

Psychiatry and Pedopsychiatry

Ladislav Hosák
Michal Hrdlička
et al.

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Reviewed by:
prof. MUDr. Eva Češková, CSc.
prof. MUDr. Tomáš Kašpárek, Ph.D.

Published by Charles University, Karolinum Press
Edited by Jana Jindrová
Cover and layout by Zdeněk Ziegler
Typeset by Karolinum Press
First edition

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ISBN 978-80-246-3378-7
ISBN 978-80-246-3392-3 (pdf)



Charles University
Karolinum Press 2017

www.karolinum.cz
ebooks@karolinum.cz

Editors:

prof. MUDr. Ladislav Hosák, Ph.D.

prof. MUDr. Michal Hrdlička, CSc.

Authors:

MUDr. Richard Barteček, Ph.D. – Department of Psychiatry, Faculty of Medicine, Masaryk University, Brno

Mgr. Jan Bažant – Department of Clinical Psychology, Pardubice Regional Hospital

MUDr. Věra Bažantová – Department of Psychiatry, Charles University, School of Medicine in Hradec Králové and University Hospital Hradec Králové

MUDr. Štěpánka Beranová – Department of Child Psychiatry, Charles University, Second Faculty of Medicine and University Hospital Motol, Prague

MUDr. Jitka Bušková, Ph.D. – National Institute of Mental Health, Klecany

doc. MUDr. Iva Dudová, Ph.D. – Department of Child Psychiatry, Charles University, Second Faculty of Medicine and University Hospital Motol, Prague

MUDr. Anna Hanušová – Department of Psychiatry, Charles University, School of Medicine in Hradec Králové and University Hospital Hradec Králové

MUDr. Martin Hollý, MBA – Psychiatric Hospital Bohnice, Prague

prof. MUDr. Ladislav Hosák, Ph.D. – Department of Psychiatry, Charles University, School of Medicine in Hradec Králové and University Hospital Hradec Králové

prof. MUDr. Michal Hrdlička, CSc. – Department of Child Psychiatry, Charles University, Second Faculty of Medicine and University Hospital Motol, Prague

MUDr. Jela Hrnčiarová – Department of Psychiatry, Charles University, School of Medicine in Hradec Králové and University Hospital Hradec Králové

MUDr. Petr Hruběš – Department of Psychiatry, Charles University, School of Medicine in Hradec Králové and University Hospital Hradec Králové

Mgr. Veronika Hublová – Department of Psychiatry, Masaryk University and University Hospital Brno

PhDr. Lukáš Humpl – Department of Neurology and Psychiatry, Faculty of Medicine, University of Ostrava; Medical Rescue Service of the North Moravian Region, Ostrava

MUDr. Martin Hýža – Department of Psychiatry, University Hospital Ostrava; Department of Neurology and Psychiatry, Faculty of Medicine, University of Ostrava

MUDr. Jiří Konrád – Psychiatric Hospital Havlíčkův Brod

MUDr. Richard Köhler – Department of Psychiatry, Charles University, School of Medicine in Hradec Králové and University Hospital Hradec Králové

prof. MUDr. Jan Libiger, CSc. – Department of Psychiatry, Charles University, School of Medicine in Hradec Králové and University Hospital Hradec Králové

doc. MUDr. Jiří Masopust, Ph.D. – Department of Psychiatry, Charles University, School of Medicine in Hradec Králové and University Hospital Hradec Králové

Mgr. Jiří Michalec – Department of Neurology and Psychiatry, Faculty of Medicine, University of Ostrava; Department of Psychiatry, First Faculty of Medicine, Charles University and General University Hospital in Prague

MUDr. Petr Mílek – Department of Psychiatry, Charles University, School of Medicine in Hradec Králové and University Hospital Hradec Králové

prof. MUDr. Hana Papežová, CSc. – Department of Psychiatry, Charles University, First Faculty of Medicine and General University Hospital in Prague

MUDr. Ondřej Pěč, Ph.D. – First Faculty of Medicine, Charles University; Psychotherapeutic and Psychosomatic Clinic ESET, Prague

MUDr. Birgita Slováčková, Ph.D. – Department of Psychiatry, Charles University, School of Medicine in Hradec Králové and University Hospital Hradec Králové

Mgr. Zuzana Svobodová – Department of Psychiatry, University Hospital Ostrava, and Ambulance of Clinical Psychology and Psychotherapy, Ostrava

MUDr. Tereza Szymanská – Department of Psychiatry, Charles University, School of Medicine in Hradec Králové and University Hospital Hradec Králové

