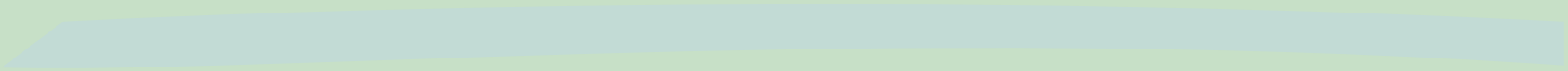


Schizophrenia



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Outline:

- Introduction

- Classification: ICD (International Classification of Diseases)

- Etiology, psycho-pathology, types, clinical manifestation, diagnosis.

- Treatment Follow-up and home care and Rehabilitation.

Introduction:-

□ Psychotic disorders – a group of serious illnesses that affect the mind. These illnesses alter تغير a person's ability to think clearly, make the right judgments, respond emotionally, communicate effectively, understand reality and behave appropriately. When symptoms are severe, people with psychotic disorders have difficulty in maintaining contact with reality and are often **unable to meet the ordinary demands** المطالب العادية of everyday life.

There are various types of psychotic ذهان/إضطراب عقلي disorders including:

▮ **Schizophrenia** : People with this illness have **changes in behavior** and other symptoms – such as **delusions** and **hallucinations** – that last for more than six months is generally a **deterioration** تدهور in work, school, and social functioning.

▮ **Schizo Emotionaalne disorder** : People with this illness have symptoms of both schizophrenia and a mood disorder such as depression or (bipolar disorder (اضطراب ثنائي القطب).

▮ **Schizophreniform disorder** فصامي الشكل: People with this illness have **symptoms of schizophrenia**, but the symptoms **last more than one month but less than six months**.

▮ **Brief psychotic disorder**: People with this illness **suffer sudden, brief periods** of psychotic behavior, often in response to **severe stressful event** such as **the death of someone in the family**. Recovery is often quick – usually less than a month.

▮ **Delusional disorder:** People with this illness **delusions** involving real-life situations, which may be present, such as the **persecution** اضطهاد of anyone **plotting** مؤامر **against** or **disease**. These delusions continued for at **least one month**.

▮ **Distributed psychotic disorder :** This illness occurs when a person develops delusions in the context of a **relationship with another person** who already has his / her own **delusions**.

▮ **Psychotic disorder, substance-induced :** The cause of this condition is the **use or abandonment** التخلي of certain substances, such as **alcohol** and cocaine or crack, which can lead to hallucinations, delusions or منقلب/متناقض inconsistent speech.

▮ **Psychotic disorder due to medical condition :** Hallucinations, delusions or other symptoms may be the result of another disease that **affects the activity of the brain**, such as traumatic brain injury or brain tumor.

▮ **Paraphrenia:** This is a **type of schizophrenia** that **starts later in life** and is common among the **older population**.

Cause of Psychotic disorders:-

□ The exact cause of psychotic disorders is unknown, but researchers believe that there are many factors that play a role. Some psychotic disorders characterized by families, which suggests that the tendency or likelihood of developing the disorder may be inherited. Environmental factors, including stress, drug abuse and major life changes, can also play a role in the development of such disorders.

□ In addition, people with **certain psychotic disorders may be imbalance of certain chemicals in the brain.** They can be either very sensitive to or produce too much of a brain chemical called dopamine. Dopamine is a neurotransmitter, a substance that helps nerve cells in the brain send messages to each other. An imbalance of dopamine affects the way the brain's response to certain stimulants, such as sounds, smells and visual images, and can lead to hallucinations and delusions.

Symptoms of psychotic disorders:-

- Symptoms vary from person to person and can change over time. The main symptoms of psychotic disorders are hallucinations and delusions.
- **Hallucinations** is a unusual **sensory perception** **الفهم**, or things that are not really like seeing things that are not there, hearing voices, sense of smell, “funny” **عجيب** taste in the mouth and a feeling of something even if nothing touches the skin to body.
- **Delusions** – false beliefs is that constant and organized, and they do not disappear when receiving a **logical or accurate information**. For example, a person who believes that his **food was poisoned**, even if it was proved that it is suitable food, suffering from delusion.
- Other possible symptoms of psychotic disorders include:
- Disorganized or break it
be confused thinking
Strange **غريب**, possibly dangerous behavior

- ❑ Slowed or unusual movements حركات بطيئة أو غير عادية
- ❑ Loss of interest in personal hygiene
- ❑ Loss of interest in activities
- ❑ Problems at school or at work, and in **relationships**
- ❑ The cold, aloof / معزل / متحفظ demeanor سلوك to the inability to express emotions
- ❑ Mood swings تقلب or other symptoms associated with mood, such as depression or mania.

