



PsychU^{sim}

Disease State Education Simulator

PsychU^{sim} is a disease state education simulator accessible through PsychU.org

- Educational features are designed to be easily accessed and understood
- Rigorous scientific data underscores a wide range of topics within one platform

Provides a holistic prognostic view of three psychiatric disorders:

1. Major depressive disorder
2. Bipolar disorder
3. Schizophrenia

*It is an **interactive** experience, showcasing a scientific and holistic view of the nuanced illness progression within various psychiatric disorders.*



Featured

Monthly Spotlight

Psychopharmacology

Learning Tracks

Community Voices

Community Insights

Innovative Program Profiles

Disease Management & Support Tools

Frameworks In Health & Quality

Mental Health System Guidebooks

Mental Health Treatment Best Practices

Patient & Caregiver Resource Center

Psychiatric Scales

PsychUsim

Community Corners

Primary Care Provider Corner

Residents Corner

Pharmacist Corner

Nurses Corner

PSYCHU^{sim}

DISEASE STATE EDUCATION SIMULATOR

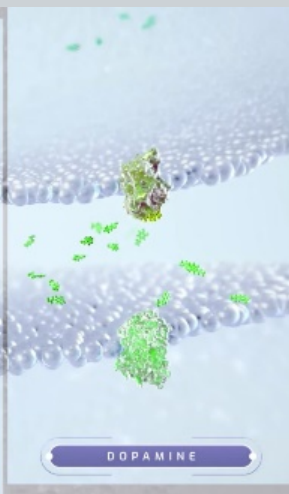
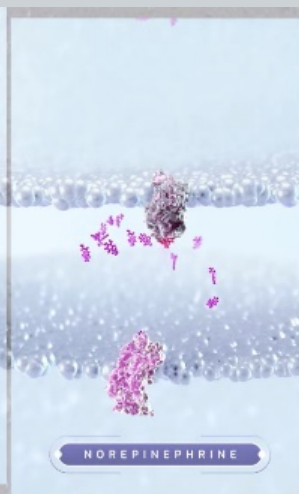
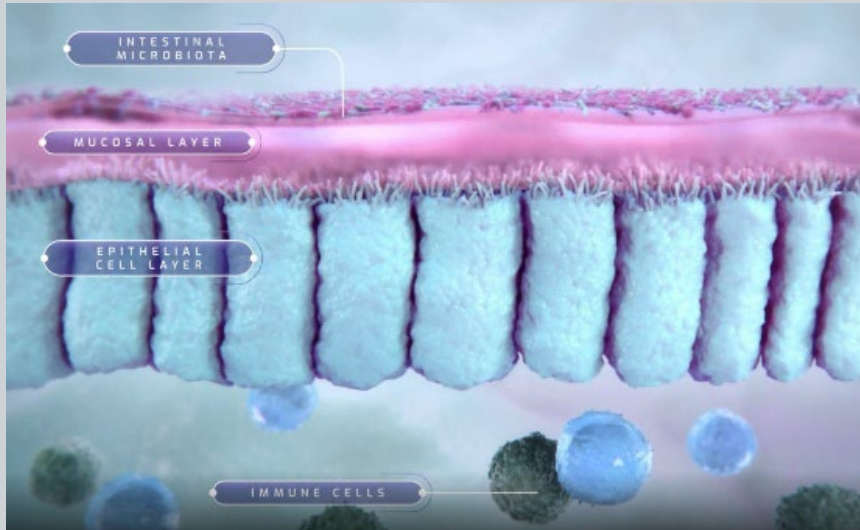
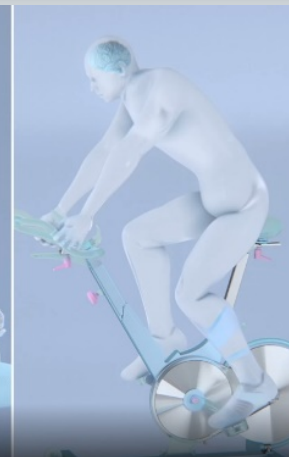
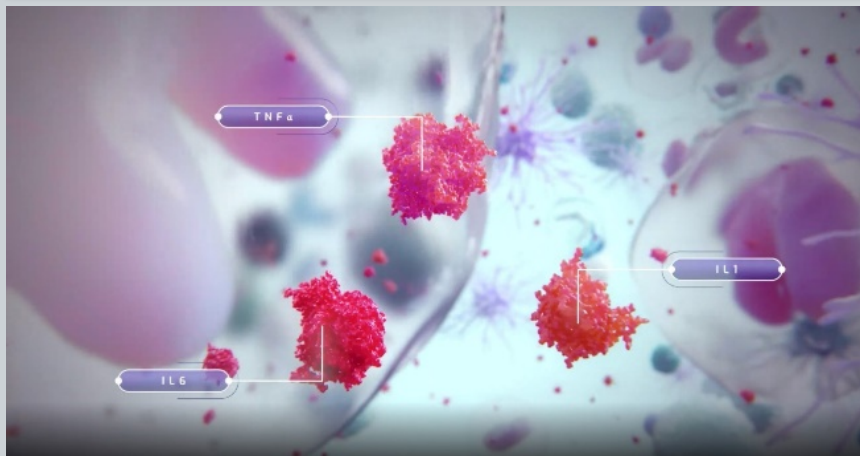
Welcome to the Disease State Education Simulator, an interactive experience showcasing the progression of different psychiatric disorders.