MUDr. Petr Šilhán, Ph.D. – Department of Psychiatry, University Hospital Ostrava; Department of Neurology and Psychiatry, Faculty of Medicine, University of Ostrava

MUDr. Jiří Švarc, Ph.D. – Department of Forensic Psychiatry, Psychiatric Hospital Bohnice, Prague

MUDr. Pavel Theiner, Ph.D. – Department of Psychiatry, Masaryk University and University Hospital Brno

MUDr. Ivan Tůma, CSc. – Department of Psychiatry, Charles University, School of Medicine in Hradec Králové and University Hospital Hradec Králové

MUDr. Bc. Libor Ustohal, Ph.D. – Department of Psychiatry, Masaryk University and University Hospital Brno; Central European Institute of Technology, Masaryk University

doc. MUDr. Martin Vališ, Ph.D. – Department of Neurology, Charles University, School of Medicine in Hradec Králové and University Hospital Hradec Králové

Mgr. Barbora Valková – Department of Psychiatry, Masaryk University and University Hospital Brno

doc. MUDr. Jaroslav Zvěřina, CSc. – Institute of Sexology, Charles University, First School of Medicine and General University Hospital in Prague

MUDr. Irena Žirková – Department of Psychiatry, Charles University, School of Medicine in Hradec Králové and University Hospital Hradec Králové

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Introduction

This English-language textbook presents basic knowledge in the field of psychiatry from the Czech perspective to international students of medicine. The reader may ask: “Why another English psychiatry textbook? Is the number of English textbooks in psychiatry already available on the market insufficient?” We believe that an English textbook of Czech psychiatry is necessary. There are many reasons; Czech psychiatry differs from British or American in many respects, including philosophy, social culture, history, (sometimes) terminology, tradition, organization of services, economics, diagnostics (compared to the American DSM-5 system), the range of psychotropic drugs approved for the local market, genetics and pharmacogenetics of the patients, the use of psychotherapy, social aspects of mental disorders, medical law, and ethics. It is difficult to teach Oxford or New York psychiatry while practicing Czech psychiatry at the same time. Our textbook strives to eliminate this schism Czech teachers of psychiatry who educate international students face. We tried to include a variety of topics in the book; including history, organization of services, examination of psychiatric patients and communication with them, the biological aspects of mental disorders and their treatment, psychotherapy, re-socialization, mental symptoms of somatic diseases, ethics, law, stigma, transcultural psychiatry, and other interesting topics.

This book is based on the Czech textbook, *Psychiatrie a pedopsychiatrie* (Psychiatry and Pedopsychiatry), written by the same scholars and published by Karolinum Press in 2015. Some scholars translated their texts into English by themselves, while others entrusted Professor Hosák with the translation. Professor Hosák also checked the whole text, including language editing. The language of the book was further edited by the Karolinum Press staff in the early 2016 and it was decided that some of the chapters needed further language editing. This was carried out by two Czech doctors and psychologists, Štěpánka Beranová and Veronika Hublová, as well as Xavier Fung, a student of medicine in Hradec Králové, who is a native speaker of English, and Matthew Shane Renfro, BA, a teacher of medical English at the Language Institute of the Medical Faculty in Hradec Králové. In some cases, the language changes led to minor changes of the original content of chapters, be it for linguistic reasons or to include new information in psychiatry.

The authors hope you will enjoy your study.

Ladislav Hosák

1. A Short History of Psychiatry*

Jan Libiger

Ancient times

Caring for and treating mentally ill people has been a part of medicine since its beginning in ancient civilizations. In the Old Testament, the gloominess of the Israeli king Saul is mentioned. This state of mind was explained as possession by an evil spirit and treated by listening to David playing the harp.

In early stages of medicine, the physician was a mediator between the patient and natural (as well as supernatural) forces, which at that time were thought responsible for causing or curing disease. Medicine was based on a tradition in which the roles of a priest and a therapist were intermingled. Physicians in the ancient times not only treated but also exorcized patients. They brought sacrifices to the Gods and performed magical rituals to influence the forces which had evoked the disease. They also used herbal potions, various ointments, rehabilitation exercises, a corrective life regimen, and music. Their practice was based on a therapeutic relationship which included the patient's expectations (placebo effect) and experience with time-tested procedures. This practice continued till the beginning of medical experiments and evidence-based medicine many centuries later.

