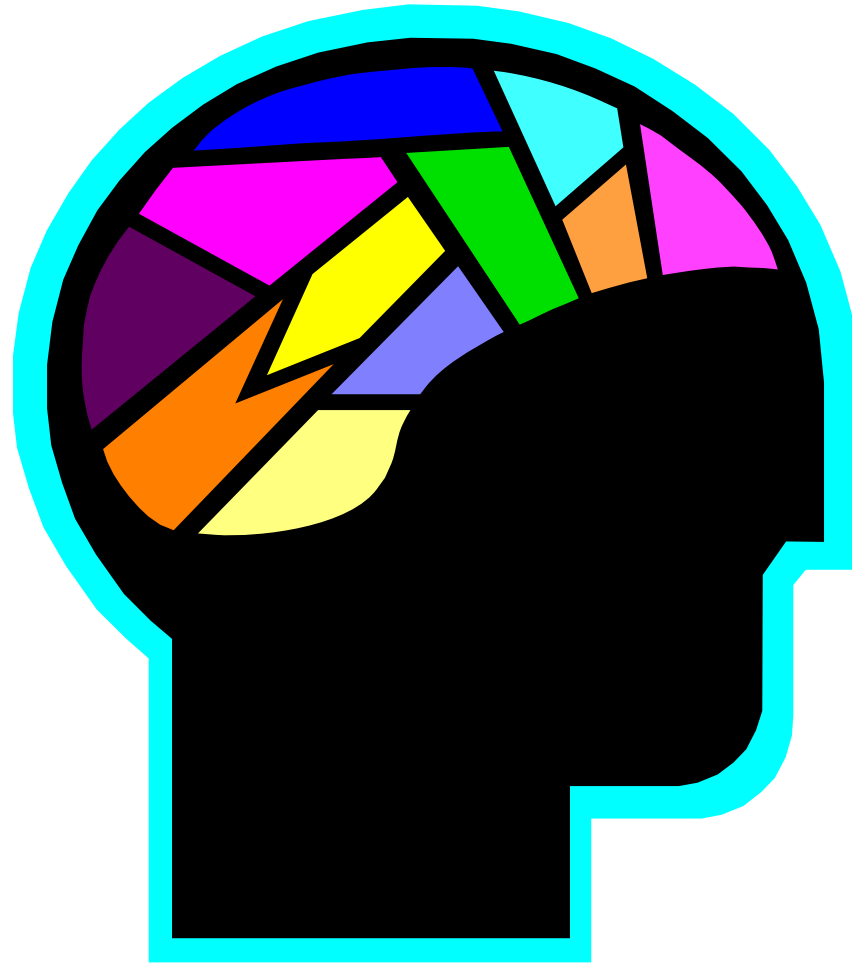


Alterations in Mental Health: Psychotic Disorders





PSYCHOTIC DISORDERS

- **Psychosis:** An extreme response to psychological or physical stressors that affects a person's affective, psychomotor, and physical behavior. Evidence of impairment in reality testing is evident by hallucinations or delusions. (Varcarolis)



DSM IV Psychotic Disorders

- Schizophrenia
- Schizoaffective D.
- Delusional D.
- Brief Psychotic D.
- Shared Psychotic D.
- Psychotic D. Due to General Medical Condition
- Substance-Induced Psychotic D.
- Psychotic D. Not Otherwise Specified
- Note: Affective and Cognitive Disorders often also exhibit psychotic symptoms



SCHIZOPHRENIA



- Incidence: 1% Population, 25 % Hospital Beds
- Onset: 15-35 y.o. --- *18-24 most common
 - Slow, insidious onset
 - Prodromal Stage: Daydreaming, poor attention, odd thoughts, lack of interest in self and usual activities

