

# compulsive laughter disorder

**compulsive laughter disorder** is a rare neurological condition that can have a significant impact on individuals and their daily lives. This disorder is characterized by uncontrollable episodes of laughter that occur without any apparent reason or emotional trigger. While laughter is generally considered a positive and healthy behavior, compulsive laughter disorder can be distressing, socially disruptive, and sometimes symptomatic of underlying medical issues. In this comprehensive article, we will explore the causes, symptoms, diagnosis, and treatment options for compulsive laughter disorder. We will also discuss its impact on quality of life, how it differs from other laughter-related conditions, and provide practical management strategies. This resource is designed to offer authoritative, SEO-optimized information for anyone seeking to understand compulsive laughter disorder, including patients, caregivers, and medical professionals.

- Understanding Compulsive Laughter Disorder
- Symptoms and Clinical Presentation
- Causes and Risk Factors
- Diagnosis and Evaluation
- Comparing Compulsive Laughter Disorder to Other Conditions
- Treatment and Management Strategies
- Impact on Quality of Life
- Living with Compulsive Laughter Disorder

## Understanding Compulsive Laughter Disorder

Compulsive laughter disorder, sometimes referred to as pathologic laughter, is a neurological condition in which affected individuals experience sudden, uncontrollable bouts of laughter. These episodes are not linked to genuine feelings of amusement or happiness, and often occur at inappropriate times. The disorder is distinct from normal laughter and can be a sign of underlying brain dysfunction.

## Definition and Characteristics

Compulsive laughter disorder is defined by its involuntary nature and the absence of emotional context. Laughter episodes may last for seconds to several minutes and frequently disrupt social or occupational functioning. The disorder can be mistaken for behavioral or psychiatric problems, but it is rooted in neurological changes.

# Prevalence and Demographics

This condition is relatively rare, with most reported cases occurring in individuals with certain neurological diseases or injuries. It can affect both adults and children and is seen across various cultures, although precise prevalence rates are unknown due to underreporting and misdiagnosis.

# Symptoms and Clinical Presentation

Recognizing the symptoms of compulsive laughter disorder is crucial for early intervention and management. The hallmark sign is uncontrollable laughing episodes that are inappropriate to the situation.

## Key Symptoms

- Sudden, involuntary laughter without emotional cause
- Laughter episodes lasting from seconds to minutes
- Episodes occurring multiple times per day
- Lack of awareness or control during laughter
- Potential for embarrassment or social withdrawal

## Associated Features

Additional symptoms may include emotional lability, episodes of crying, or mood swings. Some individuals report physical exhaustion following laughter episodes, and others may experience difficulty communicating or concentrating during or after these events.

## Causes and Risk Factors

Compulsive laughter disorder is typically associated with dysfunction in the brain's emotional regulation centers. It can be caused by various neurological and medical conditions.

## Underlying Medical Conditions

- Stroke, especially affecting the frontal lobe or brainstem

- Brain tumors or lesions
- Multiple sclerosis
- Epilepsy (gelastic seizures)
- Traumatic brain injury
- Neurodegenerative diseases (e.g., ALS, Parkinson's disease)

## **Risk Factors**

Individuals with a history of neurological disease, head trauma, or certain genetic disorders may be at higher risk. Family history, age, and severity of underlying conditions can also influence the likelihood of developing compulsive laughter disorder.

## **Diagnosis and Evaluation**

Accurate diagnosis is essential for effective treatment of compulsive laughter disorder. A thorough medical and neurological assessment is required to differentiate it from psychiatric or behavioral conditions.

## **Clinical Assessment**

Doctors will obtain a detailed history of the laughter episodes, including their frequency, duration, triggers, and associated symptoms. Physical and neurological examinations help rule out other causes.