In ancient Greece, the God Asclepion was believed to be responsible for treating diseases. The patron of hygiene, Hygeia, was one of Asclepion's daughters. She and Asclepion were patrons of shrines called "Asclepions". Asclepions were sanctuaries and medical facilities similar to our modern day spas. They served to support both physical and mental health. The patient was exposed to a mixture of psychotherapy and a cleric's care. The foundation of natural, scientific medicine probably originated in the asclepions. Hippocrates (about 460–370 BC) established and promoted a medical school on the Island of Kos which was based on the natural sciences. He taught that diseases have physical origins. The teachings of Hippocrates became the basis for ancient, as well as Arabic and European medieval medicine. The ethical principles of the ancients, such as the Hippocratic Oath, are still followed to this day. According to Hippocrates, internal diseases were the result of an imbalance in the basic bodily fluids

* Adapted and translated by Ladislav Hosák.

(humors) – blood, phlegm, yellow bile and black bile. In later history, the Roman scholar and physician Claudius Galen (126–216 AD), who came from the Asia Minor city of Pergamon, significantly influenced the practice of medicine. He formulated the human typology of characters (sanguine, choleric, phlegmatic, and melancholic) based on the humoral theory of Hippocrates. Ancient medicine was able to describe and treat several mental disorders but did not distinguish their nature from somatic diseases. The ancient diagnostic terms “melancholy”, “hysteria”, “mania” and “paranoia” have survived up to the present even if their clinical meaning has undergone change. “Melancholy” denotes a clinical state with inertia of body and mind, sadness, loss of interest, lack of drive and joy, and persistent constipation. In ancient medicine, the cause of melancholy was thought to be black bile overflowing throughout the body, including the brain. Ancient herbalists used the plant *Helleborus niger* (Christmas Rose) to remove symptoms of melancholy. It would irritate the gastric and intestinal mucous membranes after ingestion, inducing diarrhea with melena. Ancient physicians thought that the black bile together with stools were being expelled from the body in this way. At the same time, somatic symptoms of melancholy subsided, depression and constipation disappeared. The toxic plant activated the patient’s behavior. Later on however, in the Middle Ages, melancholy was considered a state of sinful indifference to religion and salvation. In modern usage, the term “melancholy” denotes a serious state of depression with psychomotor inhibition, depressive thoughts, and the risk of suicide. In a similar way, hysteria was regarded by the ancients as a clinical state due to the uterus freely moving through a woman’s body. Today, hysteria is a non-professional term, usually denoting uncontrolled emotions.

Two different views on mental disorders can already be found in ancient medicine: one saw them as the result of disturbed relationships among people, Gods, or supernatural forces, the other sought a rational explanation based on physical causes like brain trauma or an imbalance of body fluid. This contradiction has been present more or less until the modern era.

The Middle Ages and Renaissance

In the Middle Ages, the natural scientific attitude to mental disorders was largely replaced with a religious interpretation. The church dominated education and medicine after the break-up of the Roman Empire. Melancholy was regarded as a sinful sloth (*taedium vitae*), and was treated by hard physical work. The tradition of medicine developed by ancient Greek and Roman physicians was further developed in the expanding Arabic world by scholars of different religions. They practiced empirical diagnostics and treatment.

A department of psychiatry was established in Baghdad in the year 705. Somewhere around the year 800, mental hospitals (*bimaristan*) were located in Baghdad as well as Damascus and Cairo. Arabic, Jewish and Christian physicians worked in these facilities. Clinical medicine, together with medical science, was carried out in hospitals throughout the Arab world, including the Iberian Peninsula. Great Arabic physicians

