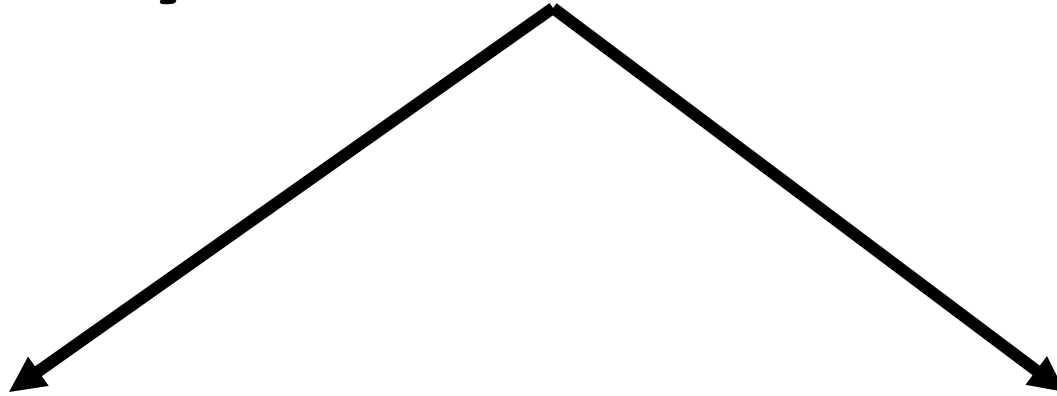


By Dr. Vidumini De Silva

Objectives

- **What is schizophrenia**
- **Clinical features**
- **Nursing Management**

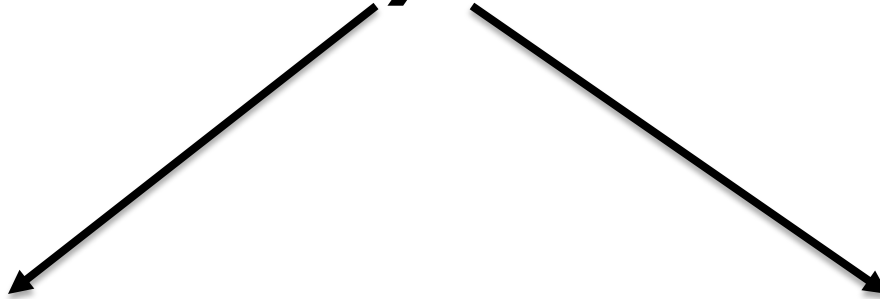
Psychiatric disorders



**Neurotic
Disorders**

**Psychotic
Disorders**

Psychosis



Manic
Depressive
Psychosis

Dementia

Schizophrenia –

splitting of the mind



Epidemiology

1. Incidence : 0.1 – 0.5 per 1000
2. Life time risk : 7 – 9 per 1000
3. Male = females

Aetiology

- Congenital
- Gestational damage
 1. Hypoxia
 2. Exposure to viruses
 3. Prenatal malnutrition
 4. Problems during birth

- Genetic

10 percent of people have a first-degree relative with the disorder, such as a parent, brother, or sister.

- Dopamine activity peaks in teen to 20's
- Increased stress levels stimulate cortisol secretion which increase excessive dopamine release → schizophrenia

- Problems during brain development before birth may lead to faulty connections
- Problem may not show up in a person until puberty
- The brain undergoes major changes during puberty, and these changes could trigger psychotic symptoms.

Clinical Features

Major symptoms

1. Delusions
2. Hallucination
3. Interference with thinking

What is a delusion ?

A belief that is,

- **firmly held** on inadequate grounds,
- is **not affected by rational arguments** and evidence to the contrary,
- and is not explained by the patient's educational and cultural background.

Suspicious



**Everybody is working
against me**

**There is a plot
to kill me !**

**There are international
spies following me !**

**Persecutory
delusion**

Types of delusions seen in Schizophrenia

1. Persecutory delusions
2. Delusions of reference
3. Delusions of control - passivity
4. Delusions about the possession of thought

