Disturbance of Consciousness in psychic disorders

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By

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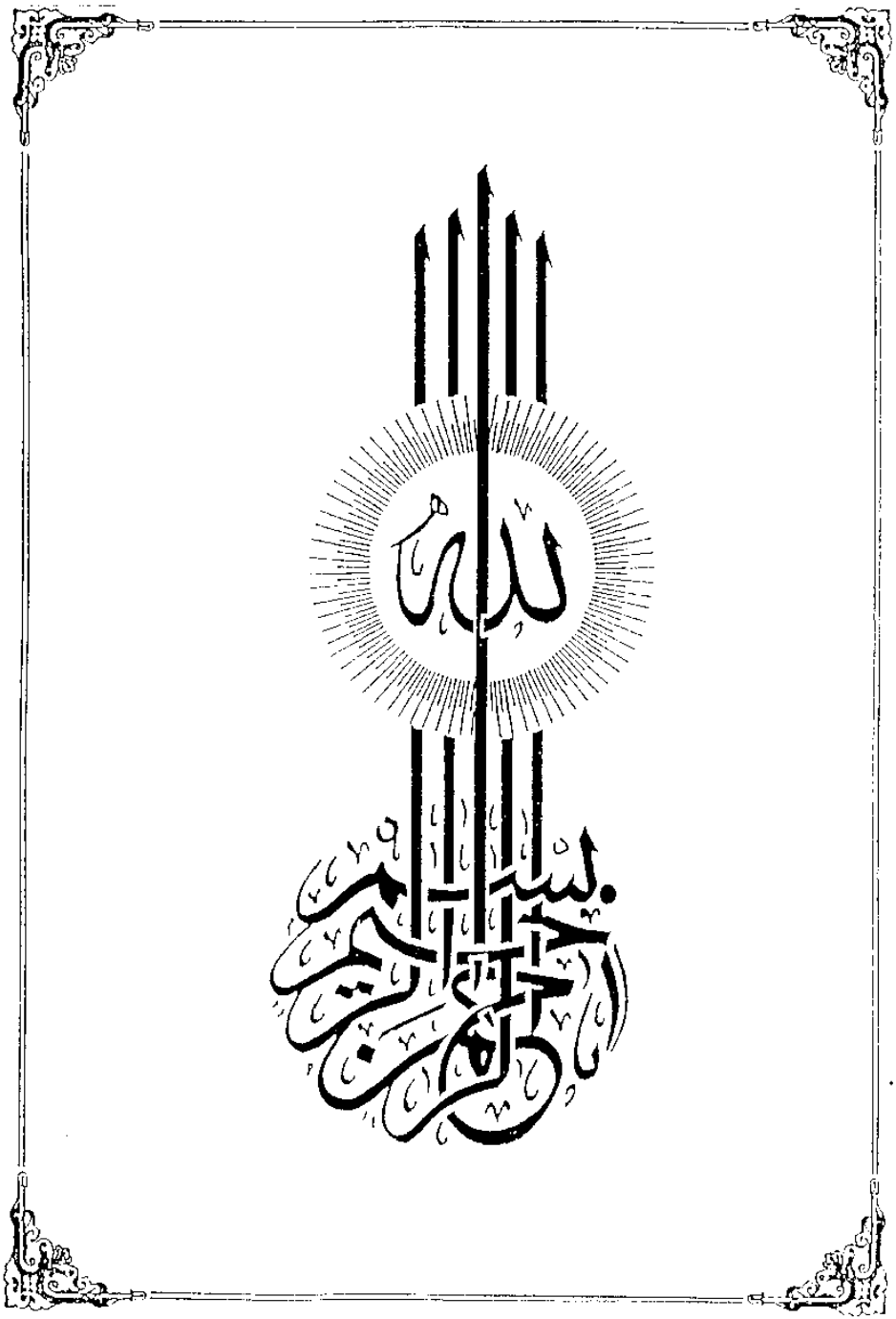
« بِسْمِ ٱللهِ ٱلرَّحْمَنِ الرَّحِيمِ »

" وَجَاءَتْ سَكْرَةُ ٱلْمَوْتِ بِالْحَقِّ ذَٰلِكَ مَا كُنتَ مِنْهُ تَحِيدُ (١٩) وَنُفِخَ فِي ٱلصُّورِ ذَٰلِكَ يَوْمُ ٱلْوَعِيدِ (٢٠) وَجَاءَتْ كُلُّ نَفْسٍ مَّعَهَا سَائِقٌ وَشَهِيدٌ (٢١) لَّقَدْ كُنتَ فِي غَفْلَةٍ مِّنْ هَٰذَا فَكَشَفْنَا عَنكَ غِطَاءَكَ فَبَصَرُكَ ٱلْيَوْمَ حَدِيدٌ (٢٢)

صَدَقَ ٱللهُ العظيمُ

(سُورَةُ ق)



الإهداء ....

إلى الضمير المستتر
فى عالمنا هذا

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INTRODUCTION

Introduction

" This review aims to discuss the evaluation of altered consciousness in psychiatric disorders.

Such evaluation is essential to explore the nature, pathogenesis, and etiology of the altered consciousness and accordingly direct the treatment plan. "

Willis and Grossman (1973) distinguished two types of disturbance of consciousness :

a) quantitative disturbance : depressed consciousness.

b) qualitative disturbance : altered consciousness.

The major types in each are shown in the following table :

Spectrum of depressed Cons.	Altered Consciousness
Normal Consciousness Lethargy Stupor Coma (Wills & Grossman 1973)	- Sleep - Hypnotic states - Delirium - Fugues - Twilight states. - Psychogenic stupor . - Oneiroid states.

