• **Addiction**: Dependence on a chemical substance to the extent that a physiological and/or psychological need is established. Withdrawal symptoms are manifested when the substance is removed. Symptoms may include tolerance, withdrawal, and preoccupation with obtaining and using the substance. Narcotics, alcohol, and most sedative drugs may produce addiction. Addictive disorders are not diagnosed when withdrawal results from medication taken as prescribed.

• **Affect**: External expression of emotional responsiveness. Affect refers to fluctuating emotional changes, in contrast to more sustained emotion (see Mood). Some types of affect are: within normal range, constricted, blunted, flat, inappropriate, or labile.

• **Agoraphobia**: Anxiety about being in places in which escape might be difficult or embarrassing should a panic attack occur. Fears typically relate to leaving one’s home, being in a crowd, or traveling by car or plane. Agoraphobia usually occurs as part of panic disorder.

• **Alzheimer’s Disease**: A degenerative organic mental disease with diffuse brain deterioration and dementia. It is the most common form of dementia, characterized by gradual onset and continuing decline of memory and other cognitive functions.

• **Anxiolytic**: A drug having an antianxiety effect and used widely to relieve emotional tension. The most commonly used antianxiety drugs are the benzodiazepines.

• **Comorbidity**: The simultaneous appearance of two or more illnesses, such as the co-occurrence of schizophrenia and substance abuse or of alcohol dependence and depression.

• **Compulsion**: Repetitive, ritualistic behavior such as handwashing that aims to prevent or reduce stress. The person feels driven to perform such actions, though the behaviors are recognized to be excessive or unreasonable.

• **Delusion**: A false belief firmly held despite obvious proof or evidence to the contrary. In addition, the belief is not one ordinarily accepted by other members of the person’s culture or subculture.

• **Delirium**: An acute cognitive disorder characterized by impairment in consciousness, attention, and changes in cognition.

• **Dementia**: A cognitive disorder characterized by defective memory, language, motor activity, and ability to recognize objects, and problems with abstract thinking and planning. (see Neurocognitive Disorders on Clinical Disorders handout)

• **Dependence (Substance)**: Habituation to, abuse of, and/or addiction to a chemical substance. Largely because of psychological craving, the life of the drug-dependent person revolves around the need for the special effect of one or more chemical agents on mood or state of consciousness. Dependence includes not only the addiction (which emphasizes physiological dependence), but also drug abuse (where the pathologic craving for drugs seems unrelated to physical dependence). Examples: alcohol, opiates, barbiturates, other hypnotics, sedatives and some antianxiety agents, cocaine, marijuana.

• **Depersonalization/derealization**: Feelings of unreality or strangeness concerning either the environment, the self, or both.

• **Diagnosis**: The process of determining, through examination and analysis, the nature of a patient’s illness. The purpose of diagnosis is to identify mental disorders and psychological responses to physical illness, and to identify the patient’s personality features and characteristic coping techniques in order to recommend the therapeutic intervention most appropriate for the patient’s needs.

• **Disorientation**: Loss of awareness of the position of the self in relation to space, time, or other persons; confusion.
• **Dissociation**: The splitting off of clusters of mental content from conscious awareness, often the result of psychic trauma.

• **Distractibility**: Inability to maintain attention; shifting from one area or topic to another with minimal provocation. Distractibility may be a manifestation of an underlying medical disease, medication side effect, or a mental disorder such as an anxiety disorder, mania, or schizophrenia.

• **Dual Diagnosis**: In mental health settings this term refers to the dual diagnosis of mental illness with substance abuse of alcohol and/or drugs. **Comorbidity** is the preferred term.

• **Dysthymia**: Dysthymia is conceptualized as a chronic disorder, not an episodic disorder with extended asymptomatic periods. (see **Persistent Depressive Disorder** on Clinical Disorders handout)

• **Flight of Ideas**: A nearly continuous flow of accelerated speech with abrupt changes from topic to topic that are usually based on understandable associations, distracting stimuli, or plays on words. When severe, speech may be disorganized and incoherent. Sometimes seen in bipolar disorder.

• **Grandiosity**: Exaggerated belief or claims of one’s importance or identity, often manifested by delusions of great wealth, power, or fame.

• **Hallucination**: A sensory perception that has the compelling sense of reality of a true perception but that occurs in the absence of an external stimulus and is not under voluntary control. May occur in any of the senses — e.g., auditory, gustatory, olfactory, somatic, tactile, visual.

• **Identity**: The sense of self and unity of personality over time; one element of identity is gender identity.