## **Diagnostic Tests**

- Brain imaging (MRI or CT scan) to detect lesions or abnormalities
- Electroencephalogram (EEG) to rule out seizure activity
- Laboratory tests for metabolic or infectious causes
- Neuropsychological evaluation for cognitive and emotional changes

## **Differential Diagnosis**

It is important to distinguish compulsive laughter disorder from psychiatric conditions

such as bipolar disorder, schizophrenia, or pseudobulbar affect. Accurate diagnosis relies on objective neurological findings and exclusion of other causes.

## **Comparing Compulsive Laughter Disorder to Other Conditions**

Compulsive laughter disorder shares similarities with several other medical conditions, but has unique features that set it apart.

### **Pseudobulbar Affect**

Pseudobulbar affect is characterized by sudden, uncontrollable episodes of laughter or crying, often unrelated to the individual's emotional state. While similar, compulsive laughter disorder primarily involves laughter and is more tightly linked to specific neurological lesions.

### **Gelastic Seizures**

Gelastic seizures are a type of epilepsy where laughter is the main manifestation of the seizure. Unlike compulsive laughter disorder, gelastic seizures are typically caused by hypothalamic hamartomas and may be accompanied by other seizure symptoms.

### **Psychiatric and Behavioral Disorders**

Some psychiatric conditions may present with inappropriate laughter, but these are often accompanied by other mood or thought disturbances. Compulsive laughter disorder is differentiated by its neurological basis and lack of emotional context.

## **Treatment and Management Strategies**

Managing compulsive laughter disorder involves addressing the underlying neurological cause and alleviating disruptive symptoms.

### **Medical Treatments**

- Medications such as antidepressants (SSRIs, tricyclic antidepressants)
- Anticonvulsants for seizure-related laughter
- Botulinum toxin injections for certain cases

- Treatment of underlying conditions (e.g., surgery for tumors)

## **Behavioral and Supportive Therapies**

- Cognitive-behavioral therapy (CBT) for emotional regulation
- Support groups for individuals and families
- Education and counseling for coping strategies
- Speech and occupational therapy to improve communication

## **Lifestyle Modifications**

Adopting a healthy lifestyle, stress management, and regular follow-up with healthcare providers can improve outcomes. Avoiding known triggers and maintaining supportive environments are also beneficial.

## **Impact on Quality of Life**

Compulsive laughter disorder can have profound effects on personal, social, and occupational functioning. Individuals may experience embarrassment, isolation, and difficulty maintaining relationships or employment.

## **Social and Emotional Consequences**

Frequent, inappropriate laughter can lead to misunderstandings, stigma, and reduced self-esteem. Emotional distress may arise from being unable to control laughter in serious or sensitive situations.

## **Physical Health Considerations**

Repeated episodes of laughter can cause fatigue, headache, or muscle soreness. In severe cases, laughter may interfere with eating, speaking, or breathing.

## **Living with Compulsive Laughter Disorder**

Individuals diagnosed with compulsive laughter disorder often benefit from a multidisciplinary approach to care and support. Education about the condition and open

communication with loved ones can help reduce anxiety and improve daily functioning.

## **Support Systems and Advocacy**

Family, friends, and support groups play a crucial role in helping individuals cope with the challenges of the disorder. Advocacy for awareness and research can lead to improved treatments and understanding.

## **Practical Tips for Managing Episodes**

- Practice relaxation techniques such as deep breathing
- Establish routines to reduce stress
- Communicate openly about the condition with others
- Seek professional help when episodes interfere with daily life
- Document episodes to assist healthcare providers

Ongoing research and advances in neurology continue to improve the outlook for those affected by compulsive laughter disorder. Early diagnosis and comprehensive management can greatly enhance quality of life.

## **Q: What is compulsive laughter disorder?**

A: Compulsive laughter disorder is a neurological condition characterized by uncontrollable, involuntary episodes of laughter that occur without an emotional trigger or context.

## **Q: What causes compulsive laughter disorder?**

A: The disorder is usually caused by neurological diseases or injuries, such as strokes, brain tumors, epilepsy (gelastic seizures), multiple sclerosis, or traumatic brain injury.