Treat Psychotic disorders:-

Most **psychotic disorders** are treated with a combination of **medications** and **psychotherapy** (a type of counseling):

□ **Medications:** Essential medicines are used to **treat psychotic disorders** are called **antipsychotics**. These drugs do not cure the disease, but it is very effective against the most disturbing **مزعج** symptoms of psychotic disorders including delusions, hallucinations and thinking problems. It has long developed antipsychotics, which are used include: **Haldol, Thorazine, and Mellaril**, and new drugs (often called atypical), such as **Clozaril, Risperdal, Zyprexa, Seroquel, Abilify** and **Geodon**.

Treat Psychotic disorders:-

□ **New drugs** — sometimes called **atypical antipsychotics** مضادات الذهان غير التقليدية — are considered essential for the treatments, because they **have less frequent** and more **tolerable side effects**.

□ **Psychotherapy**: The different types of psychotherapy, including individual, group or family therapy may be used to **support the patient's psychotic disorder**.

□ The majority of patients with psychotic disorders are treated as outpatients. However, patients with very severe symptoms, which due to their disease can cause harm to themselves or others may require hospitalization to stabilize the condition.

Schizophrenia

□ The word 'Schizophrenia' was coined in 1908 by the Swiss psychiatrist Eugen Bleuler. It is derived from the Greek words *skhizo* (انشقاق) (*split*) and *phren* (mind).

□ Definition:-

Schizophrenia is a psychotic condition characterized by a disturbance in thinking, emotions, volitions ارادة and faculties قوم/قدر in the presence of clear consciousness, which usually leads to social withdrawal.

□ **Epidemiology:-**

- Schizophrenia is **the most common of all psychiatric disorders** and is prevalent in all cultures across the world. About **15%** of new admissions in mental hospitals are schizophrenic patients.
- About **three to four per 1000 in every community suffer from schizophrenia**. About one percent.
- Schizophrenia is **equally prevalent in men and women**. The peak ages of onset are **15 to 25 years for men and 25 to 35 years for women**.
- The disease is **more common in lower socioeconomic groups**.

Etiology:-

*The cause of schizophrenia is still uncertain.
Some of the factors involved may be:*

- 1. Genetic Factors*
- 2. Biochemical Factors*
- 3. Psychological Factors*
- 4. Social Factors*

1. *Genetic Factors*:-The disease is more common among people of consanguineous marriages ذوقرى.
2. *Biochemical Factors*:-An excess of dopamine-dependent neuronal activity نشاط الخلايا العصبية in the brain may cause schizophrenia. These include abnormalities in the neurotransmitters الناقلات العصبية norepinephrine, serotonin, acetylcholine and gamma-aminobutyric acid (GABA), and neuroregulators such as prostaglandins and endorphins.
3. *Psychological Factors*:-Family relationships, Mother-child relationship, Dysfunctional family system, and Double-bind communication ضعف التواصل بين الزوجين له اثر على البناء
4. *Social Factors*:Studies have shown that schizophrenia is more prevalent in areas of high social mobility and disorganization, very low social classes, and stressful life.

Classification:ICD:-

Schizophrenia can be classified in to the following subtypes:

1. **Paranoid**: جنون العظمه / اللثك means 'delusional. فكره ظاهره حد يراقبه. Paranoid schizophrenia is at present the most common form of schizophrenia.
2. **Hebephrenic** (disorganized):an early and insidious مكر onset and is often associated with **poor premorbid personality**. The essential features include marked thought disorder, لا يهتم بنفسه او نظافته, Incoherence تشوش, severe loosening of associations عدم ترابط / تشوش and extreme social impairment.
3. **Catatonic**: is characterized by marked **disturbance of motor behavior**. تخشب

4. **Residual**: of residual schizophrenia include emotional blunting, eccentric غريب behavior, illogical thinking, social withdrawal and loosening of associations. الفصام المتبقية تشمل -الاهيار العاطفي والسلوك : غريبا -لظوار ، والفكير غير المنطقي -الاسحاب -لاجتماعي وتخفيفه لتجميعيات.