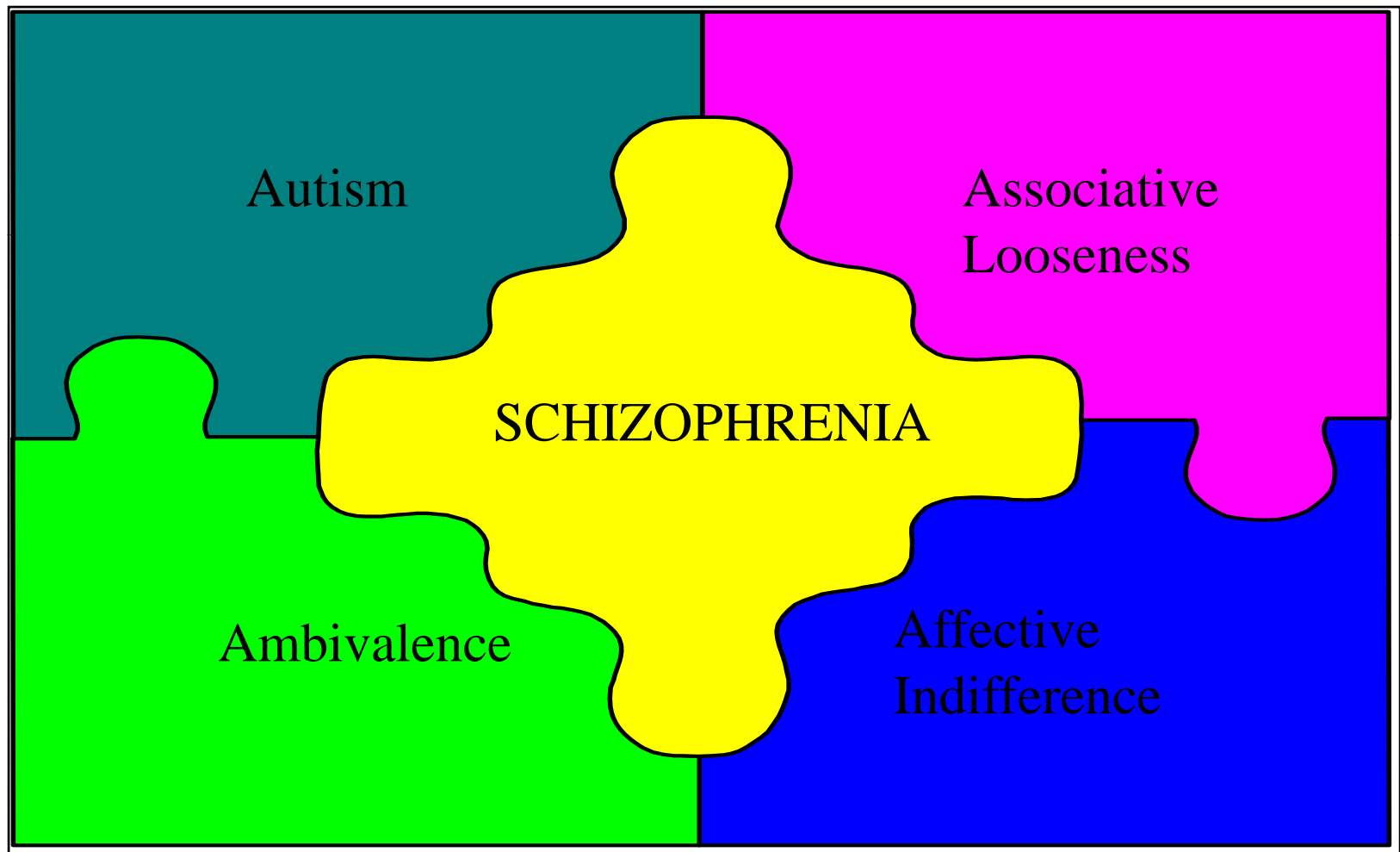


Schizophrenia

DSM IV Criteria

- 2 or more , at least 1 month duration:
delusions, hallucinations, disorganized
speech+/-or behavior, negative symptom
- Social/occupational dysfunction
- At least 6 months duration
- Exclude schizoaffective d., substance
abuse, general medical condition