## **Q: How is compulsive laughter disorder diagnosed?**

A: Diagnosis involves a thorough medical history, neurological examination, and tests such as brain imaging (MRI/CT) and EEG to rule out other causes and identify underlying brain abnormalities.

## **Q: What are the main symptoms of compulsive laughter disorder?**

A: Key symptoms include sudden, involuntary laughter episodes not linked to real emotions, lasting seconds to minutes, and potentially occurring multiple times a day.

## **Q: How is compulsive laughter disorder treated?**

A: Treatment depends on the underlying cause and may involve medications (antidepressants, anticonvulsants), behavioral therapy, and supportive care. Treating the root neurological condition is vital.

## **Q: Can compulsive laughter disorder affect children?**

A: Yes, both children and adults can be affected, especially those with neurological diseases or brain injuries.

## **Q: Is compulsive laughter disorder the same as pseudobulbar affect?**

A: No, while both conditions involve uncontrollable emotional outbursts, pseudobulbar affect includes both laughter and crying, whereas compulsive laughter disorder primarily involves laughter.

## **Q: What is the difference between compulsive laughter disorder and gelastic seizures?**

A: Gelastic seizures are epileptic events characterized by laughter, typically caused by hypothalamic tumors, while compulsive laughter disorder involves laughter due to other neurological reasons.

## **Q: Can compulsive laughter disorder be cured?**

A: The outcome depends on the underlying cause. Some cases may improve with treatment, while others require ongoing management to control symptoms.

## **Q: What should individuals do if they suspect compulsive laughter disorder?**

A: Seek medical evaluation from a neurologist or healthcare provider to determine the cause and appropriate treatment based on a thorough assessment.

# **Compulsive Laughter Disorder**

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**compulsive laughter disorder: Tic Disorders: Advances in Research and Treatment: 2011 Edition** , 2012-02-14 Tic Disorders: Advances in Research and Treatment: 2011 Edition is a ScholarlyPaper™ that delivers timely, authoritative, and intensively focused information about Tic Disorders in a compact format. The editors have built Tic Disorders: Advances in Research and Treatment: 2011 Edition on the vast information databases of ScholarlyNews.™ You can expect the information about Tic Disorders in this eBook to be deeper than what you can access anywhere else, as well as consistently reliable, authoritative, informed, and relevant. The content of Tic Disorders: Advances in Research and Treatment: 2011 Edition has been produced by the world's leading scientists, engineers, analysts, research institutions, and companies. All of the content is from peer-reviewed sources, and all of it is written, assembled, and edited by the editors at ScholarlyEditions™ and available exclusively from us. You now have a source you can cite with authority, confidence, and credibility. More information is available at <http://www.ScholarlyEditions.com/>.

**compulsive laughter disorder: Obsessive-compulsive Disorder Spectrum** Jose A. Yaryura-Tobias, Fugen A. Neziroglu, 1997 Obsessive-compulsive disorder (OCD) is one of the more complex and difficult mental disorders to diagnose and treat. Treatment of this condition is



complicated by the fact that OCD shares symptoms with other major neuropsychiatric disorders such as schizophrenia as well as a spectrum of related disorders such as hypochondriasis, eating disorders, and Tourette's syndrome. Based on extensive clinical experience with more than 2,000 patients and exhaustive literature reviews, Obsessive-Compulsive Disorder Spectrum presents a comprehensive examination of OCD, its related disorders, and their treatment regimens. In this book, Drs. Yaryura-Tobias and Neziroglu propose a unique theory for OCD that defines the condition as a complex phenomenon of unknown duration with a variable symptomatology that affects the individual's cognitive, behavioral, biological, and social well-being. They argue that OCD is not a single clinical entity but part of a continuum of related disorders previously considered to be separate. As a result, the authors advocate an integrated approach to treatment including family intervention, cognitive-behavior therapy, and pharmacotherapy.

