Can I Tell You About Selective Mutism

Catatonia

hunger, or thirst. Akinetic mutism has been associated with structural damage in a variety of brain areas. Akinetic mutism and catatonia may both manifest

Catatonia is a neuropsychiatric syndrome that encompasses both psychiatric and neurological aspects. Psychiatric associations include schizophrenia, autism spectrum disorders, and more. Neurological associations can include encephalitis, systemic lupus erythematosus, and other health problems. Clinical manifestations can include abnormal movements, emotional instability, and impaired speech.

Treatment usually includes two main methods:

· Pharmacological therapy, often using benzodiazepines.

· Electroconvulsive therapy (ECT).

Catatonia used to be seen as a type of schizophrenia. Now, it’s recognized as its own syndrome.

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.

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.

The field of developmental language disorders has evolved significantly in recent years, with a move towards standardizing terminology to address confusion and improve communication. The CATALISE Consortium, composed of experts, endorsed the term "developmental language disorder" in 2017, recognizing it as a subset of language disorder within the broader spectrum of speech, language, and communication needs. This shift aimed to clarify understanding, increase public awareness, and improve access to services for affected children. Previously, various terms like "developmental dysphasia" and "developmental aphasia" were used, causing confusion by implying similarities to adult language problems caused by brain damage. Similarly, "specific language impairment" (SLI), commonly used in North America, was considered too narrow as it only focused on language issues without considering other potential difficulties children may face.

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.

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.

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.

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.

Factitious disorder imposed on another

book in which a fictional version of "Baron Munchausen" tells fantastic and impossible stories about himself, establishing a popular literary archetype of

Factitious disorder imposed on another (FDIA), also known as fabricated or induced illness by carers (FII), medical child abuse and originally named Munchausen syndrome by proxy (MSbP) after Munchausen syndrome, is a mental health disorder in which a caregiver creates the appearance of health problems in another person – typically their child, and sometimes (rarely) when an adult falsely simulates an illness or health issues in another adult partner. This might include altering test samples, injuring a child, falsifying diagnoses, or portraying the appearance of health issues through contrived photographs, videos, and other 'evidence' of the supposed illness. The caregiver or partner then continues to present the person as being sick or injured, convincing others of the condition/s and their own suffering as the caregiver. Permanent injury (both physical and psychological harm) or even death of the victim can occur as a result of the disorder and the caretaker's actions. The behaviour is generally thought to be motivated by the caregiver or partner seeking the sympathy or attention of other people and/or the wider public.

The causes of FDIA are generally unknown, yet it is believed among physicians and mental health professionals that the disorder is associated with the 'caregiver' having experienced traumatic events during childhood (for example, parental neglect, emotional deprivation, psychological abuse, physical abuse, sexual abuse, or severe bullying). The primary motive is believed to be to gain significant attention and sympathy, often with an underlying need to lie and a desire to manipulate others (including health professionals). Financial gain is also a motivating factor in some individuals with the disorder. Generally, risk factors for FDIA commonly include pregnancy related complications and sympathy or attention a mother has received upon giving birth, and/or a mother who was neglected, traumatized, or abused throughout childhood, or who has a diagnosis of (or history of) factitious disorder imposed on self. The victims of those affected by the disorder are considered to have been subjected to a form of trauma, physical abuse, and medical neglect.

Management of FDIA in the affected 'caregiver' may require removing the affected child and putting the child into the custody of other family members or into foster care. It is not known how effective psychotherapy is for FDIA, yet it is assumed that it is likely to be highly effective for those who are able to admit they have a problem and who are willing to engage in treatment. However, psychotherapy is unlikely to be effective for an individual who lacks awareness, is incapable of recognizing their illness, or refuses to undertake treatment. The prevalence of FDIA is unknown, but it appears to be relatively rare, and its prevalence is generally higher among women. More than 90% of cases of FDIA involve a person's mother. The prognosis for the caregiver is poor. However, there is a burgeoning literature on possible courses of effective therapy. The condition was first named as "Munchausen syndrome by proxy" in 1977 by British pediatrician Roy Meadow. Some aspects of FDIA may represent criminal behavior.

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