BLEULER'S 4 A's



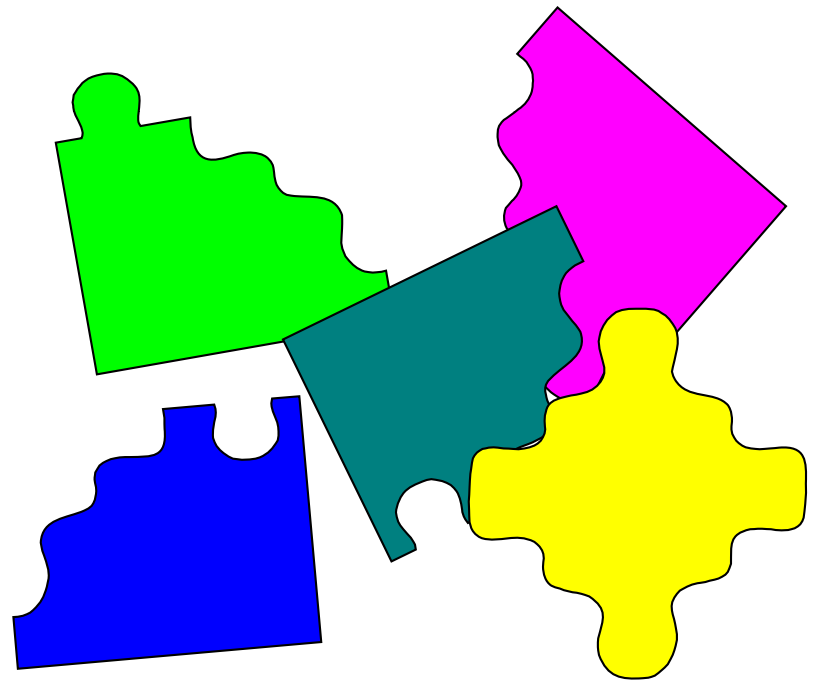


AUTISM

- Private inner world /Environment takes on a private symbolic meaning seen in:
 - Delusions: Persecution, Grandiose, Religious, Somatic, Control and Influence
 - Hallucinations
 - Ideas of Reference
 - Neologisms, Echolalia, Echopraxia
 - Loss of Ego Boundaries: Gender Identity Confusion, Identification, Depersonalization

ASSOCIATIVE LOOSENESS

- No obvious, reality-based connection between thoughts
- Concrete thinking
- May be described as “Derailment”



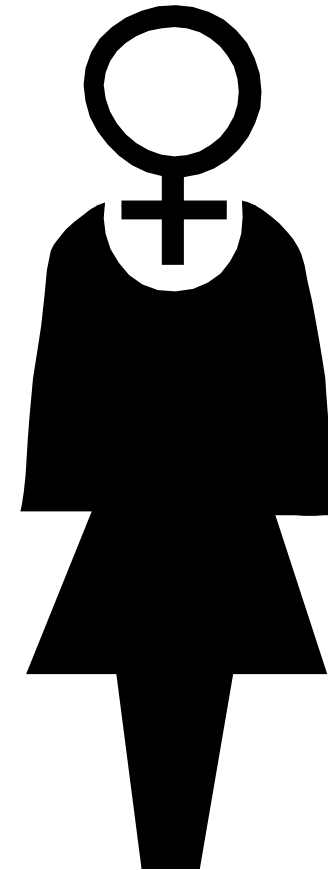
AMBIVALENCE



- Strong pull between opposing feelings
- “Need-Fear Dilemma”

AFFECTIVE INDIFFERENCE

- Flat affect
- Inappropriate affect
- Blunted affect
- Bizarre affect





POSITIVE

- Delusions
- Hallucinations
- Bizarre behavior
- Paranoia

NEGATIVE

- Apathy
- Anhedonia
- Poor social function
- Poverty of thought
- Lack of self awareness

