

SCHIZOPHRENIA

Presented by
Linda Gadoury

OBJECTIVES

- Discuss various theories/models of causation of schizophrenia
- Describe progression of symptoms and course of the disease
- Differentiate between positive and negative symptoms
- Differentiate between subtypes of schizophrenia

OBJECTIVES CONT.

- Formulate nursing DX (NANDA)
- Identify nursing outcomes (NOCS)
- Identify nursing interventions (NOCS)
- Identify Treatment Options

Schizophrenia Defined

- Major Mental Illness
- Psychotic signs and symptoms
- Marked by profound withdrawal from IPR along with severe cognitive and perceptual difficulties.

Schizophrenia def. Cont.

- Differs from other psychotic disorders in its:
 - .Severity
 - .Affect
 - .Intellect
 - .Regression

Schizophrenia def. Cont.

- Schizophrenia is a disorder of:
 - .Thinking
 - .Perceiving
- Usually manifests in late adolescence or early twenties

Theories of Schizophrenia

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

Theories cont.

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

Miscellaneous Theories

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

Assessment

- Bleuler's Four A's
 - .Affect
 - .Associative Looseness
 - .Autism
 - .Ambivalence

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 389)
 - .Positive symptoms
 - .Negative symptoms
 - .Associated symptoms

Assessment of Positive Symptoms

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

Alterations in Thinking

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

Types of Delusions

- Textbook (Table 22-2, p. 392)
- 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 (Table 20-2, p. 394)

Hallucinations cont.

- Most common in Schizophrenia is auditory followed by olfactory
- Tactile and Visual more common in organic conditions (dementia, acute alcohol withdrawal).

Alterations in Perceiving cont.

- Loss of Ego Boundaries
 - .Depersonalization
 - Feeling a loss of one's identity
 - Feeling unreal
 - 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 ADLs

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)

Cognitive Symptoms

- 30%-40% affected
- Involves difficulty with:
 - Attention
 - Memory
 - Executive functions (decision making and problem solving)

Cognitive symptoms cont.

- Degree of cognitive deficit assoc. with severity of negative symptoms
- Degree of disorganized thinking reflects degree to which disorganized speech, disorganized behavior, or inappropriate affect is present

Nursing Diagnosis

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

Outcome Criteria

- Primary Prevention
- Secondary Prevention
- Tertiary Prevention

Nursing Interventions

- Communicating with a client 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 environmental triggers in for anxiety
- Decrease anxiety
- Provide a predictable structured environment
- Accomplishable Structured activities

Communication cont.

Goals of nurse communication

- Make patient feel safe and secure
- Promote self-esteem
- Decrease isolation

Nursing Interventions cont.

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

Nursing Intervention's cont.

- Client'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 (MTT)

Treatment Options cont.

- Family Burn-out (Respite Care)
- Group Homes
- Supervised Apartment
- Elderly population