5. **Undifferentiated**: is diagnosed either when features of no subtype are fully present or features of more than one subtype are exhibited ظهور.

6. **Simple**: بسيط is characterized by an early and insidious onset, progressive course, **presence of characteristic negative symptoms**, vague غامض hypochondriacal features (**excessive preoccupation with and worry about one's health**), wandering tendency, self-absorbed استيعاب idleness كسل and aimless activity. نشاط بلا هدف

7. **Post-schizophrenic depression**: **Depressive features** develop in the presence of residual or active features of schizophrenia and are associated with an **increased risk of suicide**.

Treatment:-

1. Pharmacotherapy:-

- ▢ Chlorpromazine: 300-1500 mg/ day PO; 50-100 mg/day IM
- ▢ Fluphenazine decanoate: 25-50 mg IM every 1-3 weeks
- ▢ Haloperidol: 5-100 mg/day PO; 5-20 mg/day IM
- ▢ Trifluoperazine: 15- 60 mg/day PO; 1-5 mg/ day IM
- ▢ Clozapine: 25-450 mg/ day PO
- ▢ Risperidone: 2-10 mg/ day PO
- ▢ Olanzapine: 10-20 mg/day PO

2. Electroconvulsive Therapy (ECT) العلاج بالصدمة الكهربائية

Indications for ECT in schizophrenia include:

- Catatonic stupor
- Uncontrolled catatonic excitement لثارة
- Severe side-effects with drugs
- Schizophrenia refractory to all other forms of treatment
- Usually **8-12 ECTs** are needed

3. Psychological Therapies:-

▮ **Group therapy:** The social interaction, sense of cohesiveness, identification, and reality testing achieved within the group setting have proven to be highly therapeutic for these individuals.

▮ **Behavior therapy:** Behavior therapy is useful in reducing the frequency of bizarre, disturbing and deviant behavior, and increasing appropriate behaviors.

▮ **Social skills training :** Social skills training addresses behaviors such as poor eye contact, odd facial expressions and lack of spontaneity in social situations through the use of videotapes, role playing and homework assignments.

▮ **Cognitive therapy:** Used to improve cognitive distortions like reducing distractibility and correcting judgment.

▮ **Family therapy:** Family therapy typically consists of a brief program of family education about schizophrenia. It has been found that relapse rates of schizophrenia are higher in families with high expressed emotions (EE), where significant others make *critical comments, express hostility* or show *emotional over-involvement*. The significant others are, therefore, taught to decrease expectations and family tensions, apart from being given social skills training to enhance communication and problem solving.

4. Psychosocial Rehabilitation:-

This includes activity therapy to develop the work habit, training in a new vocation or retraining in a previous skill, vocational guidance التوجيه المهني and independent job placement.

Nursing Management:-

□ **Recognize schizophrenia.** Note characteristic signs and symptoms of schizophrenia

□ **Establish trust and rapport.** Don't touch client without telling him first what you are going to do. Use an accepting, consistent approach; short, repeated contacts are best until trust has been established. Language should be clear and unambiguous. Maintain a sense of hope for possible improvement, and convey this to the patient.

□ **Maximize level of functioning.** Avoid promoting dependence by doing only what the patient can't do for himself. Reward positive behavior and work with him to increase his personal sense of responsibility in improving functioning.

□ **Promote social skills.** Provide support in assisting him to learn social skills.

□ **Ensure safety.** Maintain a safe environment with minimal stimulation.

□ **Ensure adequate nutrition.** Monitor patient's nutritional status and if the patient thinks his food is poisoned, let him fix his own food if possible or offer him foods in closed containers that he can open. Institute suicide and/or homicide precautions as appropriate.

- **Keep it real.** Engage patient in reality-oriented activities that involve human contact (e.g., workshops, inpatient social skills training). Clarify private language, autistic inventions, or neologisms.
- **Deal with hallucinations by presenting reality.** Explore the content of hallucinations. Avoid arguing about the hallucinations. Tell them you do not see, hear, smell, or feel it but explain that you know that these hallucinations are real to him.
- **Promote compliance and monitor drug therapy.** Administer prescribed drugs and encourage the patient to comply. Ensure that patient is really taking the drug. Observe for manifestations that warrant hypersensitivity reactions and toxicity.
- **Encourage family involvement.** Involve family in patient treatment and teach members to recognize impending relapse (e.g. nervousness, insomnia, decreased ability to concentrate). Suggest ways how families can manage symptoms.

Thank you