START EXPERIENCE

Or visit PsychUsim at:

<https://www.psychu.org/psychusim/>

3D Animations



Psychiatric Rating Scales

Schizophrenia

Typical
Journey

Poor
Outcome

DIAGNOSTIC SCALES

← Diagnostic Scales

Symptom Rating Scales

The **PANSS** measures the severity of schizophrenia symptoms.

| Score | Result |
|-------|----------------|
| <30 | Minimal/Normal |
| 61 | Mildly Ill |
| 78 | Moderately Ill |
| 96 | Markedly Ill |
| 118 | Severely Ill |
| 118< | Extremely Ill |

POSITIVE AND NEGATIVE SYNDROME SCALE (PANSS) RATING CRITERIA

GENERAL RATING INSTRUCTIONS

Data gathered from this assessment procedure are applied to the PANSS ratings. Each of the 30 items is accompanied by a specific definition as well as detailed anchoring criteria for all seven rating points. These seven points represent increasing levels of psychopathology, as follows:

- 1- absent
- 2- minimal

Version: 2021.1.1

Patient Videos

Major Depressive Disorder

Recovery Journey

Recurrence Journey

Relapse Journey

Absence of Depression

Depressive Syndrome

Treatment Phase

Acute

Continuation

Maintenance

DIAGNOSIS

DIAGNOSING MDD

EARLY DIAGNOSIS

MISDIAGNOSIS

PATIENT VIGNETTE

Danielle discusses how finally being diagnosed helped her cope with her depression.

more than my
DIAGNOSIS
mental health

0:04 / 3:05

Danielle Glick

Pursuing MS degree

Diagnosed with depression

Interviews with Experts

Bipolar

 Bipolar I
  Bipolar II
  Recovery Journey
  Relapse Journey
  Recurrence maintenance

Manic Symptoms
 Euthymia
 Depressive Symptoms

INTERVIEWS
WITH CLINICIANS

Exploring the different comorbidities that are associated with Bipolar disorder that may explain differential diagnosis.

