Psychotic Disorders

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Psychosis

- Characteristics
  - Disorganization
  - Social functioning
  - Contact with reality
- Patient impact

Predisposing Factors

- Biological
  - Genetics
  - Neurotransmitter
    - Dopamine D2
    - Serotonin 5-HT
  - Anatomical & Associated diseases

Predisposing Factors (cont.)

- Psychological
  - Family
  - Stress
- Environmental
  - Sociocultural

Transactional Model

- Precipitation event
- Predisposing factors
  - Genetics
  - Past experiences
  - Existing conditions
- Cognitive appraisal
  - Primary
  - Secondary

Transactional Model (cont.)

- Quality of response
  - Adaptive
  - Maladaptive
    - Initial psychotic episode
    - Exacerbation of symptoms

Positive & Negative symptoms

- Positive
  - Characteristics
- Negative
  - Characteristics

Positive Symptoms

- Content of Thought
  - Delusions
  - Religiosity
  - Paranoia
  - Magical thinking

Positive Symptoms (cont.)

- Form of Thought
  - Associative looseness
  - Neologisms
  - Concrete thinking
  - Clang associations

Positive Symptoms (cont.)

- Word salad
- Circumstantiality
- Tangentiality
- Mutism
- Perservation

Positive Symptoms (cont.)

- Perception
  - Hallucinations
  - Illusions
- Sense of Self
  - Echolalia
  - Echopraxia

Positive Symptoms (cont.)

- Identification
- Imitation
- Depersonalization

Negative Symptoms

- Affect
  - Inappropriate
  - Bland/blunted
  - Apathy

Negative Symptoms (cont.)

- Volition
  - Goal-directed activity
  - Emotional ambivalence
- Interpersonal functioning
  - Autism
  - Appearance

Negative Symptoms (cont.)

- Psychomotor
  - Anergia
  - Waxy flexibility
  - Posturing
  - Pacing & Rocking

Negative Symptoms (cont.)

- Associated features
  - Anhedonia
  - Regression

Phases of Psychotic disorder

- Phase I: Premorbid
- Phase II: Prodromal
- Phase III: Schizophrenia/Psychosis
- Phase IV: Residual

Schizophrenia & Psychotic Disorders

- Schizophrenia
  - & with catatonia
- Schizoaffective disorder
- Brief psychotic disorder
- Schizophreniform disorder

- Delusional disorder – hallucinations not prominent and behavior is not bizarre
  - Erotomanic
  - Grandiose
  - Persecutory
  - Somatic
  - Jealous
  - Mixed

- Shared psychotic disorder
- Psychotic disorder due to medical condition
- Substance-induced psychotic disorder

Life Expectance

- life expectance ↓ by 20-25 years
  - Metabolic abnormalities
    - Antipsychotic medications
    - Metabolic syndrome
    - DM
    - CV risks

– Unhealthy lifestyle
  - Poor diet
  - ↓ activity
  - Smoking

– Contributing factors
  - Social isolation
  - Poor insight
  - ↓ economic and education level
  - Living situation

Challenges to Treatment

- Insight and compliance with RX
- Psychosocial difficulties – financial, relationships, etc.
- Frequent substance abuse
- Risk of suicide and violence
- Negative symptoms
- Medication side effects

Phases of treatment

- Active phase
- Maintenance phase
- Rehabilitation phase

Nursing Interventions

- Apply the Nursing Process
  - Assessment (ABC)
  - Nursing Dx and outcome goals
  - Planning/Implementation
  - Evaluation

Nursing Diagnoses

- Risk for Violence: Self-directed or Other-directed
- Ineffective Coping
  - Disturbed Thought Processes
  - Disturbed Sensory Perception

Nursing Diagnoses (cont.)

- Social Isolation
- Impaired Verbal Communications

Nursing Diagnoses (cont.)

- Self-Neglect
- Disabled Family Coping
- Ineffective Health Maintenance

Patient/Family Education

- Psychosis is a chronic disorder
- Primary symptoms
- Recognize impending symptom exacerbation & how to determine if they are a threat to self or others

- Assist in development of plan for dealing with client during early signs of acute illness
- Have patience when interacting with the client
- Client may not always have the energy to engage in family/social activities

- Importance of medication complance
- Laws regarding involuntary treatment, client rights, etc.
- Identify psychosocial/family stressors that may exacerbate symptoms & methods to prevent them

- Help family members recognize that there are limits to what they can do for the client
- Educate the family about educational and support services - NAMI

Treatment Modalities

- Psychopharmacology
  - Neuroleptics
    - Typical
    - Atypical
- Social Treatment
  - Milieu Therapy
  - Family Therapy

Treatment Modalities (cont.)

- Psychological
  - Group therapy
  - Social skills training
  - Behavior therapy