such as Avicenna (Tadjic Ibn Sin, 11th century) or Averroes (Ibn Rushd from Cordoba, 12th century) based their skills on the ancient medicine practiced by Hippocrates, Celsus and Galen. Mental disorders at this time underwent comprehensive classification and knowledge of them expanded. Arabic scholars studied the human brain, including its nerves and vessels. They learned that brain ventricles enlarge when the patient's personality deteriorates. Medicine started to be taught in Europe at universities with international faculties in the 11th century. Such schools were located, for example, in Salerno (Italy), Montpellier (France), Bologna (Italy) or Paris (France). Charity shelters for ill people were established near monasteries in the Christian world. Care for the sick was provided by an authorized monk (infirmarius). The church supported demonological and moral explanations of mental disorders. In Christian Europe, care of mentally ill people was a mixture of prejudices, superstitions and remnants of ancient Roman medicine. Mental disorders were often considered sins or possessions by evil forces. On the other hand, their association with real-life events and regimen was also observed. Physical restraint was applied for restless and strange behavior. Punishment and exorcism were also used in treatment. Disorders of behavior and conflicts with social norms were explained as a consequence of possession and intercourse with the devil. The fate of mentally ill people varied. The foundations for the diagnostics of witchcraft were laid in the late Middle Ages. The book "Malleus maleficarum" ("Hammer of witches") by Dominican monks H. Institoris and J. Sprenger (published in 1487) became a handbook of diagnostics and treatment for associations with the devil. Identifying possessed individuals who were commanded by the devil was the mission of the religious inquisition and was supported by respected lawyers. After a religious trial, sentencing to death (by burning) followed as an act of secular power. "Witch hunts" escalated in Europe in the 16th century. Some prominent physicians at that time, for example the Dutch scholar Johannes Weyer or the author of clinically accurate descriptions of mental disorders Professor Felix Platter from Basel, supported the medicinal attitude to mental disorders and doubted the demonological model. Humanistic thinkers like Professor Juan Louis Vives from Leuven advocated an individual attitude to mentally ill people and a good doctor-patient relationship.

Not all mentally ill subjects became victims of inquisition or the demonological model of mental disorders. Their fate was significantly influenced by the interest, both personal and financial, of their relatives. Mentally ill people without money, fortune, or the support of family necessary for their protection, drifted around medieval Europe, dependent on luck. The Church, mostly monasteries but also cathedrals and churches, offered charity asylums for the mentally ill. The model of care in Geel, Belgium, under the patronage of the clergymen of St. Dymfna in the 13th century, was well known. It represented a combination of community care and a long-term night sanatorium. Mentally ill people spent the night in this facility and were included in the families of citizens during the day. They were also involved in the local workforce. This system persisted for centuries, and was a good alternative to the social exclusion

of mentally disordered subjects. Many other cities placed mentally ill people together with beggars, vagrants and minor offenders in municipal facilities. These facilities restricted unwanted individuals but also offered them survival and supervision at the same time. In many places, the supervisors were cruel and behaved brutally. Patients deemed particularly odd or unusual were publicly exhibited for money in some cases. Some medieval charitable church asylums persisted for centuries. The famous Institute of Psychiatry at the King's College in London was associated with the hospital of St. Mary's Order, founded in the 13th century.

At the beginning of the Enlightenment, "madness" was divided into melancholy, mania and dementia according to the classification of William Cullen from Scotland. The patients were treated with medicinal as well as repressive procedures, e.g., physical restraint, handcuffs, pedagogical punishments, controlled bleeding, enema, diet, purification using mercury preparations, and sometimes prayers.

Psychiatry in the 19th and 20th centuries

The term "psychiatry", to denote a field of medicine, was first used by the German physician Johan Christian Reil in 1808.

The French revolution was a turning point in the care of mentally ill people. It was associated with the French physician Philip Pinel, who became responsible for managing the Paris hospitals Bicetre (1792) and Salpêtrière (1795). Pinel thought that physical restraint, handcuffs and a lack of freedom can only be a source of restlessness and aggressiveness in subjects with mental disorders. History books put it briefly: "Pinel liberated mentally ill people from bonds". Unrest and violence significantly decreased in the institutions directed by him. This attitude has sometimes been labeled a "revolution in psychiatry". The trend of modern psychiatry towards efficient treatment starts with eliminating the sense of oppression that patients might feel. "No restraint" was a slogan in institutions based on treatment involving a moral attitude ("treatment moral"). The principle was to influence the patient in a positive way by reinforcing his or her moral qualities. Mentally ill people should find an environment protecting them from the disorder and injustices of society in asylums. On the other hand, society should also be kept safe from the strangeness of asylum inmates. The asylum model of care for mentally ill people was one of repression associated with cultivation morality and understanding. This model was represented by famous psychiatrists of the high Enlightenment such as William Tuke (the founder of the Quakers' asylum "Retreat" in York, England), Vincenzo Chiarugi (Florence, Italy) or Pinel's follower Jean E. Dominik Esquirol, who eventually went on to become the director of a large asylum for mentally ill people in Charenton and supported a medical attitude to mental disorders. In the U.S., the physician Benjamin Rush, who was also a co-author of the U.S. Constitution, contributed to the termination of restraints, handcuffs and punishments in facilities for insane persons. Large psychiatric asylums were established around Europe in the 19th century. However, the care in these institutions did not lead to successful treatment and the eventual return of the chronic