Thought insertion

Thought withdrawal

Thought broadcasting

- *Delusion of reference*

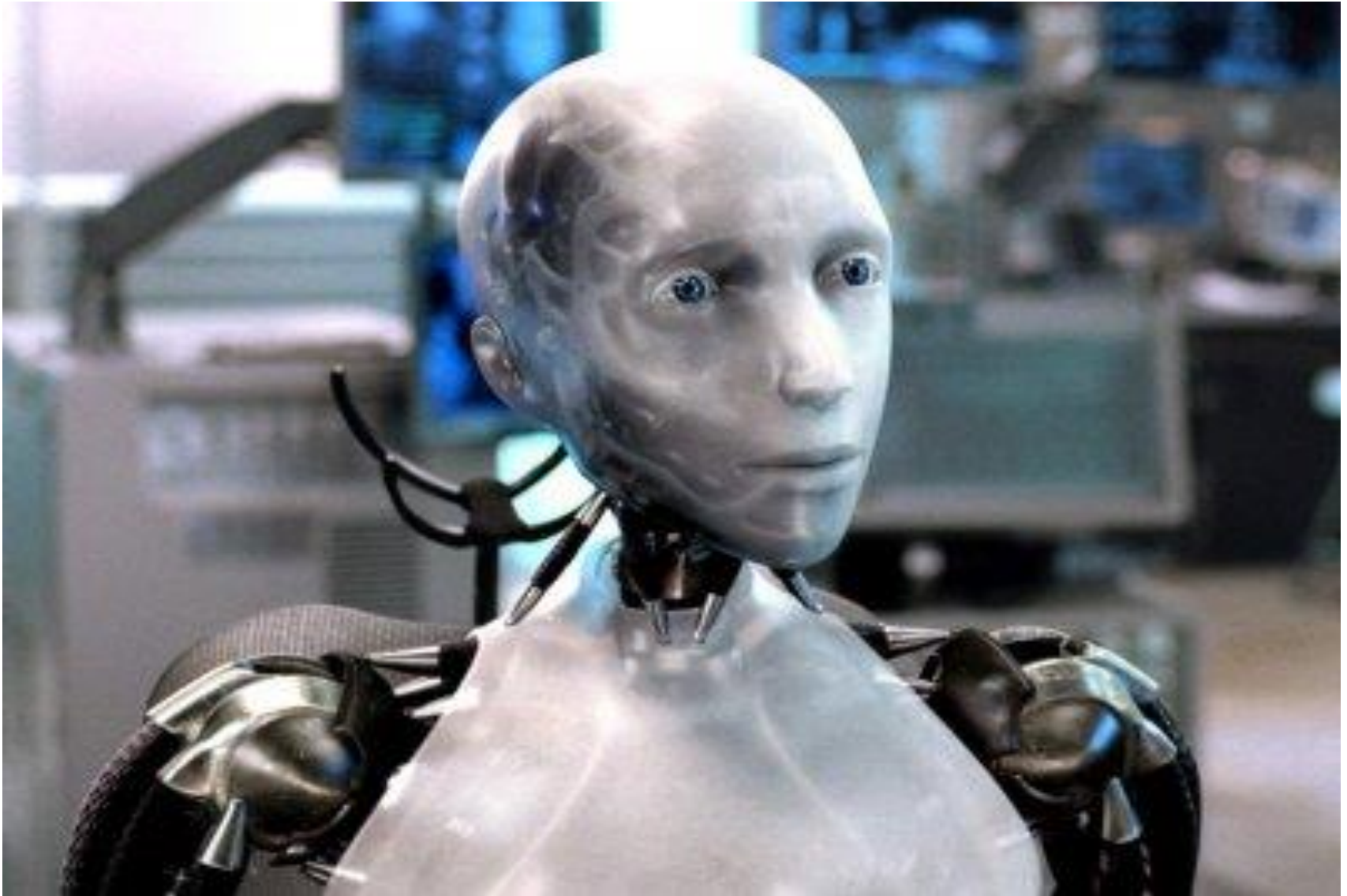
Now here's a song...

...just for you.

Aww.
That's nice.
Thank you.



- ***Delusions of control - passivity***

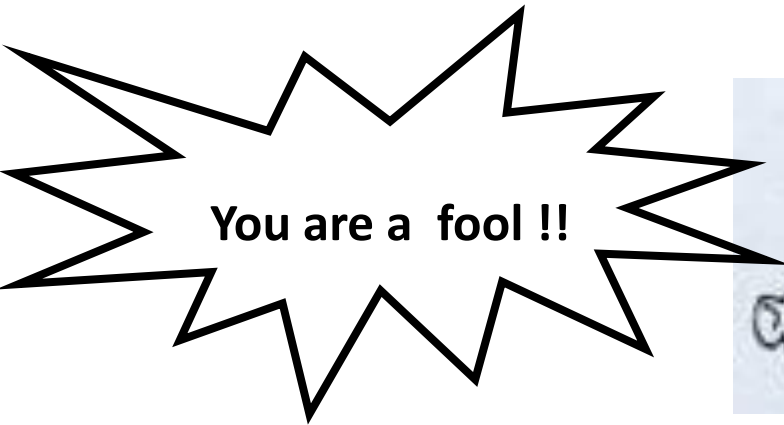


What is a hallucination ?