**compulsive laughter disorder:** *Disorders of Brain and Mind: Volume 1* Maria A. Ron, Anthony S. David, 1999-09-30 Great advances have been made in recent years toward a better understanding of the healthy brain and the physical basis of psychiatric disorder. This text brings together contributions from leading international authorities to provide a timely and multidisciplinary overview of this fast developing area. This book provides broad coverage ranging from epilepsy and schizophrenia to basal ganglia disorder and brain lesions. In many cases, a clinically oriented chapter is paired with one that describes the basic science that underpins it, and considerable attention is given to the impact of new technologies, such as structural and functional neuroimaging. This book highlights the basic pathophysiological mechanisms of multifaceted clinical manifestations to provide a valuable review of current neuropsychiatry. It will be welcomed by clinicians, researchers, and students alike from neuroscience to neuropsychology and psychiatry.

**compulsive laughter disorder:** *Textbook of Clinical Neuropsychiatry and Behavioral Neuroscience, Third Edition* David Moore, Basant Puri, 2012-06-29 Highly Commended, BMA Medical Book Awards 2013 Previously published as Textbook of Clinical Neuropsychiatry, this book has been re-titled and thoroughly updated, redesigned, and enhanced to include the fundamentals of neuroscience. This highly acclaimed text provides a definitive, clinically oriented, yet comprehensive book covering neuropsychiatry

**compulsive laughter disorder:** *The Role of Facies in Clinical Diagnosis* Andrés Ricardo Pérez Riera, 2024-05-15 This book highlights the enormous importance of the first step of the semiological physical examination: inspection. More specifically, inspection of the facies, and what that entails, including the meticulous observation of the proportionality of the three main regions: eyes, nose, and mouth, as well as the adjacent parts: head and neck; decisive areas for the etiological-clinical diagnosis. Merely contemplating the different components of the human face, its shape, color, symmetry, odor, and presence of possible anomalies can provide us with valuable diagnostic clues. Inspection, as this book shows, is capable of "revealing" underlying diseases of the various systems of the human body, including: integumentary (skin and pelvis), skeletal, muscular, cardiovascular, respiratory, digestive, urinary, nervous and genital, as well as genetic diseases that cause characteristic facial changes. This very illustrative book is essential for medical and nursing students, as well as nursing technicians.

**compulsive laughter disorder:** *The Obsessive Compulsive's Meditation Book* Christian R. Komor, 2000-12

**compulsive laughter disorder:** *The Frontal Lobes and Neuropsychiatric Illness* Stephen P. Salloway, Paul F. Malloy, James D. Duffy, 2008-11-01 This exciting volume brings together the latest work of 26 recognized experts in clinical neuropsychiatry, neuropsychology, neuroscience, and neuroimaging. Its chapters are organized into sections that cover a broad range of topics related to advances in our understanding of normal and abnormal frontal lobe functions. Part 1 introduces frontal lobe dysfunction as a common pathway leading to social and occupational disability, arguing that our aging population with its decline in executive cognitive abilities mandates corresponding eligibility and treatment changes in public and private health disability policies. Part 2 delineates the anatomy and neurochemistry of the extended frontal systems underlying neuropsychiatric illness,