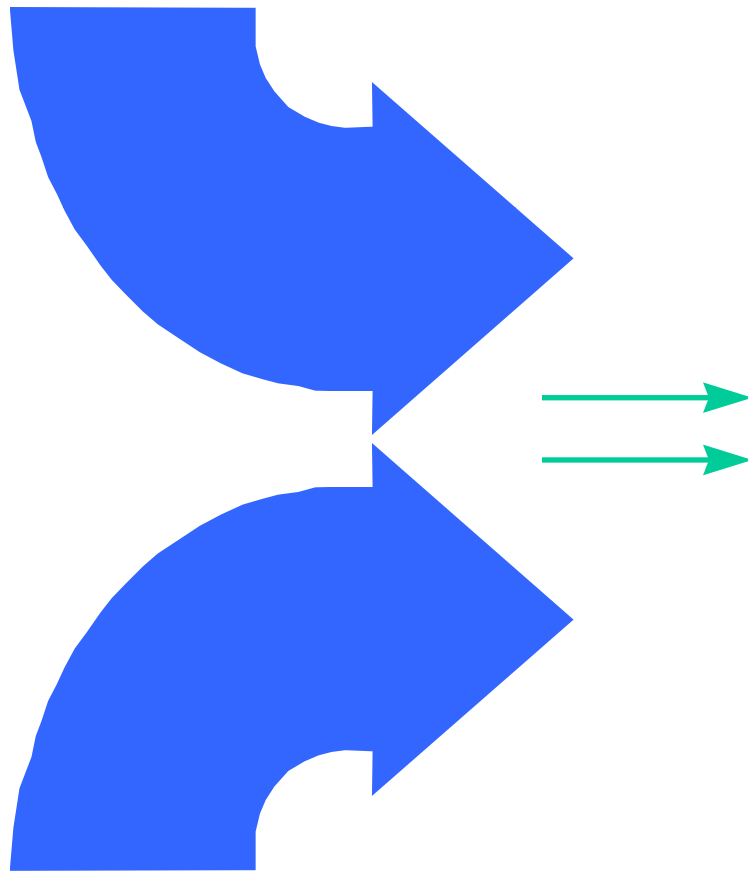


TYPES OF SCHIZOPHRENIA

- Paranoid: persecution, later onset, fewer negative symptoms
- Disorganized: regressed, fragmented delusions, poor prognosis
- Catatonic: Excited vs Stuporous, Waxy Flexibility, Magical thinking
- Undifferentiated: Previous types absent
- Residual: + Symptoms no longer present, negative symptoms prominent



SCHIZOAFFECTIVE DISORDER



- Symptoms from Criterion A in Schizophrenia (Thought Disorder)
- Symptoms of an Affective Disorder - Bipolar, Depression

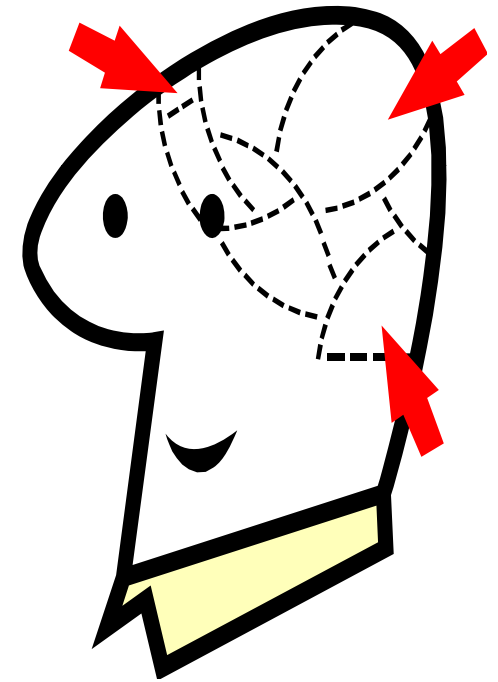
Common Associated Problems

- Depression : 10%
suicide rate
- Substance Abuse: 50%
incidence
- Aggressive behaviors
- Poverty
- Loneliness; meager
support system
- Cognitive deficits



ETIOLOGY

- Dopamine Hypothesis
- PCP Hypothesis
- Genetic Hypothesis
- Neuroanatomy:
 - Enlargement of lateral cerebral ventricles
 - Cortical and Cerebellar atrophy
 - Ventricular Assymetry