Joe Goldberg, MD

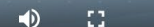
Clinical Professor of Psychiatry - Icahn School of Medicine at Mount Sinai; director of the Affective Disorders Research Program at Silver Hill Hospital

Terence Ketter, MD

Emeritus Professor of Psychiatry and Behavioral Sciences, Stanford University



0:12 / 1:19



Interactive 2D Images

Major Depressive Disorder

Recovery Journey
Non-Adherence Journey
Recurrence Journey
Relapse Journey

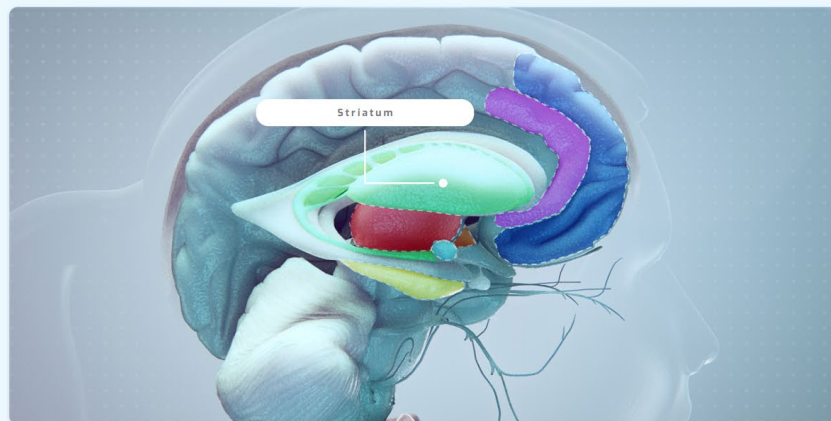


THEORIES OF DEPRESSION

← Theories of Depression

Brain Regions

The striatum, the resident input nuclei of the basal ganglia within the forebrain¹, coordinates movement², reward processing³ and associative learning³. It can be divided into the dorsal, containing the caudate and putamen and ventral, containing the nucleus accumbens (NAcc), regions⁴. The striatum receives afferents from both glutamatergic neurons from the cortex and thalamus, and dopaminergic neurons from the Ventral Tegmental Area (VTA), in the midbrain, specifically to the NAcc⁵. Projections from the striatum extend to other regions of the basal ganglia via two pathways, the inhibitory indirect pathway and the excitatory direct pathways projecting to the internal region of global pallidus (GP) and the substantia nigra pars reticulata (SNr)¹. Hypofunction of the striatum and altered connectivity with the prefrontal cortex (PFC) has been found in major depressive disorder (MDD)⁶ and linked to symptoms of anhedonia⁶.



Infographics

Major Depressive Disorder

Recovery Journey
Non-Adherence Journey
Recurrence Journey
Relapse Journey

Absence of Depression

Depressive Syndrome

Treatment Phase

Acute

Continuation

Maintenance

DISEASE BURDEN

QoL (mental and physical) is an important factor in predicting patient recovery and remission.¹ Many aspects of life are impacted by MDD, contributing to a significantly impaired QoL for patients that is similar to patients with chronic physical disorders.¹

HEALTH

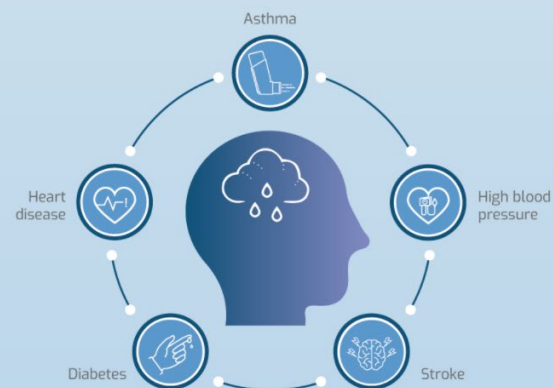
FAMILY / CAREGIVERS

EDUCATION

WORK AND FINANCE

Health

Chronic health disorders: People with MDD are significantly associated with chronic physical disorders such as asthma, diabetes, heart disease, stroke and high blood pressure².



Early mortality: Life expectancy of people with depression is on average **15 years less** than the general population's, with depression being associated with a 50% increase in mortality^{4,5}.

3000
SUICIDE DEATHS
WORLDWIDE

Increased mortality is associated with chronic disorders and suicide⁶. There are 3000 suicide deaths/day, worldwide. For every suicide, 20 or more may attempt to take their own life⁷.



PsychU^{sim}

Disease State Education Simulator