including colorful illustrations of three key prefrontal-subcortical circuits; a description of the functional anatomy of the orbitofrontal cortex and its relationship to obsessive-compulsive disorder (OCD); the intricate pharmacology of working memory systems and how they apply to schizophrenia; the lateralization of prefrontal cognitive functions; and a framework for understanding the role played by the prefrontal cortex in consciousness and self-awareness. Part 3 clarifies the overused diagnosis frontal lobe syndrome seen in clinical practice, identifying three prefrontal syndromes for further study -- dorsolateral dysexecutive syndrome, orbitofrontal disinhibited syndrome, and mesial frontal apathetic syndrome -- that align with the anatomical systems described in Part 2 of this volume. Also included are common problems -- and suggested solutions -- in diagnosis and treatment, a practical overview of the assessment of frontal lobe functions with guidelines for bedside and formal neuropsychological examination, and comprehensive treatment strategies. Part 4 covers the role of the frontal lobes in major neuropsychiatric illnesses, discussing evidence that shows prefrontal and anterior temporal hypometabolism in primary and secondary depression; reviewing anatomical, imaging, and neurochemical studies in schizophrenia; describing the neuropsychological and neuropsychiatric sequelae of closed head injury; summarizing the neurological substrates related to interesting and often dramatic cases of content-specific delusions; and concluding with a report on the stereotactic neurosurgical treatment of refractory OCD and its implications for understanding frontal lobe function. This remarkable work is intended for psychiatrists, neurologists, psychologists, basic and clinical neuroscientists, and trainees from each of these disciplines, who will welcome it as a valuable tool in understanding the complexities of what was once considered the terra incognita of the brain.

**compulsive laughter disorder: Neuropsychiatric Symptoms of Cerebrovascular Diseases**

José M. Ferro, 2013-07-12 Neuropsychiatric Symptoms of Cerebrovascular Diseases is an up-to-date, comprehensive review of the neuropsychiatry of stroke, by active authorities in the field, with an emphasis on diagnostic and management issues. Neuropsychiatric Symptoms of Cerebrovascular Diseases includes critical appraisal of the methodological aspects and limitations of the current research on the neuropsychiatry of stroke and on unanswered questions/controversies.

Pharmacological aspects of management are discussed, to provide robust information on drug dosages, side effects and interaction, in order to enable the reader to manage these patients more safely. Illustrative cases provide real life scenarios that are clinically relevant and engaging to read. Neuropsychiatric Symptoms of Cerebrovascular Diseases is aimed at neurologists, stroke physicians and psychiatrists, and will also be of interest to intensive care doctors, psychologists and neuropsychologists, research and specialist nurses, clinical researchers and methodologists.

**compulsive laughter disorder: The Journal of Mental Science , 1944**

**compulsive laughter disorder: Neuropsychiatric Manifestations in Neurological Diseases** Jong S. Kim, 2024-04-22 Psychiatric symptoms (or mood/emotional disturbances) are diverse in patients with neurological diseases, that include depression, anxiety, emotional incontinence, anger, fatigue, and apathy. These symptoms are common; more than 1/3 of the patients suffer from these symptoms. Unfortunately, they have been neglected because 1) unlike other neurological symptoms such as motor dysfunction, speech disturbances or visual field defect, these symptoms are not visible and difficult to be noticed unless they are specifically examined by a physician who is properly educated on this problem 2) they are often not regarded as neurological symptoms either by the patients or their caregivers 3) they are relatively poorly studied by both neurologists and psychiatrists, and accordingly, are unfamiliar to the physicians. Especially, although 'depression' is well known to physicians, other symptoms such as emotional incontinence, anger, fatigue or apathy are not appropriately assessed by physicians, and frequently misdiagnosed as depression. Moreover, there are difficulties in diagnosing depression in patients neurological diseases. For example, the individual items included in depression diagnosis such as sleep disturbances, appetite loss, or fatigue can result from neurological diseases or comorbid physical conditions in patients with neurological diseases. Therefore, a diagnosis of 'depression' should be made cautiously. Finally, it should be understood that the importance of different mood/ emotional syndromes differ among

various neurological diseases; for instance, although emotional incontinence and anger occur in as many as 20-30 % of stroke patients, apathy and fatigue are more important symptoms than these for patients with neuro-degenerative disease. In clinical practice, recognizing these symptoms is important because they negatively affect the patients' quality of life, impair the functional recovery, increase the mortality, and increase the caregiver burden. Nevertheless, unlike other neurological symptoms such as motor/sensory dysfunction, and speech disturbances, they are relatively well managed mostly by pharmacological therapy such as selective serotonin re-uptake inhibitors (SSRI). The phenomenology of these neuropsychiatric symptoms and related factors, pathophysiological mechanism, and treatment strategies should be properly educated for neurologists, psychiatrists and other physicians. The book is written by experts in this field to disseminate important knowledges to neurologists, psychiatrists, psychologists and other physicians and will eventually benefit patients with neurological diseases.