A **percept without** an external **stimulus** to the sense organs
and with a similar quality to a true percept.

Hallucinations can occur in any sensory modality.

hallucinations



Types of hallucinations in Schizophrenia

1. Auditory Hallucinations



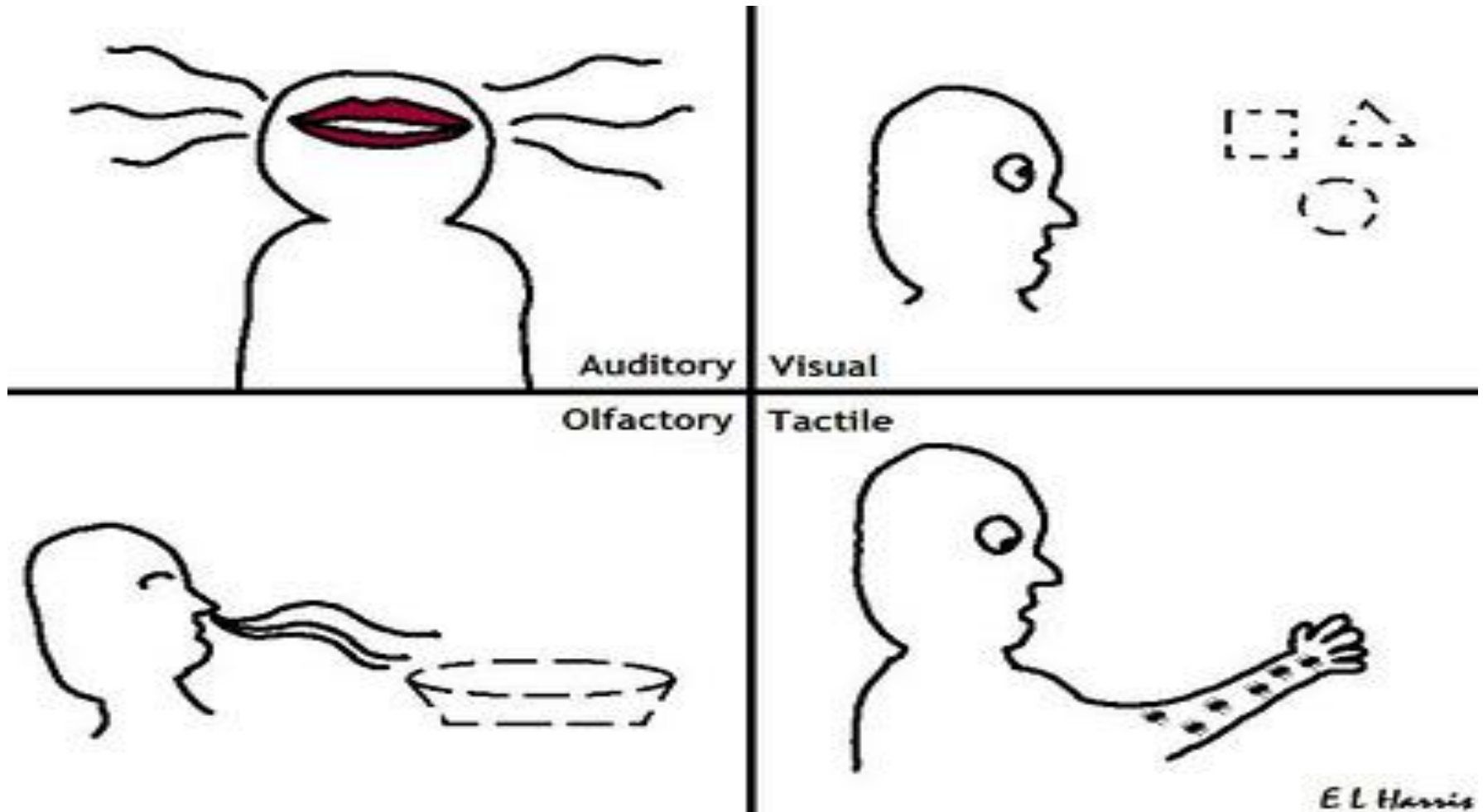
2. Visual hallucinations



3. Gustatory hallucinations

4. Olfactory hallucinations

5. Tactile and Somatic hallucinations



Interference with thinking

Loosening of association

Poverty of thought

Thought blocking

Concrete thinking

Other features..

