococcal infections. Diagnosis is based on clinical presentation and requires ruling out other drug-related or medical causes; rating scales such as the Yale–Brown Obsessive–Compulsive Scale (Y-BOCS) assess severity. Other disorders with similar symptoms include generalized anxiety disorder, major depressive disorder, eating disorders, tic disorders, body-focused repetitive behavior, and obsessive–compulsive personality disorder. Personality disorders are a common comorbidity, with schizotypal and OCPD having poor treatment response. The condition is also associated with a general increase in suicidality. The phrase obsessive–compulsive is sometimes used in an informal manner unrelated to OCD to describe someone as excessively meticulous, perfectionistic, absorbed, or otherwise fixated. However, the actual disorder can vary in presentation and individuals with OCD may not be concerned with cleanliness or symmetry.

OCD is chronic and long-lasting with periods of severe symptoms followed by periods of improvement. Treatment can improve ability to function and quality of life, and is usually reflected by improved Y-BOCS scores. Treatment for OCD may involve psychotherapy, pharmacotherapy such as antidepressants or surgical procedures such as deep brain stimulation or, in extreme cases, psychosurgery. Psychotherapies derived from cognitive behavioral therapy (CBT) models, such as exposure and response prevention, acceptance and commitment therapy, and inference based-therapy, are more effective than non-CBT interventions. Selective serotonin reuptake inhibitors (SSRIs) are more effective when used in excess of the recommended depression dosage; however, higher doses can increase side effect intensity. Commonly used SSRIs include sertraline, fluoxetine, fluvoxamine, paroxetine, citalopram, and escitalopram. Some patients fail to improve after taking the maximum tolerated dose of multiple SSRIs for at least two months; these cases qualify as treatment-resistant and can require second-line treatment such as clomipramine or atypical antipsychotic augmentation. While SSRIs continue to be first-line, recent data for treatment-resistant OCD supports adjunctive use of neuroleptic medications, deep brain stimulation and neurosurgical ablation. There is growing evidence to support the use of deep brain stimulation and repetitive transcranial magnetic stimulation for treatment-resistant OCD.

Developmental language disorder

anxiety. Children who have selective mutism do not speak in certain social situations, such as at school or with peers, but can speak normally in other contexts

Developmental language disorder (DLD) is identified when a child has problems with language development that continue into school age and beyond. The language problems have a significant impact on everyday social interactions or educational progress, and occur in the absence of autism spectrum disorder, intellectual disability, or a known biomedical condition. The most obvious problems are difficulties in using words and sentences to express meanings, but for many children, understanding of language (receptive language) is also a challenge. This may not be evident unless the child is given a formal assessment.

Recent work has moved toward standardising terms for children's language difficulties. In 2017, the CATALISE consortium recommended adopting "developmental language disorder" (DLD) for a subset of language disorder within the broader category of speech, language, and communication needs, with the aim of clearer communication, greater public awareness, and improved access to services. Earlier labels such as "developmental dysphasia" and "developmental aphasia" were discouraged because they suggest parallels with adult, brain-injury related conditions. The North American term "specific language impairment" (SLI) was also judged too narrow, as it focused on language in isolation and did not account for other difficulties that may co-occur.

Phobia

monitor the amount of cortisol in the system and through negative feedback can tell the hypothalamus to stop releasing CRH. Studies on mice engineered to have

A phobia is an anxiety disorder, defined by an irrational, unrealistic, persistent and excessive fear of an object or situation. Phobias typically result in a rapid onset of fear and are usually present for more than six months. Those affected go to great lengths to avoid the situation or object, to a degree greater than the actual danger posed. If the object or situation cannot be avoided, they experience significant distress. Other symptoms can include fainting, which may occur in blood or injury phobia, and panic attacks, often found in agoraphobia and emetophobia. Around 75% of those with phobias have multiple phobias.

Phobias can be divided into specific phobias, social anxiety disorder, and agoraphobia. Specific phobias are further divided to include certain animals, natural environment, blood or injury, and particular situations. The most common are fear of spiders, fear of snakes, and fear of heights. Specific phobias may be caused by a negative experience with the object or situation in early childhood to early adulthood. Social phobia is when a person fears a situation due to worries about others judging them. Agoraphobia is a fear of a situation due to perceived difficulty or inability to escape.

It is recommended that specific phobias be treated with exposure therapy, in which the person is introduced to the situation or object in question until the fear resolves. Medications are not helpful for specific phobias. Social phobia and agoraphobia may be treated with counseling, medications, or a combination of both. Medications used include antidepressants, benzodiazepines, or beta-blockers.

Specific phobias affect about 6–8% of people in the Western world and 2–4% in Asia, Africa, and Latin America in a given year. Social phobia affects about 7% of people in the United States and 0.5–2.5% of people in the rest of the world. Agoraphobia affects about 1.7% of people. Women are affected by phobias about twice as often as men. The typical onset of a phobia is around 10–17, and rates are lower with increasing age. Those with phobias are more likely to attempt suicide.

Attention deficit hyperactivity disorder

risks such as addiction and types of offending behaviour. ADHD can be difficult to tell apart from other conditions. ADHD represents the extreme lower

Attention deficit hyperactivity disorder (ADHD) is a neurodevelopmental disorder characterised by symptoms of inattention, hyperactivity, impulsivity, and emotional dysregulation that are excessive and pervasive, impairing in multiple contexts, and developmentally inappropriate. ADHD symptoms arise from executive dysfunction.

Impairments resulting from deficits in self-regulation such as time management, inhibition, task initiation, and sustained attention can include poor professional performance, relationship difficulties, and numerous health risks, collectively predisposing to a diminished quality of life and a reduction in life expectancy. As a consequence, the disorder costs society hundreds of billions of US dollars each year, worldwide. It is associated with other mental disorders as well as non-psychiatric disorders, which can cause additional impairment.

