

Schizophrenia and Other Psychoses

Chapter 31

Learning Objectives

Lesson 31.1: Schizophrenia and Other Psychoses

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1. Compare the differences between a psychosis and other mental health disorders.
2. Describe the continuum of neurobiological responses.
3. Outline the signs and symptoms of psychosis in childhood, adolescence, and adulthood.
4. Discuss three theories relating to the causes of schizophrenia and other psychoses.
5. Compare and contrast four subtypes of schizophrenia.

Learning Objectives

Lesson 31.1: Schizophrenia and Other Psychoses

(Slide 2 of 2)

- 6. Describe the signs, symptoms, and behaviors exhibited by a person with schizophrenia.
- 7. Outline the main pharmacological treatments and mental health therapies for persons with schizophrenia.
- 8. Apply the therapeutic process to clients suffering from schizophrenia or another psychosis.
- 9. Plan three nursing responsibilities related to antipsychotic medications.

Schizophrenia and Other Psychoses

● Psychosis

- The inability to recognize reality, relate to others, or cope with life's demands
- The most common psychosis is schizophrenia.
- Other psychotic disorders
 - Brief psychotic disorder
 - Delusional disorder
 - Psychoses related to medical conditions or drug use

Continuum of Neurobiological Responses

- Neurobiological functions
 - Can be viewed as existing along a continuum of behavioral responses
 - Highly adaptive, effective responses
 - Maladaptive, even destructive behaviors
 - Individuals who do not adapt as well are placed at the middle of the spectrum

Psychoses Throughout the Life Cycle

(Slide 1 of 4)

● Psychoses in childhood

➤ Failure to thrive syndrome

- Slowed physical growth caused by an inability to integrate the physical, emotional, and sensorimotor realms of functioning
- Related to neglect, environmental problems, and severe family stress

➤ Risk factors for childhood schizophrenia

- Genetic influences
- Complications during pregnancy or birth
- Biochemical imbalances
- Environmental factors

Psychoses Throughout the Life Cycle

(Slide 2 of 4)

● Psychoses in adolescence

- The average teen is in contact with reality; the adolescent with schizophrenia is not
- Changes in behavior are noted
 - Poor hygiene
 - Strange, vague speech
 - Social withdrawal
 - Odd behaviors
 - Bizarre thoughts and beliefs
 - Unusual superstitions

Psychoses Throughout the Life Cycle

(Slide 3 of 4)

- Psychoses in adulthood

- The onset of acute symptoms most often occurs in men during their middle twenties, while women usually present with symptoms in their late twenties
- The prognosis for individuals with schizophrenia is better if adaptive interpersonal relationships and acceptable school performance and work histories were in place before the onset of symptoms

Psychoses Throughout the Life Cycle

(Slide 4 of 4)

- Psychoses in older adulthood

- Schizophrenia is seldom diagnosed in older adults
- Older adults with schizophrenia may spend the remainder of their days in long-term care facilities
- Remember that the acute onset of psychotic behavior in any elderly client must be investigated

Theories Related to Psychoses

(Slide 1 of 2)

- Schizophrenia exists in all cultures and socioeconomic groups
- Biological theories
 - Genetic/heredity model
 - Stress/disease/trauma model
 - Addresses the effects of stress on the individual, especially during the prenatal period
 - Neurochemical models
 - Neurotransmitters such as serotonin, norepinephrine, and dopamine have been implicated as possible causes of schizophrenia

Theories Related to Psychoses

(Slide 2 of 2)

- Other theories

- Psychological models

- Schizophrenia is caused by a basic character flaw combined with poor family relationships

- Sociocultural theories

- Effects of the environment may lead to the development of psychoses

Psychotic Disorders

(Slide 1 of 4)

- Schizophrenia

- Subtypes of schizophrenia

- Catatonic
- Disorganized
- Paranoid
- Residual
- Undifferentiated

Psychotic Disorders

(Slide 2 of 4)

● Schizophrenia

➤ Signs, symptoms, and behaviors

- The main characteristic of psychotic disorders is loss of contact with reality to the point where functioning is grossly impaired
 - The signs and symptoms of schizophrenia affect perception, physical appearance, cognitive processes, language, speech, emotions, behavior, and social realms
- ### ➤ Characteristic symptoms fall into two broad categories—positive and negative
- Positive symptoms relate to maladaptive thoughts or behaviors
 - Negative symptoms relate to lack of adaptive mechanisms

Psychotic Disorders

(Slide 3 of 4)

● Schizophrenia

➤ Phases of becoming disorganized

- The course of schizophrenia is marked by episodes of acute psychosis alternating with periods of relatively normal functioning
- The symptoms of schizophrenia must occur for at least 1 year before a diagnostic label is assigned
- The slide into schizophrenia commonly occurs over four stages
 - Prodromal phase
 - Prepsychotic phase
 - Acute phase
 - Remission

Psychotic Disorders

(Slide 4 of 4)

- Other psychoses

- Brief psychotic disorder

- A psychotic disturbance that lasts longer than 1 day but less than 1 month

- Delusional disorder

- Characterized by more than 1 month of nonbizarre (reality-based) fixed ideas

- Shared psychotic disorder

- The individual is influenced by someone else who has an established delusion

- Schizoaffective disorder

- When depression or mania is also present

Therapeutic Interventions

- Goals of inpatient, short-term care
 - Stabilize the client
 - Prevent further decline in functioning
 - Assist the client in coping with his or her disorder
- Long-term goals include psychosocial and vocational rehabilitation

Pharmacologic Therapy

- Antipsychotic or neuroleptic
 - Slow the central nervous system (CNS)
 - After an antipsychotic drug is taken, hallucinations and delusions decrease, thought processes change, and hyperactivity subsides

Nursing (Therapeutic) Process

- Primary nursing diagnoses
 - Disturbed thought processes
 - Disturbed sensory perceptions
 - Social isolation
 - Impaired communications
 - Ineffective management of therapeutic regimen
- The basic goals of care are to assist clients in controlling their symptoms and achieving the highest possible level of functioning

Special Considerations

- The most common side effects of antipsychotic medications reflect alterations in CNS and peripheral nervous system functions
 - Extrapyramidal side effects (EPSEs)
 - Sedation
 - Anticholinergic effects
 - Akathisia
 - Akinesia
 - Bradykinesia
 - Dyskinesia
 - Dystonia
 - Neuroleptic malignant syndrome

Nursing Responsibilities

- Nurses should review desired actions, side effects, and incompatibilities for each medication prescribed
- Monitor client response to each medication
- Client and family education has a direct impact on the client's level of functioning

Questions?