1. Impairment in social and occupational functioning
2. Poor self care
3. Harming behaviour – to themselves/others
4. Impaired communication –
 - loosening of associations
 - neologisms
 - tangentiality

5. Disturbances in emotion – apathy

6. Depression too can occur

7. Echolalia

8. Echopraxia

9. Flight of ideas



Schizophrenia

fragmentation **DSM-IV Classification** thought

Disorganised Type



Catatonic Type



Paranoid Type



Residual Type

Undifferentiated Type



10. Positive symptoms – appear 1st. Symptoms are,

- Anxiety
- Bizarre behaviour
- Delusions and hallucinations
- Aggressiveness
- Somatic complaints
- Suspiciousness
- Incoherence, word salad, pressured and poverty of speech

11. Negative symptoms

- motor retardation
- anhedonia – absence of pleasure
- cognitive defects
- social withdrawal/isolation
- lack of thoughts
- blunted affect

Abnormalities of the mood

Blunting of affect

Incongruity of affect

Insight : impaired

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"ACTUALLY, I BECAME A PSYCHIATRIST BECAUSE
THE VOICES TOLD ME TO."

Assessment of the patient

- Hx. MSE, physical Ex – Refer notes on Mental Health Assessment
- Ix – Na⁺, K⁺, Mg⁺, TSH levels
- Nutritional Assessment – sp. in (-) symptoms
- Assess behaviour with regard to suicidal ideation

Assessment guidelines

- Good rapport
- Do when patient is after medication, rest
- Don't directly confront

Exercise 01

- List 10 nursing diagnoses for schizophrenia

Therapeutic Nursing Management

1. Safe environment – specially in severe depression, suicidal ideation
2. Limiting stimuli – calm environment

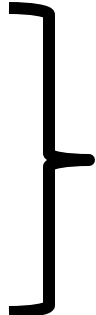
3. Psychological environment

- Individual psychotherapy
- Behavioural therapy
- Social skills training
- Self monitoring
- Behavioural contracts



Read
up

3. Social treatment

- Milieu therapy
 - Family therapy
 - Group therapy
- 

What do you mean by these terms?

Treatment

1. Antipsychotics – S/E -> parkinsonism
2. ECT
3. Psychosocial therapy (family, marital therapies and supportive psychotherapy)

What is the prognosis of schizophrenia ?

- 1/5 – acute illness with complete recovery
- 1/5 – recurrent acute episodes
- 3/5 – chronic illness with acute episodes

- 1/10 commit suicide

Exercise 02

- List the nursing interventions with regard to a patient with Schizophrenia.

Include complications, impact on others, patient and family education, outcome assessments, etc.

- Types of schizophrenia

Delusional disorder

- A single delusion or an encapsulated delusional system
- No impairment of other mental functions
- Can go on working
- Maintain normal social life

Delusions can be persecutory

grandiose

hypochondriachal

erotic

concerned with jealousy

appearance

Pathological Jealousy
(Morbid jealousy)

Delusion regarding infidelity of spouse

Commoner in males

Clinical Features

- Delusion about partner's fidelity
- Maybe accompanied by the belief that the wife is plotting against him
 - to poison him
 - to take away sexual capacities
 - to infect him with a STD
- Intense seeking for evidence

Repeated cross questioning



Violent quarrelling



False confessions



Worsens the condition

Risk of violence !

Homicide

Suicide

Aetiology

- Can be associated with a primary disorder
 - schizophrenia
 - depressive disorder
 - personality disorder
 - alcoholism
 - organic disorders – infection
 - neoplasm
 - metabolic
 - endocrine
- Low self esteem
- Sexual disorders / erectile dysfunction

Management

- Treat underlying psychiatric illness
- Psychotherapy - allow ventilation
- Behaviour modification
- Admit if risk of violence
- Geographical separation

Erotic delusions
(De Clerambault's syndrome)



- Usually seen in females - usually single
- Firmly believes that a famous person is in love with her
- Can be associated with schizophrenia

Treatment

Antipsychotic medication

Thank you !