• **Intoxication (Substance)**: The acute effects of overdosage with chemical substances that cause maladaptive behavior because of their effects on the central nervous system.

• **Loosening of Associations**: A disturbance of thinking in which ideas shift from one subject to another in an unrelated manner. The speaker is unaware of the disturbance. When loosening of associations is severe, speech may be incoherent. Contrast with flight of ideas.

• **Magical Thinking**: The erroneous belief that one’s thoughts, words, or actions will cause or prevent a specific outcome in some way that defies commonly understood laws of cause and effect. A conviction that equates thinking with doing.

• **Malingering**: Deliberate simulation or exaggeration of an illness or disability in order to avoid an unpleasant situation or to obtain some type of personal gain.

• **Manic Episode**: A period of mood disturbance characterized by excessive elation, hyperactivity, agitation, and accelerated thinking and speaking. It is sometimes manifested as flight of ideas, or involvement in pleasurable activities with high potential for painful consequences (e.g., buying sprees, sexual indiscretions). Mania is seen in mood disorders and in certain toxic and drug-induced states.

• **Mental Disorder (Mental Illness)**: A persistent mental state that leads to significant distress or disability. An illness with biological, psychological, and sociological components, and characterized by symptoms and/or impairment in functioning.

• **MICA**: A formerly used term referring to “mentally ill chemical abuser.” (See **Dual Diagnosis**)

• **Mood**: A pervasive and sustained emotion that, in the extreme, markedly colors one’s perception of the world. Common examples of mood include depression, elation, anger, and anxiety.

• **Neuroleptic**: A term used for older conventional antipsychotics such as chlorpromazine, which caused notable psychomotor side effects. The newer atypical antipsychotic drugs are less likely to cause these side effects, and neuroleptic is no longer synonymous with the term antipsychotic.

*Continued*
• **Obsession:** A persistent, unwanted idea or impulse that cannot be expunged by logic or reasoning.

• **Panic Attack:** Discrete periods of sudden onset of intense apprehension, fearfulness, or terror often associated with feelings of impending doom, fear of going crazy or losing control, and physical symptoms such as shortness of breath, palpitations or accelerated heart rate, chest pain or discomfort, and choking. The symptoms reach a crescendo within 10 minutes.

• **Paranoid Ideation:** Ideation, of less than delusional proportions, involving suspiciousness or the belief that one is being harassed, persecuted, or unfairly treated.

• **Phobia:** A persistent, irrational fear of a specific object, activity, or situation that results in a compelling desire to avoid it. This exposure almost invariably provokes an immediate anxiety response or panic attack even though the fear is recognized as obsessive or unreasonable.

• **Psychiatric Disorder:** See Mental Disorder.

• **Psychotic:** A term that describes the inability to distinguish reality from fantasy, as well as impaired reality testing, with creation of a new reality. (see Schizophrenia Spectrum and Other Psychotic Disorders on Clinical Disorders handout)

• **Psychotropic:** A term to describe drugs or a drug used to alter abnormal thinking, feelings, or behavior; traditionally divided into classes of antipsychotic, antidepressant, mood stabilizers, and antianxiety (anxiolytic) drugs.

• **Remission:** Abatement of an illness (decrease in amount, intensity, or degree). Active symptoms of an illness are in “remission.”

• **Somatization:** The tendency to experience and report numerous somatic symptoms, associated with emotional disturbance and/or excessive treatment seeking for physical symptoms.

• **Substance Abuse:** Impairment in functioning resulting from a pathological and “compulsive” use of a chemical substance such as alcohol or drugs. Largely because of psychological craving, the life of the substance abusing person can revolve around the need for the specific effect of the “abusing substance.”

• **Syndrome:** A configuration of signs and symptoms that occur together and suggest a common underlying pathogenesis, course, familial pattern, or treatment solution.

• **Tic:** An intermittent, involuntary, spasmodic movement of a group of muscles, often without a demonstrable external stimulus. A tic may be an expression of an emotional conflict, the result of a neurologic disorder, or an effect of a drug.

• **Tolerance (Substance):** The need for markedly increased amounts of a substance to achieve the desired effect that results from repeated use of a drug. People vary widely in the amount of substance they can tolerate independent of their experience with the substance; alcohol tolerance is an example.

• **Withdrawal:** The constellation of symptoms that occurs when blood or tissue concentrations of a substance decline in individuals with previous prolonged or heavy use of the substance.

SEE ALSO: Handout on Brief Definitions of Clinical Disorders as Defined by DSM-5.

SOURCES:


For additional information: Patricia E. Doyle, RDH, BS, FADPD; email: pedoyle@washington.edu

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