**compulsive laughter disorder:** *The Behavioral Neurology of White Matter* Christopher Filley, 2012-05-24 This book considers the contribution of white matter to cognition and emotion. Every chapter has been rewritten and two new ones added. White matter dementia is updated, and the concept of mild cognitive dysfunction proposed. A unifying theme is connectivity within neural networks by which the human mind is organized.

**compulsive laughter disorder: Companion to Clinical Neurology** William Pryse-Phillips, 2009-06-03 This book is designed for the neurologist who (in this day of unusually strict accountability) needs to have at hand an authoritative guide to the diagnostic criteria for all conditions that he or she may be faced with in clinical practice. While originally conceived as a compendium of diagnostic criteria, the author has felt the need to expand the work to include definitions of practically all terms that are used in neurology today. Historical elements are also provided--including entries of important neurologists and neurosurgeons who have impacted the field. The result is an effective representation of the tools of the trade for the neurologist in training and a concise and precise source for the practicing neurologist. The second edition was published in 2003. Since then, advances in the definition of many neurological conditions have been made, all of which have been incorporated in the third edition. There has also been a fine tuning of the definitions and diagnostic criteria of many other conditions. The author has collated over 1300 articles since the last edition in order to update many of the entries. As such, the entries will have the most up-to-date definition of diseases, symptoms, diagnostic tests, and pearls of wisdom. The third edition remains an invaluable guide to the spectrum of neurological practice and with nearly 7,000 references this truly is the bible of neurological terms and conditions.

**compulsive laughter disorder:** *The American Psychiatric Publishing Textbook of Psychopharmacology* Alan F. Schatzberg, Charles B. Nemeroff, 2009 Now updated to keep professionals current with the latest research and trends in the field, this edition covers both basic science and clinical practice, and draws on the talents of 53 new contributors to guarantee fresh, authoritative perspectives on advances in psychiatric drug therapy.

**compulsive laughter disorder:** Neuropsychiatric Dysfunction in Multiple Sclerosis Ugo Nocentini, Carlo Caltagirone, Gioacchino Tedeschi, 2012-11-09 This book provides comprehensive and up-to-date information on the neuropsychiatric disturbances that may be experienced by patients with multiple sclerosis. The first section is designed primarily to describe the general clinical aspects of multiple sclerosis, from epidemiology to assessment tools. The role of neuroimaging and especially MRI is then explained, and treatment approaches and rehabilitation strategies are described. The core section of the volume is the second, in which the various forms of neuropsychiatric dysfunction are considered in depth. Especially, detailed attention is devoted to depression, but the other main categories of disturbance are also described and discussed. The final section addresses cognitive dysfunctions since they represent some of the worst events that patients with multiple sclerosis can suffer and are intimately related to neuropsychiatric dysfunction.

**compulsive laughter disorder:** *Handbook of Emotional Disorders in Later Life* Ken Laidlaw, Bob Knight, 2008 Although the perceptions and realities of ageing have changed markedly over the

last few decades, for practitioners working with older people, emotional problems remain a major factor of health and happiness in later life. This handbook provides a concise, authoritative and up to date guide to best practice in therapy for older people, for a wide range of mental health professionals. The editors bring together chapters by experienced trainers and clinicians that cover all the significant problems and issues in the assessment and treatment of emotional disorders in later life. The introductory chapters examine the individual, social, cultural and physical experience of ageing, and provide an essential background for a caring and professional understanding of related emotional disorders and their effective treatment. Throughout the book, key research and clinical experience is reported as underlying evidence based treatment, but the emphasis is on practical guidance for assessment and interventions, rather than detailed discussion of methodological issues. With each chapter written by a specialist in their field, a range of expertise is provided in a single source, making this book an invaluable resource for anyone dealing with the mental health needs of older people.