- The methodology of assessment in clinical neurology focus on the quantitative, while the psychiatric assessment is mainly concerned about the qualitative changes of consciousness.

- Unfortunately enough the qualitative assessment shows many defects and faces many problems :

I . There is no one standard system for assessment as shown from the following three examples :

1 - In Mayer-Gross clinical psychiatry (Slater and Roth, 1979) :

there is no sperate entity for consciousness but there are items for orientation, memory and attention.

2 - In the Comprehensive Textbook of Psychiatry (1981) :

disturbance of consciousness is classified like this :

a - Disturbance of consciousness :

- Confusion.

- Clouding.

- Stupor.

- Delirium

- Coma

- Coma vigil.

- Dreamy (Twilight) states.

b - Disturbance of attention : - Distractability - Selective inattention.

c- Disturbance of suggestibility : - Folie a deux - Hypnosis.

3 - In Clinical Psychopathology of Frank Fish (1978), changes of consciousness are classified into three types :

a - Dream like changes : acute delirium and subdelirious states.

b - lowering of consciousness : in sever infection and following cerebrovascular accidents.

c - Restriction of consciousness : twilight states and fugues.

These three examples reflect the lack for clearcut principles fit to build a standard system of evaluation.

II . Some terms have vague and sometimes overlapping usage e.g. sensorium, clouding, confusion and dreamy states.

1- Sensorium : this term is used as synonym to consciousness and also defined as state of functioning of special sense (Kaplan and Sadock, 1981) .

2 - Clouding is referred to by Kaplan and Sadok (1981) and Gelfand (1982) as incomplete clear mindedness while Slater and Roth (1979) consider it to vary from the mildest diminution of functional capacity to the blanking out of consciousness in coma.

3 - Confusion : Kaplan and Sadok (1981) define it as disturbance of orientation as to time, place, or person. On the other hand Henry Ey (1987) consider confusion to be that deep degree of unconsciousness in which consciousness has lost the possibility of opening itself to the world. In 1984 Simpson has sent a questionnaire to 274 doctors and nurses to discover the respondant's definition of confusion. The results showed a marked disturbance in health workers understanding of this term, and it is suggested that it should only be used if it is clearly defined.

4 - Dreamy state : kaplan and Sadok (1981) used this term for twilight states, while Frank Fish (1987) used it for delirious and subdelirious states and described fuges and twilight states under restriction of consciousness.

III . The available systems of evaluation do not cover the all spectrum of altered states specifically those of psychotic origin i.e. depersonalization, oneiroid states, and clouding of consciousness in a small group ofatypical shizophrenic psychoses. (Slater and Roth, 1979 and Lehman, 1981) .

IV . The present systems of assessment are limited to the descriptive domain, whereas the multiaxial model is useful for promoting the various purposes of psychiatric diagnosis including the organizaion of clinical information, communication, predection of course and outcome and etiological and theoretical elucidation. (Mezzich, 1982).

The previous four problems could be rooted to two basic defects the first is related to the concepts of consciousness and the second is related to the pathogenesis of altered states :

I The problem of concept :

- Consciousness is a state or faculty which almost defies definition. (Smith and Thier, 1981)

- The scientific study of consciousness is difficult. By most people's standards science can not begin untill the subject to be investigated has a definition, written down and generally agreed, "Consciousness" has no such definition. (Webb, 1983)

Here Webb put us on the first step of standard investigation of consciousness i.e. definition :

1 - It is defined as the matrix or background where other mental activities take place. (Jasper, 1963, Willis and Grossman, 1973 and Rakhawy, 1979)

2 - It is defined as the whole state of the individual. (Rakhawy, 1988 and Henri Ey, 1978)

3 - It is defined as the state of awareness of the self and the environment. (Fish, 1978 and Smith and Thier, 1981).

4 - It is defined as the experience which is lost during coma or dreamless sleep. (Sperry, 1976)

5 - Some authors avoid to define consciousness for example :

a - Roth and Slater did not give a definition in Mayer-Gross Textbook

of Clinical Psychiatry. (1979)

b - Ken willber (1985) published his book"spectrum of consciousness" without giving definition to the consciousness all through the book .

II . The problem of pathogenesis of altered states :

Till now the evaluation of altered states could not be built on basis of the difference in the pathogenic mechanisms of each state, that is because of the lack of information or knowledge of such pathogenesis for example :

1 - Nemiah (1981) mentioned that the information currently available concerning neurophysiological basis of dissociative symptoms is not sufficiently detailed to provid clinically useful concepts and explainations.

2 - The term "depersonalization" has been used to designate a syndrome whose composition has varied with the theoretical components of different authors. There is only one aspect on which there is agreement, namely that depersonalization is a sign the something has gone wrong with an individual's subjective experience. (F. Krample Taylor, 1982) .

3 - Clouding of consciousness in a small group of a typical schizophrenic patients have buzzled many observers. (Slater and Roth, 1979).

"To conclude : to evaluate disturbance of consciousness in psychiatric disorders we face the problems of absence of standard method for classification, vagueness of termenology and shortage of the spectrum to the descriptive domain.

These problems reflects the confusion of the concept of consciousness and the deficiency of knowldge of pathogenesis of altered states."

Accordingly to achieve the aim of this review to discuss the methodology of evaluation of altered consciousness in psychiatric disorders we have to go

through the following three steps :

1 - To revise the concept of consciousness.

2 - To revise altered states as regard clinical presentation and pathogenic mechanisms.

3 - To revise the method of evaluation in itself and in its relation to the previous two points.

CHAPTER ONE

The concept of Consciousness