

SCHIZOPHRENIA

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Lecture objectives

- At the completion of this lecture the student will:
- Define schizophrenia according to DSM-IV-TR criteria
- Apply the nursing process to a patient with schizophrenia

Lecture objectives cont.

- Describe therapeutic communication with a patient who is experiencing hallucinations and delusions
- Give examples of the positive and negative symptoms of schizophrenia

Lecture objectives cont.

- Understand the importance of psychotropic medication in the treatment of schizophrenia
- List techniques to increase medication compliance
- Describe effective therapies used to treat a patient with schizophrenia

Schizophrenia defined

- Schizophrenia is a psychiatric illness that manifests itself with symptoms of severe psychoses.
- It differs from other psychotic disorders in terms of severity, withdrawal, affect, cognitive problems and degree of regressive behavior

Schizophrenia def. Cont.

- Schizophrenia is a disorder of:
 - Thinking
 - Perceiving
- Schizophrenia is a disease that usually manifests itself in late adolescence.

Theories of Schizophrenia

- Biological Models
 - Dopamine Hypotheses
 - Genetic Hypotheses
 - Neuroanatomical Studies

Theories cont.

- Environmental Models
 - Developmental model
 - Family Theory model
 - Double bind communication
 - Scapegoating

Miscellaneous Theories

- Viral Hypothesis
- Birth and Pregnancy Complications
- Stress Related Theories

Assessment

- Prodromal signs and symptoms
- Positive symptoms
- Negative symptoms
- Behavioral symptoms

Assessment Cont.

- Positive symptoms
 - Thought content
 - Perceptual disturbance
- Negative symptoms
- Behavioral symptoms

Prodromal Symptoms

- Severe anxiety
- Severe distractibility
- Person feels "strange"
- Symbolization, mystical thinking
- Profound withdrawal, isolation, rejection, paranoid thinking

Prodromal cont.

- Preoccupation with religion
- Altered sexuality, preoccupation with homosexual themes, masturbatory behavior
- Speech and language disturbance

Assessment cont.

- DSM IV Criteria (Page 630)
 - Positive symptoms
 - Negative symptoms
 - Associated symptoms

Assessment of Positive Symptoms

- Alterations in Thinking
- Alterations in Perceiving
- Alterations in Behavior

Alterations in Thinking

- Delusions
 - Fixed false beliefs that cannot be corrected by reason

Types of Delusions

- Delusion of persecution
- Delusions of grandeur
- Somatic Delusions
- Ideas of Reference
- Delusions of Control

Alterations in Thinking cont.

- Associative Looseness
 - Lack of connection between thoughts, illogical thinking, confused speech (just doesn't make sense)
 - Looseness of Association is a hallmark defining characteristic of schizophrenia

Thinking disturbance cont.

- Neologisms
 - Made up words that hold symbolic meaning for the client with schizophrenia
- Concrete Thinking
 - Lack of ability to use abstraction

Thinking Dist. Cont.

- Echolalia
 - Repetition of another's words
 - Makes meaningful communication impossible
- Clang Association
 - Meaningless rhyming of words
- Word Salad

Alterations in Perceiving

- Hallucinations
 - Sensory perception in the absence of external stimuli
 - Auditory, visual, olfactory
 - , tactile and gustatory
- Most common hallucination in Schizophrenia is auditory followed by olfactory. Tactile and Visual hallucinations are more common in organic conditions such as dementia and acute alcohol withdrawal.

Alterations in Perceiving cont.

- Loss of Ego Boundaries
 - Depersonalization
 - Feeling a loss of one's identity, feeling unreal, also feeling one's body parts have become altered
 - Derealization
 - False perception that the environment has changed

Alterations in Behavior

- A variety of behaviors are observable in schizophrenia and are classified under positive symptoms

Behavioral Alterations cont.

- Extreme Motor Agitation
- Stereotyped behaviors (rituals)
- Automatic Obedience
- Waxy Flexibility
- Agitated and Aggressive Behavior

Negative Symptoms

- Deficits in Interpersonal Relationships
- Severe communication problems
- Severe occupational problems
- Inability to make decisions
- Significant deficits in ability to carry out ADL's

Negative Symptoms cont

- Affective Blunting
- Anergia, anhedonia, avolition
- Poverty of speech, both in thought and content
- Thought blocking

Associated Symptoms

- Depression and Suicide
- Water Intoxication
- Violent Behavior
- Substance Abuse (Dual Diagnosis)

Nursing Diagnosis (NANDA)

- Delusions
 - Altered Thought Process
- Hallucinations
 - Sensory Perceptual Alteration
- Impaired Communication
- Social Isolation
- Risk for violence

Outcome Criteria (NOC)

- Primary Prevention
- Secondary Prevention
- Tertiary Prevention

Nursing Interventions (NIC)

- Communicating with a patient who is experiencing delusions and hallucinations
 - Assess nature of hallucination and delusion
 - Do not argue but respond to theme of hallucination and delusion

Communication cont.

- Look for triggers in the environment that are triggering anxiety. Decrease anxiety.
- Provide a highly predictable structured environment
- Structured activities that are accomplishable

Communication cont.

- All goals of nurse's communication is to make patient feel safe and secure and to promote self-esteem and decrease isolation.

Nursing Interventions (NIC) cont.

- Assisting with ADL's
- Intervening on aggressive and violent behavior
- Decreasing social isolation
- Problem solving and stress management interventions

Nursing Intervention's (NIC) cont.

- Patient's Family
 - Social stigma
 - Teaching
 - Support
 - Minimize isolation

Additional Notes

- Defense Mechanisms
 - Projection
 - Regression
 - Symbolization

Additional Notes cont.

- Treatment Options
 - Inpatient
 - Outpatient
 - Vocational rehabilitation
 - Homelessness (Big cities now have mobile treatment teams to reach out to homeless clients with schizophrenia).

Treatment Options cont.

- Family Burn-out (Respite Care)
- Group Homes
- Supervised Apartment
- Elderly population of clients with schizophrenia