**compulsive laughter disorder: Neurobehavior of Language and Cognition** Lisa Tabor Connor, Loraine K. Obler, 2007-05-08 This volume has been composed as an appreciation of Martin L. Albert in the year of his 60th birthday. At least one contributor to each paper in this volume has been touched by Marty in some way; he has mentored some, been a fellow student with some, and been a colleague to most. These contributors, as well as many others, view Marty as a gifted scientist and a wonderful human being. The breadth of his interests and intellectual pursuits is truly impressive; this breadth is reflected, only in part, by the diversity of the papers in this volume. His interests have ranged from psychopharmacology to cross-cultural understanding of dementia, through the aphasia, to the history of the fields that touch on behavioral neurology, especially neurology per se, cognitive psychology, speech-language pathology, and linguistics. Throughout his scholarly work, Martha Taylor Sarno notes, Marty never loses the human perspective, e. g. , the "powerfully disabling effect on the individual person" with aphasia or other neurological disorder. For those readers who only know a portion of his work, we thought that we should describe him here. Many of the people whom Marty has influenced have been able to contribute to this volume. We have invited some others who were unable to contribute to express their appreciation for him, as well.

**compulsive laughter disorder: A Dictionary of Neurological Signs** A.J. Larner, 2010-11-12 The first two editions of the Dictionary of Neurological Signs were very well-received by readers and reviewers alike. Like those editions, this Third Edition, updated and expanded, can be almost as well described in terms of what the book is not, along with details about what it is. The Dictionary is not a handbook for treatment of neurological disorders. While many entries provide the latest treatment options, up-to-the-minute therapies are not discussed in bedside level detail. The Dictionary is not a board review book because it is not in Q&A format but could easily serve in that capacity since each entry is a fairly complete snapshot of a specific disorder or disease. The Dictionary is an alphabetical listing of commonly presenting neurological signs designed to guide the physician toward the correct clinical diagnosis. The Dictionary is focused, problem-based, concise and practical. The structured entries in this practical, clinical resource provide a thumbnail of a wide range of neurological signs. Each entry includes: • A definition of the sign • A brief account of the clinical technique required to elicit the sign • A description of the other signs which may accompany the index sign • An explanation of pathophysiological and/or pharmacological background • Differential diagnosis • Brief treatment details Where known, these entries also include the neuroanatomical basis of the sign. The Dictionary of Neurological Signs, Third Edition, is an indispensable reference for all students, trainees, and clinicians who care for patients with neurological disorders.

**compulsive laughter disorder: Psychiatric Management in Neurological Disease** Edward C. Lauterbach, 2008-11-01 Much of the vast terrain of neurological brain disorders lies beyond our understanding, waiting to be discovered. Complicating our knowledge of and ability to treat these disorders is that they often bring with them a daunting array of psychiatric illnesses. Into this uncharted territory comes Psychiatric Management in Neurological Disease, a practical guide

written with the busy clinician in mind. Its wealth of information is organized for ease of use. This comprehensive volume sets forth management principles for a broad range of key representative neurological disorders, each of which presents a distinct psychiatric profile and requires a specific management approach tailored to the nature of the illness and the level of the nervous system affected. Readers will find: Reviews of recent research findings in specific neurological disorders Discussions of diagnostic principles and disease aspects relevant to psychiatrists Surveys of current pharmacological and psychotherapeutic approaches, with explicit information on how to contact and refer patients to support groups Practical recommendations for helping patients' families cope with the impact of neurological illnesses. Written by leading practitioners, this concise yet thorough guide will appeal to a wide audience. General psychiatrists, neuropsychiatrists, and neurologists; geropsychiatrists, gerontologists, and nurses; and physical and occupational therapists and social workers will all find that this timesaving reference pays significant dividends in the quality of care they can offer their patients.

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