Impaired Social Interaction R/T distorted perceptions, mistrust

- Initiate 1:1 Relationship - assign primary nurse
- Encourage healthy social interaction
- Introduce small group interaction as the client can tolerate
- Always go at the client's pace



Common Diagnoses

- Impaired Verbal Communication
- Self-Esteem Disturbance
- Self-care Deficit
- Risk for Violence/ self or others
- Risk for Loneliness
- Caregiver Role Strain
- Ineffective Family Coping



Disturbed Thought Process

R/T anxiety, low self esteem

- Establish trusting relationship
- Safe, structured, predictable environment
- Respond to underlying feelings
- Redirect to focused activity
- Validate reality
- Introduce “reasonable doubt”



Antipsychotics

- Action: decrease arousal caused by sensory stimulation and decrease delusions and hallucinations
- Metabolized in the liver
- PO, concentrate, dissolving tabs, IM decanoate (Z-track), Risperdal Consta
- Caffeine, Alcohol, and Smoking can interfere with therapeutic effects



Mechanism of Action

- Block Dopamine Receptors in CNS
 - Traditional antipsychotics block dopamine receptors and produce side effects in 5 dopaminergic pathways - they only treat positive symptoms
 - Atypical Antipsychotics more selectively block dopamine receptors, causing fewer side effects. They also block serotonin receptors in the brain, thereby having an effect on negative and positive symptoms

Traditional

- Haldol /decanoate
- Prolixin/decanoate
- Mellaril
- Thorazine



Atypical

- Risperdal – risperdone (Consta)
- Seroquel-quetiapine
- Zyprexa -olanzapine
- Geodon-ziprasidone
- Abilify-aripiprazole
- Clozaril-clozapine (requires blood wk)



Early Side Effects

- Anticholinergic
- Sedation
- Orthostatic Hypotension
- Blood Dyscrasias (Agranulocytosis)
- Allergies - skin rash, photosensitivity, allergic jaundice, pigmentary retinopathy



Continuing Side Effects

- Lowers seizure threshold
- Suppression of hypothalamic-pituitary axis
 - Decreases temperature -regulation
 - Increases prolactin secretion
 - Increases appetite , leading to weight gain, high cholesterol and triglycerides and increased risk for Type 2 Diabetes (Metabolic Syndrome)

Extrapyramidal Side Effects

- Pseudoparkinsonism : resting tremor, drooling and dysphagia, shuffling gait, akinesia, muscle rigidity & stiffness, stooped posture, pill-rolling
- Akathesia
- Acute Dystonic Reaction
- Tardive Dyskinesia (AIMS pp.411-412)
-



Box 22-2 ABNORMAL INVOLUNTARY MOVEMENT SCALE

DEPARTMENT OF HUMAN SERVICES PUBLIC HEALTH SERVICE Alcohol, Drug Abuse, and Mental Health Administration NIMH Treatment Strategies in Schizophrenia Study		PATIENT NUMBER --- --	DATA GROUP aims	EVALUATION DATE M M D D Y Y			
ABNORMAL INVOLUNTARY MOVEMENT SCALE (AIMS)		PATIENT NAME _____					
		RATER NAME _____					
RATER NUMBER --- --	EVALUATION TYPE (Circle)						
	1 Baseline	4 Start double-blind	7 Start open meds	10 Early termination			
	2 2-week minor	5 Major evaluation	8 During open meds	11 Study completion			
	3	6 Other	9 Stop open meds				
INSTRUCTIONS: Complete Examination Procedure (reverse side) before making ratings. Code: 1 = None 3 = Mild 2 = Minimal, may be extreme normal 4 = Moderate MOVEMENT RATINGS: Rate highest severity observed. 5 = Severe							
FACIAL AND ORAL MOVEMENTS:	1. Muscles of facial expression e.g., movements of forehead, eyebrows, periorbital area, cheeks; include frowning, blinking, smiling, grimacing		(Circle One)				
			1	2	3	4	5
	2. Lips and perioral area e.g., puckering, pouting, smacking		1	2	3	4	5
	3. Jaw e.g., biting, clenching, chewing, mouth opening, lateral movement		1	2	3	4	5
EXTREMITY MOVEMENTS:	4. Tongue Rate only increase in movement both in and out of mouth, NOT inability to sustain movement		1	2	3	4	5
	5. Upper (arms, wrists, hands, fingers) Include choreic movements (i.e., rapid, objectively purposeless, irregular, spontaneous), athetoid movements (i.e., slow, irregular, complex, serpentine). Do NOT include tremor (i.e., repetitive, regular, rhythmic)		1	2	3	4	5
TRUNK MOVEMENTS:	6. Lower (legs, knees, ankles, toes) e.g., lateral knee movement, foot tapping, heel dropping, foot squirming, inversion and eversion of foot		1	2	3	4	5
	7. Neck, shoulders, hips e.g., rocking, twisting, squirming, pelvic gyrations		1	2	3	4	5
8. Severity of abnormal movements		None minimal 1					