While ADHD involves a lack of sustained attention to tasks, inhibitory deficits also can lead to difficulty interrupting an already ongoing response pattern, manifesting in the perseveration of actions despite a change in context whereby the individual intends the termination of those actions. This symptom is known colloquially as hyperfocus and is related to risks such as addiction and types of offending behaviour. ADHD can be difficult to tell apart from other conditions. ADHD represents the extreme lower end of the continuous dimensional trait (bell curve) of executive functioning and self-regulation, which is supported by twin, brain imaging and molecular genetic studies.

The precise causes of ADHD are unknown in most individual cases. Meta-analyses have shown that the disorder is primarily genetic with a heritability rate of 70–80%, where risk factors are highly accumulative. The environmental risks are not related to social or familial factors; they exert their effects very early in life, in the prenatal or early postnatal period. However, in rare cases, ADHD can be caused by a single event including traumatic brain injury, exposure to biohazards during pregnancy, or a major genetic mutation. As it is a neurodevelopmental disorder, there is no biologically distinct adult-onset ADHD except for when ADHD occurs after traumatic brain injury.

Rapid eye movement sleep behavior disorder

Postuma RB, Arnulf I (December 2017). "Idiopathic REM sleep behavior disorder and neurodegenerative risk: To tell or not to tell to the patient? How

Rapid eye movement sleep behavior disorder or REM sleep behavior disorder (RBD) is a sleep disorder in which people act out their dreams. It involves abnormal behavior during the sleep phase with rapid eye movement (REM) sleep. The major feature of RBD is loss of muscle atonia (i.e., the loss of paralysis) during otherwise intact REM sleep (during which paralysis is not only normal but necessary). The loss of motor inhibition leads to sleep behaviors ranging from simple limb twitches to more complex integrated movements that can be violent or result in injury to either the individual or their bedmates.

RBD is a very strong predictor of progression to a synucleinopathy (usually Parkinson's disease or dementia with Lewy bodies). Melatonin is useful in the treatment of RBD. RBD was first described in 1986.

Delusional disorder

McDermott, Sarah (22 February 2018), "'The story of a weird world I was warned never to tell'", BBC News. [A related case study.] Munro, A. (1999) Delusional

Delusional disorder is a mental disorder in which a person has delusions, but with no accompanying prominent hallucinations, thought disorder, mood disorder, or significant flattening of affect. Delusions are a specific symptom of psychosis. Delusions can be bizarre or non-bizarre in content; non-bizarre delusions are

fixed false beliefs that involve situations that could occur in real life, such as being harmed or poisoned. Apart from their delusion or delusions, people with delusional disorder may continue to socialize and function in a normal manner and their behavior does not necessarily seem odd. However, the preoccupation with delusional ideas can be disruptive to their overall lives.

For the diagnosis to be made, auditory and visual hallucinations cannot be prominent, though olfactory or tactile hallucinations related to the content of the delusion may be present. The delusions cannot be due to the effects of a drug, medication, or general medical condition, and delusional disorder cannot be diagnosed in an individual previously properly diagnosed with schizophrenia. A person with delusional disorder may be high functioning in daily life. Recent and comprehensive meta-analyses of scientific studies point to an association with a deterioration in aspects of IQ in psychotic patients, in particular perceptual reasoning, although, the between-group differences were small.

According to German psychiatrist Emil Kraepelin, patients with delusional disorder remain coherent, sensible, and reasonable. The Diagnostic and Statistical Manual of Mental Disorders (DSM) defines six subtypes of the disorder: erotomanic (belief that someone is in love with one), grandiose (belief that one is the greatest, strongest, fastest, richest, or most intelligent person ever), jealous (belief that one is being cheated on), persecutory (delusions that one or someone one is close to is being malevolently treated in some way), somatic (belief that one has a disease or medical condition), and mixed, i.e., having features of more than one subtype.

Delusions also occur as symptoms of many other mental disorders, especially the other psychotic disorders.

The DSM-IV and psychologists agree that personal beliefs should be evaluated with great respect to cultural and religious differences, as some cultures have normalized beliefs that may be considered delusional in other cultures.

An earlier, now-obsolete, nosological name for delusional disorder was "paranoia". This should not be confused with the modern definition of paranoia (i.e., persecutory ideation specifically).

Bruxism

any evidence-based clinical recommendations can be made. When bruxism is related to the use of selective serotonin reuptake inhibitors in depression,

Bruxism is excessive teeth grinding or jaw clenching. It is an oral parafunctional activity; i.e., it is unrelated to normal function such as eating or talking. Bruxism is a common behavior; the global prevalence of bruxism (both sleep and awake) is 22.22%. Several symptoms are commonly associated with bruxism, including aching jaw muscles, headaches, hypersensitive teeth, tooth wear, and damage to dental restorations (e.g. crowns and fillings). Symptoms may be minimal, without patient awareness of the condition. If nothing is done, after a while many teeth start wearing down until the whole tooth is gone.

There are two main types of bruxism: one occurs during sleep (nocturnal bruxism) and one during wakefulness (awake bruxism). Dental damage may be similar in both types, but the symptoms of sleep bruxism tend to be worse on waking and improve during the course of the day, and the symptoms of awake bruxism may not be present at all on waking, and then worsen over the day.

The causes of bruxism are not completely understood, but probably involve multiple factors. Awake bruxism is more common in women, whereas men and women are affected in equal proportions by sleep bruxism. Awake bruxism is thought to have different causes from sleep bruxism. Several treatments are in use, although there is little evidence of robust efficacy for any particular treatment.

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