Alterations in Mental Health: 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
- Ambivalence
- Affective Indifference
- Associative Looseness
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)
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**ABNORMAL INVOLUNTARY MOVEMENT SCALE (AIMS)**

**INSTRUCTIONS:**
Complete Examination Procedure (reverse side) before making ratings.
MOVEMENT RATINGS: Rate highest severity observed.

**FACIAL AND ORAL MOVEMENTS:**
1. **Muscles of facial expression**
   e.g., movements of forehead, eyebrows, periorbital area, cheeks; include frowning, blinking, smiling, grimacing
   - 1 = None
   - 2 = Minimal, may be extreme normal
   - 3 = Mild
   - 4 = Moderate
   - 5 = Severe

2. **Lips and perioral area**
   e.g., puckering, pouting, smacking
   - 1 = None
   - 2 = Minimal, may be extreme normal
   - 3 = Mild
   - 4 = Moderate
   - 5 = Severe

3. **Jaw**
   e.g., biting, clenching, chewing, mouth opening, lateral movement
   - 1 = None
   - 2 = Minimal, may be extreme normal
   - 3 = Mild
   - 4 = Moderate
   - 5 = Severe

4. **Tongue**
   Rate only increase in movement both in and out of mouth, NOT inability to sustain movement
   - 1 = None
   - 2 = Minimal, may be extreme normal
   - 3 = Mild
   - 4 = Moderate
   - 5 = Severe

**EXTREMITY MOVEMENTS:**
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 = None
   - 2 = Minimal, may be extreme normal
   - 3 = Mild
   - 4 = Moderate
   - 5 = Severe

6. **Lower (legs, knees, ankles, toes)**
   e.g., lateral knee movement, foot tapping, heel dropping, foot squirming, inversion and eversion of foot
   - 1 = None
   - 2 = Minimal, may be extreme normal
   - 3 = Mild
   - 4 = Moderate
   - 5 = Severe

**TRUNK MOVEMENTS:**
7. **Neck, shoulders, hips**
   e.g., rocking, twisting, squirming, pelvic gyrations
   - 1 = None
   - 2 = Minimal, may be extreme normal
   - 3 = Mild
   - 4 = Moderate
   - 5 = Severe

8. **Severity of abnormal movements**

   None, minimal, mild, moderate, severe
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

- National Parkinson Foundation, Inc.
  - 800-327-4545
  - http://www.parkinson.org