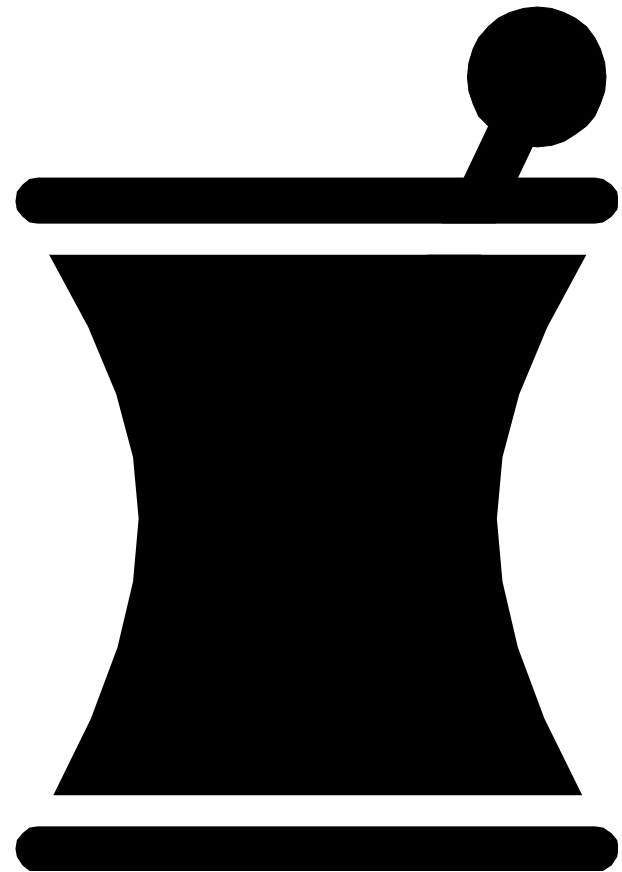
Parkinson's Disease

- Loss of dopamine-producing neurons in the substantia nigra
- Male, caucasian, over 50
- 20-40% Comorbid Depression
- Tx: Levodopa (precursor of dopamine)
 - Amantadine (Symmetrel)
 - Anticholinergics (Cogentin)
 - Dopamine Agonists (Bromocriptine)
 - 2nd Generation Dopamine Agonists



Tx for EPS

- Anticholinergics :
Cogentin, Artane
- Benedryl
- Symmetrel





Other Adverse Effects

- Water Intoxication
- Neuroleptic Malignant Syndrome
 - 1% of pts. Taking neuroleptics
 - 15% mortality rate
 - Hyperpyrexia, muscle rigidity (“lead pipe”), altered mental status, autonomic instability
 - Treat symptomatically

Recovery Model



- Focus on an individual with a mental illness maintaining a full life outside of an institution. Psychosocial rehabilitation programs offer:
 - Employment support
 - Psychosocial support and skill training
 - Social Activities
 - Classes in health issues, computers, etc



Resources

- National Alliance for the Mentally Ill
 - 703-524-7600
 - <http://www.NAMI.org>
- National Institutes of Mental Health
 - <http://www.nimh.nih.gov>
- National Parkinson Foundation, Inc.
 - 800-327-4545
 - <http://www.parkinson.org>